Victim Participation in Intimate Partner Violence Prosecution: Implications for Safety

Technical Report

February 2011

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The Survivors

Many projects related to intimate partner violence are premised on the notion that survivors are willing to share their stories. The authors want to acknowledge the brave women who shared their experiences with us. Their invaluable stories provided the backdrop for the creation of our research instruments as well as the interpretation of our findings.

In an effort to provide the survivor's voice in this report, quotes are embedded throughout the text from recorded focus groups. This reflects our commitment to Community-Based Participatory Research principles from study inception through dissemination. Thank You.

Abstract

Internationally, intimate partner violence (IPV) is recognized as a major public health problem affecting millions of families and resulting in long-lasting health complications (World Health Organization [WHO], 2009). The intergenerational transmission of violence calls for urgent responses. By the late 20th century, the United States responded to IPV by criminalizing behavior and redefining the prosecutorial role (Sherman, 1992a; Sherman, 1992b; Sherman & Berk, 1984; Sherman, Smith, Schmidt, & Rogan, 1992). Currently, all 50 states have enacted laws that address IPV through prosecutorial responses that complement aggressive policing responses, such as mandatory and permissive arrest policies. Prosecutors are encouraged to employ evidence-based prosecutions and discourage victims from dropping charges.

This longitudinal mixed-methods study examines to what extent female IPV victim participation in prosecution is associated with their future safety. In essence, we asked, are victims who participate in prosecution safer than those who do not? Given findings that protection orders can reduce future harm to victims (Holt, 2004), it is essential to understand how a victim's participation along the continuum of calling 911, talking to the prosecutor, and engaging in criminal prosecution, impacts safety. We hypothesized that participation would improve IPV victims' safety. Subsequent IPV was defined as a future documented IPV-related police incident or an ED visit for IPV or injury. Within a Midwestern county utilizing coordinated community response, we conducted focus groups with survivors and criminal justice agencies and medical providers (Pence & McDonnell, 1999). These focus groups along with in-depth qualitative analysis of a stratified random sample of individual IPV cases, informed our data abstraction and analysis of the administrative data.

In our study victim communication with a prosecutor appears to be protective against future IPV documented events regardless of defendant incarceration. This finding holds across both the pre- and post-disposition periods. Direct contact or communication with the prosecutor's office may provide victims the sort of legal leverage necessary to "rebalance" power in relationships through the criminal justice system, as postulated by earlier work (Ford, 1983; Ford, 1991). This also suggests that victims have the agency to use the criminal justice system to their advantage, given the continuum of options as to "when" to engage: calling the police, talking to the prosecutor, engaging with the case processing, or seeking redress in the face of future abuse. Findings call into question the issue of prosecutorial frustration with victims who initially press charges and then later want to drop the charges or fail to follow-through with participation in the prosecution process. A victim's decision to drop charges or to let charges drop through non-participation does not necessarily indicate that the criminal justice system has failed to assist her. Rather, it is likely that the system has served the victim's needs without prosecution, or that the costs of moving forward with charges outweigh the benefits. Alternatively, it might be that she does want prosecution, and might even consider that prosecution would be more beneficial than dropping charges but other forces inhibit her ability to participate. Our qualitative findings suggest that victims make these decisions after great deliberation and over time may change their mind about the best course of action.

Our key finding is that victim participation in prosecution does not increase her help seeking via police calls for service that generate an incident report, nor the likelihood of future ED visits for IPV and injury. These results are important in light of the current pro-prosecution strategies, which support evidence-based trials that proceed regardless of the victim's presence or testimony. Based on study findings, special prosecution units, vertical prosecution, continuances sensitive to victims needs, combined with court-based victim advocacy and victim input into prosecution outcomes, should continue to be

considered best practices (Ford & Breall, 2003). Policy recommendations include increasing communication between the prosecutor's office and victims, improving referral to advocacy organizations, and reducing logistical barriers for victims to participate in prosecution.

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Executive Summary

Introduction

Intimate partner violence (IPV) is a global public health issue affecting individuals, their families and their communities (WHO, 2009). The consequences of IPV include increased health burdens and medical service utilization for individuals (Campbell, 2002; Porcerelli et al., 2003), financial consequences due to lost wages and reduced work performance and costs associated with legal, medical and social service provided to the perpetrators, victims and their children (National Center for Injury Prevention and Control, 2003). Despite attention from advocates, courts, the medical community and policy makers, little is known about how to ameliorate morbidity and mortality associated with IPV. One important attempt was made in the mid-1980s following the Minneapolis Arrest Experiment (Sherman & Berk, 1984).

Sherman and Berk (1984) found that an arrest following an IPV call for service would result in reduced perpetrator recidivism. In the wake of those findings, pro- and mandatory arrest policies, followed by pro-prosecution policies, were widely adopted on the national and state levels. National and state agencies, as well as advocacy groups, promulgated such policies as best practices (Ford & Breall, 2003; Hirschel & Dawson, 2003; Wooldredge & Thistlethwaite, 2001).However, studies following the Minneapolis Arrest Experiment raised concerns that assertive arrest policies may not impact all victims equally; such responses may inadvertently have a disparate impact on some minority groups (Maxwell, Garner & Fagan, 2001; Maxwell, Garner & Fagan, 2002). Equally important is the impact of the criminal justice response post-arrest, specifically prosecution, on victims' health and safety both during and after the prosecution process, regardless of whether an adjudication or conviction results. Many cases enter the criminal justice system as a result of arrest policies that do not ultimately conclude in a prosecution. Important policy questions remain.

To fill a gap in the literature, this longitudinal cohort study, using administrative records across police, court, and medical systems, examined service utilization patterns by a sample of 993 women who came to the attention of a prosecutor's office following a police call for service. The primary question was whether women who actively participated with the criminal justice system in the prosecution of their abusers were safer than those who did not. Note, given that we were using administrative records, ***safety*** was defined as less need for help seeking in either the criminal justice or health system. This was measured as subsequent documented IPV-related police incidents, and ED visits for IPV or injury. Of particular importance was whether the victim's participation, operationalized as calling the police, having direct contact with the prosecutor, and seeking prosecution, impacted subsequent IPV-related events.

Statement of the Problem

IPV has received increased national attention during the last 30 years due, in large part due to grassroots advocacy. As a result of over two decades of research and subsequent national and state policy reforms (American Bar Association [ABA], 2009), communities have criminalized IPV, making the court systems frontline providers. Professional groups within the medical community have also provided policy recommendations that include IPV screening and assessment (American Academy of Family Physicians [AAFP], n.d.; American College of Obstetricians and Gynecologists [ACOG], 1995; American Medical Association, 1992; Joint Commission Accreditation Program [JCAHO], 2008). Few policy reforms have addressed the intersection of these two systems or examined how victims fluidly move between the two systems that provide the majority of their services.

Given that more than one in four women experience IPV victimization in their lifetimes (Tjaden & Thoennes, 2000a), a carefully considered response to this issue is crucial. This report examines female victims' service utilization after they came to the attention of a prosecutor's office. Though nearly 8% of

men experience IPV in their lifetime (Tjaden & Thoennes, 2000a),this report focuses solely on women due to IPV's disparate impact on women in prevalence, severity and homicide rates.

Much attention has been focused on police response to IPV and the efficacy of arrest on perpetrator recidivism (Maxwell et al., 2001; Maxwell et al., 2002; Sherman, 1992a; Sherman, 1992b; Sherman & Berk, 1984; Sherman et al., 1992). Likewise, many policy discussions have examined whether medical personnel screening and referral makes a difference in the lives of victims (Gerbert, Abercrombie, Love, & Bronstone, 1999; MacMillan et al., 2009; McCloskey et al., 2005; Moracco & Cole, 2009; Neilson, Nygren, McInerney, & Klien, 2004). Yet little research has focused on whether criminal justice policies aimed at ameliorating IPV have unintended consequences for the victim's health and safety by examining her participation in the system and subsequent help seeking behavior. As earlier arrest research shows, policies that at first glance appear to have a positive effect on recidivism (Sherman, 1992a; Sherman, 1992b; Sherman & Berk, 1984; Sherman et al., 1992) can also have an unintended negative effect (Maxwell et al., 2001; Maxwell et al., 2002). Research that has examined prosecution policies suggests that victims may use the system to their advantage, to gain power and control in their relationships, and that case outcomes do not tell the entire story (Ford, 1983; Ford, 1991; Ford & Breall, 2003). These studies suggest women are empowered by their ability to participate or decline assistance, raising additional questions such as:

1. How can we operationalize victim participation?
2. What are the barriers to participation?
3. Is participation a complex process that takes place along a continuum?
4. Does participation impact safety?

Research which has focused on prosecution of IPV has had mixed results. Some recommend that prosecutors proceed without the victim in a criminal justice case (no-drop policies), while others recommend that the victim's voice still be considered in the prosecution process (soft-drop policies) as

the victim best knows her risks for retaliatory violence (Mills, 1997, 1998, 1999).Much of the research underlying these recommendations has been conducted within the criminal justice system and has not been able to examine the impact of prosecution policies on subsequent IPV events that might occur outside that system. Even within the criminal justice system there are conflicting findings between studies examining intimate homicides and protection orders. Homicide studies conducted with samples drawn from homicide and attempted homicide victims (e.g., Campbell et al., 2003a) suggest that victims may be at risk for escalating violence when they decide to separate from their abusive partners. However, studies of protection order effectiveness find that permanent and well crafted protection orders are associated with a reduction in revictimization (Holt, Kernic, Lumley, Wolf, & Rivara, 2002; Holt, Kernic, Wolf, & Rivara, 2003). Clearly, more research is needed to understand the association between justice system intervention and victim safety.

Study Purpose

This study fills a gap in the literature, examining victims' health and safety following entrance into the criminal justice system as measured by help seeking patterns across several systems– police, courts and EDs. The study's main question is whether a victim's participation in prosecution increases her safety, defined as a decrease in subsequent documented IPV events. Using administrative data, the study examines the complex relationship between victim participation in the prosecution process for an index event and future help seeking documented through IPV-related police incidents and future ED visits for IPV or injury. Built on the foundational work by Ford (1991) and Holt et al. (2002), the study's main hypothesis was that victim participation in prosecution would reduce revictimization. Based on the theory of empowerment, we hypothesized that if a victim engaged with the criminal justice system it would equalize relationship imbalances and lead to fewer subsequent IPV incidents. However, we anticipated that the magnitude of the impact of victim participation on revictimization outcomes might vary across the pre- and post-adjudication time periods, and would be influenced by individual, couple

and event characteristics, suggesting that policies must remain flexible enough to address a victim's unique experiences.

Research Design

This mixed-method longitudinal study followed a cohort of female IPV victims (*N*=993) with cases adjudicated in criminal court in the year 2000 in a single Midwestern U.S. county for a four-year period (1999-2002) across multiple systems (police, prosecutor, criminal court, civil court, hospital ED). The study employed three distinct phases: (1) qualitative data collection, (2) abstraction, merging and analysis of administrative records, and (3) respondent verification meetings.

In the first phase, the study team held qualitative focus groups with 15 women who experienced police response to IPV victimization to explore their experiences with, and feelings about, pursuing prosecution of their abusive partners. Focus group findings provided a critical understanding of IPV victims' perspectives of their own roles and experiences as related to IPV and prosecution. Those findings informed phase two, quantitative data collection and analysis.

During phase two, the research team conducted in-depth qualitative analysis of a stratified random sample of index cases to inform the creation of data abstraction forms. These forms were then piloted and iteratively revised as we reviewed administrative records at the offices of the prosecutor, 12 police departments, two criminal courts, one civil court, and eight EDs. Once the data abstraction forms were finalized, the Project Director conducted trainings with the research staff for the first 150 record reviews until 100% inter-coder reliability was achieved. Data analysis is described in detail in the body of the report. For our primary study aim, this involved using multivariate logistic regression to identify the odds of having a subsequent IPV incident defined as police event that required a report, or an ED visit for IPV or injury, in each of the two time periods (pre-disposition only and pre- and post-disposition combined). These analyses controlled for the sample and case characteristics as well as whether the

defendant served time in jail during the period, the number of days since the index incident, and, for the combined period, whether the incident occurred in the pre- or post-disposition period.

Phase three began after data analysis with a goal of seeking feedback on our preliminary findings in the form of respondent verification meetings. The investigators met with the Community Advisory Board, domestic violence shelter staff, and a group of IPV survivors to review the findings. These meetings resulted in attendees providing further insight to the research findings and policy implications. The study design is grounded in the principals of Community-Based Participatory Research (Israel, Schulz, Parker, & Becker, 2001), integrating the perspectives of female victims, community stakeholders, and scientific experts into the research process for the dual purposes of ensuring data integrity and translation of findings into policies and interventions (Viswanathan et al., 2004). Throughout the study, the investigators sought input and feedback from a Community Advisory Board comprised of prosecutors, police, victim advocates within the prosecutor's office, victim advocates from the shelter, probation officers, protection order coordinators, court administrators, community advocates, local politicians, state VAWA administrators, and ED physicians. Researchers also convened a Scientific Advisory Board, comprised of academic experts in IPV and criminal justice system response. The interdisciplinary research team included individuals with IPV expertise from the perspectives of law, medicine, social work, child-maternal health, anthropology and statistics.

Findings

Qualitative findings revealed that IPV survivors have a wealth of information and insight to share regarding how to improve the criminal justice system and process. Participants in our focus groups overwhelmingly supported arrest and prosecution policies and validated the pro-prosecution movement that proceeds regardless of their consent. While appreciative of contact with attorneys and prosecution advocates, as well as their ability to have input into the case, most felt that the dependence of the prosecution process on victim participation presented them with challenges. There was strong support

for the prosecutor moving forward without requiring victims to come to court and confront their abuser. Participants described the health and mental health impact of abuse in great detail. They highlighted the somatic complaints associated with being a victim in a criminal IPV case; these included weight gain and loss, weakness, gastrointestinal complaints and exhaustion. They also discussed the incredible emotional toll the abuse has on their daily routines, leaving them experiencing symptoms of depression and post-traumatic stress disorder. These findings are consistent with earlier literature which documents the mental health burdens of court-involved women (Herman, 2003; Logan, Shannon, Cole, & Walker, 2006a), urging that policy responses must account for the role IPV plays in survivor's health and mental health burdens. Likewise, participants emphasized the role that children and family play in their help seeking decisions. Many victims struggled with conflicting feelings toward wanting the violence to end, protecting their children or becoming embroiled in a legal process perceived to be out of their control.

Consistent with other literature, victims voiced the numerous barriers to participation in the prosecution of their abuser, both internal (fear, shame, self-doubt, humiliation) and external (childcare, transportation, social support, and time). Participants underscored the role of advocates and family members in providing social support that served to reduce the both the internal and external barriers to care.

Quantitative findings revealed the majority of IPV victims seek police assistance themselves (60%) and 65% have direct contact with the prosecutor's office. Despite vacillation between prosecution and dropping the case, the large majority of victims (65%) ultimately supported prosecution. Earlier research documented that race and ethnicity may play a role in help seeking from police (Ackers & Kaukinen, 2009; Maxwell et al., 2001).We found no significant racial or ethnic associations for victim, perpetrator or event characteristics for a victim calling police for an IPV incident. However in our study, White women were more likely to have direct contact with the prosecutor's office. This differential

participation in prosecution by race continues throughout the case proceedings, with White women being more likely to have a final wish for prosecution and being less likely to want to drop charges. Substance abuse, by either the victim or the perpetrator, also played an important role in victim's participation in prosecution. Victims whose abusers used alcohol or drugs were more likely to have a documented wish for prosecution but victims who themselves used alcohol or drugs were much less inclined to press for prosecution.

A victim's stated desire for prosecution was not related to a subsequent police event or ED visit. However, direct contact with the prosecutor's office (in person or by phone) was associated with a victim being 37% less likely to have a subsequent police-reported IPV incident, without any increase in the risk of an ED visits for IPV or injury. These results call into question the notion that victim participation in prosecution leads to retaliatory violence. In our study, regardless of the victim's wishes to proceed, any contact with the prosecutor appears to have been protective against future IPV-related police calls or ED use.

Additional findings suggest the relationship between the prosecutor and victim matters for victims' future help seeking but not always in the direction that might have been anticipated. In our study victims whose wishes for prosecution were not met (i.e. the prosecutor dropped the case), were twice as likely as those who had their case prosecuted to return to the prosecutor's office for a subsequent event. In contrast, when the prosecutor and victim both agreed that a criminal case should be dropped, the victim was more likely to subsequently seek respite from the civil legal system and was more than five times more likely to secure a civil protection order than a woman who sought and secured prosecution in criminal court.

Victims who wanted to drop the case - and the case was dropped- were more likely to go to the ED for a subsequent IPV event compared to women who wanted and secured prosecution in the index

event. It is also notable that when a victim wanted prosecution but the criminal case did not proceed, she was more likely to seek respite by applying for a PPO in the civil court system for a future IPV event.

Before applying, victims who sought protection orders in civil court were more likely to be heavy utilizers of the criminal justice system than those who did not apply for PPOs. Their rates of calling police for IPV events continued at high rates after receiving a PPO but their threshold for calling was lower, as more calls for service were for non-assault incidents, as opposed to assault-related incidents. They no longer waited for a serious event to proceed with a 911 call.

ED utilization for our cohort of IPV victims was extensive, with approximately 80% visiting at least one of the eight EDs in the county, most visited EDs multiple times (average of 7, range 1-87 visits).Over the course of the four-year study period, nearly 785 women generated a total of 4,306 visits that occurred *after* a documented IPV incident. However, only 213 (27%) of these women were ever identified as having experienced IPV in their ED visit records. Even when identified, less than a third received recommended counseling and referral to victim services. Less than 5% of the ED visits occurred within one day of an IPV-related police call; the majority (89.4%) of the ED visits occurred more than a week after a police call for service for an IPV incident. The vast majority (78%) of ED presentations were for medical (as opposed to injury) complaints and the majority(73%) of victims who used the ED were never identified as victims of abuse. The exception was if they were transported by police or presented with a chief complaint of IPV (less than 5% of cases). ED providers documented IPV in only 7.5% (321 of 4306) visits by this victim population. IPV identification was more likely when a woman was brought in by the police or presented with mental health or substance abuse issues (Rhodes et al., 2011).

Limitations

Because the main results are based on administrative records, the data do not include those IPV incidents that were not documented by either police nor seen in the ED within this county. It is important to recognize these results are entirely limited to documented IPV and victim participation

noted in the administrative records. So victims who had no IPV or injury documented in the criminal justice, court, or ED systems could still have been experiencing abuse. Nonetheless, the administrative records were rich with narrative accounts and usually referenced issues such as previous IPV and the specifics of IPV incidents. Because survivors were not personally interviewed, it is also possible women who participated in prosecution did suffer retaliatory violence but sought help from the local domestic violence agency, informal sources, or did not seek help at all. However, given the vast number of women who did seek health care repeatedly in the ED, these findings are robust enough to conclude that this cohort of women victims did reach out for help. By design, this study is limited to women who sought help at least once from the legal system, as our inclusion criteria were women who had an IPV call for police service where the police presented their cases for prosecution. Finally, given our use of retrospective data, we cannot capture the extent of the variation in victim participation that likely existed over time, nor can we validate our interpretation of "safety" through interviews with the same victims we studied. The ideal study would prospectively study victim participation and compare administrative records to victims' subjective impressions of satisfaction with criminal justice response and subsequent safety.

Conclusions and Implications for Policy and Practice

Based on study findings, current criminal justice practices recommended as a result of numerous studies funded by the National Institute of Justice, namely assertive arrest and pro-prosecution policies do not appear to endanger victims and may be protective. We found that any direct contact with the prosecutor's office was associated with a 37% reduction in subsequent documented police calls for service. Likewise, there did not appear to be an increase in ED visits for IPV/injury or other documented IPV-related events that might be indicative of retaliatory violence either during or following prosecution.

Additional investigations explored whether the criminal justice response to an index event impacted the chances that a victim would return to the criminal justice system for a subsequent event. A subsample of women victims were selected who did not have an earlier case and used formal help seeking in the year following the index event. Among this subsample of women, findings suggest that regardless of whether a victim agreed with the prosecutor's decision to drop or prosecute the case, there is no sign of her avoiding use of the criminal justice system in the subsequent year. This finding supports the qualitative phase of our research wherein focus group participants who were IPV survivors voiced a strong preference for prosecutors to precede with or without them.

Qualitative data collected from victim focus groups at the onset and conclusion of our study, coupled with community advisory board, scientific expert and advocate input, suggest criminal justice policies must account for barriers to participation that include physical and mental health burdens, logistical barriers, and internal restraints such as fear and shame. Additional advocacy support, expanded to address transportation and child-care needs, is warranted given IPV victims' willingness to seek help to end the violence in their lives.

Policy implications are indicated with caution because this was a single-site study in a community employing best practices. Additionally, because our main results are based on administrative records, it is important to recognize that our definition of safety is a measure of documented IPV events that resulted in subsequent help seeking in the criminal justice and ED setting. Nonetheless, the records we had to work with were rich with narrative accounts and usually referenced issues such as previous IPV and the specifics of IPV incidents. In the absence of evidence to the contrary and with consideration of the study limitations, our findings lead to the recommendation that policy implications include the continuance of pro-prosecution policies including active outreach and contact with IPV victims after police-reported IPV incidents. Furthermore, discordance in desires for prosecution between the prosecutor and victim does not inhibit the victim from subsequently seeking formal help in the criminal

justice, civil court, or medical system. This analysis is limited by a lack of information about those who may have been abused post-prosecution, but not sought help from one of these systems.

Overall, study findings suggest the need for greater communication between systems and outreach to police-identified IPV victims, as well as enhanced and integrated service provision for victims and their families in meeting their hierarchy of needs (medical care, housing, food, transportation, and childcare). Input from IPV survivors, advocates and service providers from our community advisory board, all suggest that criminal justice and court processes must attend to a much broader scope of victims' physical and mental health needs.

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I. Introduction

I.a. Background and Problem Statement

I.a.1. Scope and Impact of IPV

Intimate partner violence (IPV), defined as a pattern of coercion, emotional and physical abuse, or threat of violence in an intimate relationship, remains a major source of morbidity and mortality in the United States (Coker, Smith, Bethea, King, & McKeown, 2000; Danielson, Moffitt, Caspi, & Silva, 1998). IPV victimization results in a host of medical and mental health conditions among women, including injury, chronic pain, insomnia and other sleep problems, depression, post-traumatic stress disorder, among others (Bonomi et al., 2009; Coker et al., 2000; Golding, 1999) and also presents increased risk of homelessness, unemployment, substance abuse, and suicidality (Campbell, 2002; Golding, 1999; Kimerling et al., 2009; Pavao, Alvarez, Baumrind, Induni, & Kimberling, 2007). The Centers for Disease Control (National Center for Injury Prevention and Control, 2003) estimates that IPV results in more than $4 billion in direct healthcare costs and nearly $900 million in the value of days lost from work inside or outside the home in a single year. While both men and women are victims of IPV, the safety and health burden falls disproportionately on women (Cascardi, Langhinrichsen, & Vivian, 1992; Gazmararian et al., 1996; Sutherland, Bybee & Sullivan, 1998; Tjaden & Thoennes, 2000b; Vivian & Langhinrichsen-Rohling, 1994). It is estimated that 4.8 million women are physically, emotionally, or sexually abused by intimate partners each year (Tjaden & Thoennes, 2000a), with recent estimates suggesting 50% prevalence of IPV (Dutton, 2009).

I.a.2. Criminal Justice System Response

In addition to being a public health problem, particularly for victims, IPV has also been defined as a crime with perpetrators as the criminal offenders. In the last 30 years, a host of criminal justice system initiatives have been designed to mitigate and decrease violence against intimate partners.

I.a.2.i. Violence Against Women Act

In 1994, the federal government determined that the states had not done enough to protect women from violence and enacted the Violence Against Women Act (VAWA), which provided federal oversight to criminalize IPV and remove some of the discretion that often led to cases not being prosecuted. Congress enumerated federal jurisdiction over IPV cases for certain inter-state crimes. The Act also allocated resources for states to enhance their local responses, particularly targeting the legal system. States rose to the challenge; many implemented legislation that criminalized IPV and created mandatory and pro-arrest laws. These laws encourage or require officers to make an arrest when responding to an IPV call if there is reasonable evidence that a crime has occurred, even if the officer did not witness it (Sherman & Berk, 1984; Sherman et al., 1992; Sherman, 1992a).

At first glance, these efforts appear successful. From 1994 to 2002, reporting of incidents of IPV increased 51% (National Network to End Domestic Violence, 2005). Along with this greater recognition of IPV as a criminal act came an appreciable drop in criminal behavior. Between 1993 and 2001, total acts of IPV against women declined 49% according to government reports (Rennison, 2003). By 2005, intimate partner homicides were about 31% below pre-VAWA levels (Bureau of Justice Statistics, n.d.). However, these declines were not observed equally with disparity noted by race and gender. Homicides of White men, Black men, and Black women perpetrated by intimates dropped 61%, 83% and 51% respectively. However, during that time, the rate declined only 6% for White women. Clearly, more work is needed. Data for 2007 reported the gender disparity remained, with approximately 700 men and 1640 women murdered by intimate partners (Shannon et al. 2009). Though violent crime rates experienced a general decline during the 1990s and early 2000s, researchers linked VAWA funding to a reduction in rape and aggravated assault (Boba & Lilley, 2009). On the strength of these successes, Congress reauthorized VAWA in 2000 and again in 2005. Congress also expanded its definition of protection orders and its extension of full faith and credit in protection orders (Michigan Poverty Law

Program, 2006). As a result, a valid protection order issued in any state in the nation must be recognized in any other state, including child custody, support, and visitation provisions (Michigan Poverty Law Program, 2006).

I.a.2.ii. Victim Participation in Prosecution

In addition to the policies related to arrest, initiatives also support prosecution of IPV crimes. In IPV cases, the victim is also – and often the only – witness. Prosecutors have, traditionally, relied on victim participation in the prosecution process; including, for example, showing up to the prosecutor's office and to court appearances, providing written or oral statements or testimony, and affirmatively expressing a desire for prosecution of their abuser. Some victim advocates postulate that participating in the prosecution process, however, may be unsafe, or at least undesirable for victims. Many victims report that they fear further violence, perhaps in retaliation, as a result of their participation (Bennett, Goodman, & Dutton, 1999; Erez & Belknap, 1998; Fugate, Landis, Riordan, Naureckas, & Engel, 2005). Survivors also express logistical barriers to participating in prosecution that include, but are not limited to, transportation, child care, time off of work, and a lack of social support (Bennett et al., 1999; Erez & Belknap, 1998; Hare, 2006). Confusion about, lack of trust in, or concerns about the criminal justice system can also prevent women from engaging with the prosecution process (Apsler, Cummins, & Carl, 2003; Barata, 2007; Erez & Belknap, 1998; Moe, 2007; Wolf, Ly, Hobar, & Kernic, 2003). Victims may also find that engaging with the process is overly complicated, emotionally draining, and burdensome with perceptions that the outcome is not worth the "hassle" (Bennett et al., 1999; Erez & Belknap, 1998; Fugate et al., 2005).

In 2003, Judith Herman's seminal article discussed how court involvement can cause victims extreme emotional distress (Herman, 2003). Lack of privacy, control, and understanding of complex systems can cause crime victims distress during a court case. While great attention focuses on the impact of mandatory arrest on recidivism and victim participation in prosecution (Bennett et al., 1999),

little work has focused on how IPV victims experience prosecution and criminal court involvement and the relationship between their criminal justice experiences and their health and well-being. In addition to the process being cumbersome for victims, many also report feeling "revictimized" and at greater risk of violence due to retaliation by utilizing the criminal justice system (Fleury-Steiner, Bybee, Sullivan, Belknap, & Melton, 2006; Moe, 2007).

Given the complexity of the system, it is understandable that even sympathetic prosecutors complain about the high rates of victim reluctance to follow through with prosecuting their batterers, labeling this behavior as "victim non-cooperation" (Bennett et al., 1999; Rebovich, 1996). Coupled with prosecutorial burn out and vicarious trauma, more information is needed on how to assist victims in overcoming barriers to participating with prosecution and providing prosecutors with information from which to craft their IPV prosecution policies. Early attempts to solve this problem resulted in aggressive prosecution strategies.

Shortly after the implementation of mandatory arrest policies, prosecutors began to adopt evidence-based, or "no-drop" prosecution policies, which allow the prosecutor to proceed with the case based on evidence alone, regardless of the victim's wishes or participation (Cramer, 1999; Davis, O'Sullivan, Farole & Rempel, 2008; Ford & Breall, 2003; Hanna, 1996; Hirschel & Hutchison, 2001; Rebovich, 1996). However, given state laws related to criminal procedure and evidence, many prosecutors must still rely on the victim's participation for prosecution. Dawson and Dinovitzer (2001) found that prosecution was over seven times more likely if victims participated in the prosecution process. Davis, Smith, & Taylor (2003) also found that victims' attendance at court hearings increased the likelihood of prosecution.

Some early research suggested that regardless of case outcomes, victims may benefit from using the criminal justice system to gain the power they lack in their relationships. (Ford, 1983, 1991; Ford & Regoli, 1993). However, IPV advocates are concerned that prosecution and adjudication that goes

against a victim's wishes may disempower the victim and put her in further danger (Davis et al., 2003; Mills 1997, 1998, 1999) or at risk for negative mental health consequences (Herman, 2003).

Although police and prosecutors are the gatekeepers determining which cases are charged and prosecuted, the victim may remain the ultimate gatekeeper deciding whether or not to share her story with friends, neighbors, and the police and prosecutors. Even after soliciting police assistance, victims may try to persuade officers not to arrest the perpetrators or prosecutors not to press charges. If the police or prosecutors do not take the initiative to follow through with a case, the onus might be on the victim to pursue intervention for the case to move forward. Even in mandatory arrest jurisdictions, police do not fulfill statutory mandates in all IPV calls eligible for services (Cerulli et al., in press).

Findings suggest between approximately 40 to 70 percent of female IPV victims favor prosecution of their abusers (Buzawa & Austin, 1993; Dunford, Huizinga, & Elliot, 1990; Hare, 2006). Studies using data from police or prosecutor reports (e.g. Bui, 2001; Kingsnorth & MacIntosh, 2004) find fewer reports indicating a victim's desire for prosecution (49.9% and 40.0%, respectively) compared with studies in which the researchers interview victims directly. For example, Hare (2006) and Weisz (2002) find the majority of victims favor prosecution (70.2% and 65.2%, respectively). This discrepancy could be because women are more ambivalent at the time of the incident compared to after the case is closed, or, if their partners are present at the scene, fearful of retaliation in return for affirmatively stating they seek prosecution. Additionally, police and prosecutors may be less likely to record victim's wishes in favor of prosecution than they are to record those requesting that the system drop the case, or not proceed with prosecution – support for prosecution may be considered an endorsement for moving forward and not necessary to record.

Currently, special prosecution units, vertical prosecution, continuances sensitive to victims' needs, combined with court-based victim advocacy and victim input into prosecution outcomes, are considered best practice (Ford & Breall, 2003). These processes ideally respond to two victim-sensitive

goals: protecting the victim from retaliation and increasing victim empowerment. In at least one study, victim participation in prosecution was associated with a reduction in perpetrator recidivism. Ford and Regoli (1993) found that a "drop-permitted policy" empowers victims to control the process and, thereby, their relationships.

Ford and Regoli's (1993) findings reveal the complexity involved in victim decisions to participate in prosecution and suggest the potential for interventions such as specialized domestic violence policing and prosecution units and courts (Hartley, 2003). However, support for these interventions is still lacking. Specifically, it is not known whether victim participation in prosecution improves future safety; nor is it clear how to measure subsequent victim safety. Because victims of IPV are likely to experience future acts of violence, even after criminal system intervention, a victim's experience with prosecution may be associated with whether she chooses to return to seek help from the criminal system in response to a future act of violence.

I.a.3. Healthcare System Response to IPV

Just as the criminal justice landscape regarding IPV has developed over time, so too has the medical environment. Healthcare personnel observe the physical and emotional results and high rates of health care utilization among victims of IPV (Abbott, Johnson, & Koziol-McLain, 1995; Felitti et al., 1998; Koss, 1993; Rosenberg et al., 2000; Cerulli, Edwardson, Duda, Conner, & Caine, 2010). Although certain injury types are more common in IPV victims, injury alone has a low positive predictive value (Muelleman, Lenaghan, & Pakieser, 1998). In general, victims have high rates of depression, post-traumatic stress disorder, and risk of suicide (Campbell, 2002; Campbell et al., 2003b; Coker et al., 2002; Dienemann et al., 2000; Stein & Kennedy, 2001). Recognizing the burden of suffering and the evidence that victims of abuse are over-represented in healthcare setting, routine screening has been recommended across all medical and mental health settings (Coid et al., 2003; Griffin & Koss, 2002; Feldhaus et al., 1997) and many professional organizations have published such practice guidelines

(AAFP, n.d.; ACOG, 1995). While it is unknown if screening results in less abuse (MacMillan & Wathen, 2001; Neilson, Nygren, McInerney, & Klien, 2004), intensive screening programs combined with appropriate system resources can result in identification and linkage to IPV services (Krasnoff & Moscati, 2002). However, the best method of accomplishing routine screening in the healthcare setting has not yet been established (Rhodes, Lauderdale, He, Howes, & Levinson, 2002; Rhodes & Levinson, 2003) and, to date, treating physicians identify only a fraction of IPV (Abbott et al., 1995).

Given that IPV can cause acute injury or crisis, IPV victims often appear in the ED. Preliminary work by Kothari and Rhodes (2006) found that 64% of IPV victims in the current jurisdiction had visited an ED in the year of the prosecuted event and 82% had visited an ED within three years of the event. Among IPV victims seen in the ED, the average number of visits was 5.7 (range 1-71), three times the national average for women in the same age group. This work demonstrated both short- and long-term high use of the ED among IPV victims and that utilization peaks in the month of the event that precipitates prosecution. This finding is consistent for IPV victims screened in court, who also report higher ED utilization than the average population (Cerulli et al., 2010).

Most hospital EDs have protocols for routine IPV screening and find high prevalence rates (in the 25-35% range) when using dedicated screeners (Abbott et al., 1995; Ernst, Nick, Weiss, Houry, & Mills, 1997). However, detection rapidly declines when screening is left to busy physicians and nurses (Dearwater et al., 1998; McLeer, Anwar, Herman & Maquiling, 1989; Olson, 1996) due largely to provider time constraints and reluctance to initiate discussions about IPV (Gremillion & Kanof, 1996; Larkin, Hyman, Mathias, D'Amico, & MacLeod, 1999). Nonetheless, patients expect physicians to inquire and will usually disclose abuse if directly questioned (Titus, 1996). Dr. Rhodes finds that patients are willing to self-disclose risk of IPV when asked as part of an overall computer-based health risk assessment (Rhodes et al., 2002). However, even with patient self-disclosure, IPV risk is inadequately addressed in busy ED settings (Rhodes et al., 2006; Rhodes et al., 2007).

Identification of, and response to, IPV victimization in the healthcare setting can not only serve to provide specific healthcare to victims and promote victims' connecting with necessary social services, it can also aid offender accountability and potential victim safety by facilitating criminal justice system intervention. Healthcare providers can report IPV cases to the police. Healthcare provider documentation of identified IPV victimization can be useful for both criminal and civil cases related to the violence by providing forensic evidence of violent incidents (Buel & Hirst, 2009). Hirshel and Dawson (2003) note "medical evidence is underused in domestic violence cases" (p. 11). It is possible with victim input, coordination between EDs and legal systems could be greatly improved.

I.b. Theoretical Framework: Empowerment within a Public Health Framework

I.b.1. Socioecological Model

Intimate partner violence (IPV) is pervasive and occurs in every community across the United States. As evidenced by the research findings in this report, even in a Midwest community employing recommended criminal justice best practices, IPV occurs across socioeconomic groups. The victims interface with interdisciplinary systems including law, medicine and social services. The devastating consequences from IPV on victims, both emotionally and physically, their children and families, and their communities, makes the economic toll staggering. Figure 1 provides a theoretical base from which to view the effects of IPV: an adaptation of the socioecological model (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; Stokols, 1996).

Despite this complexity, over the past 20 years, the national response has been largely grounded in community level responses through the legal and medical systems. The history of IPV in the United States, well documented elsewhere, elucidates how far the country has come in addressing this pressing public health problem. The recognition that IPV is a global health problem has called for a more integrated policy approaches to ameliorate the morbidity and mortality associated with IPV, both internationally and nationally. Such responses had been fairly siloed (medical, legal, mental health) until

the Community Coordinated Response (CCR) approach was introduced in Duluth, MN (Pence & McDonnell, 1999). The CCR approach suggests that both the perpetrator and victim are enveloped in services from the point of contact with any agency. Despite the interest in CCR, the majority of federal monetary assistance allocated in the 1994 VAWA primarily funded resources for the criminal justice system and protection order responses, with limited focus on victim services.

To further evaluate VAWA's successes, it is important to begin thinking about the specific effects for both genders, different ethnicities, how individuals are enmeshed in their families and communities, and whether policy decisions made at a community level impact individuals the same or if there are unanticipated negative consequences for some classes of people. To facilitate this approach, the socioecological model noted below may prove helpful.

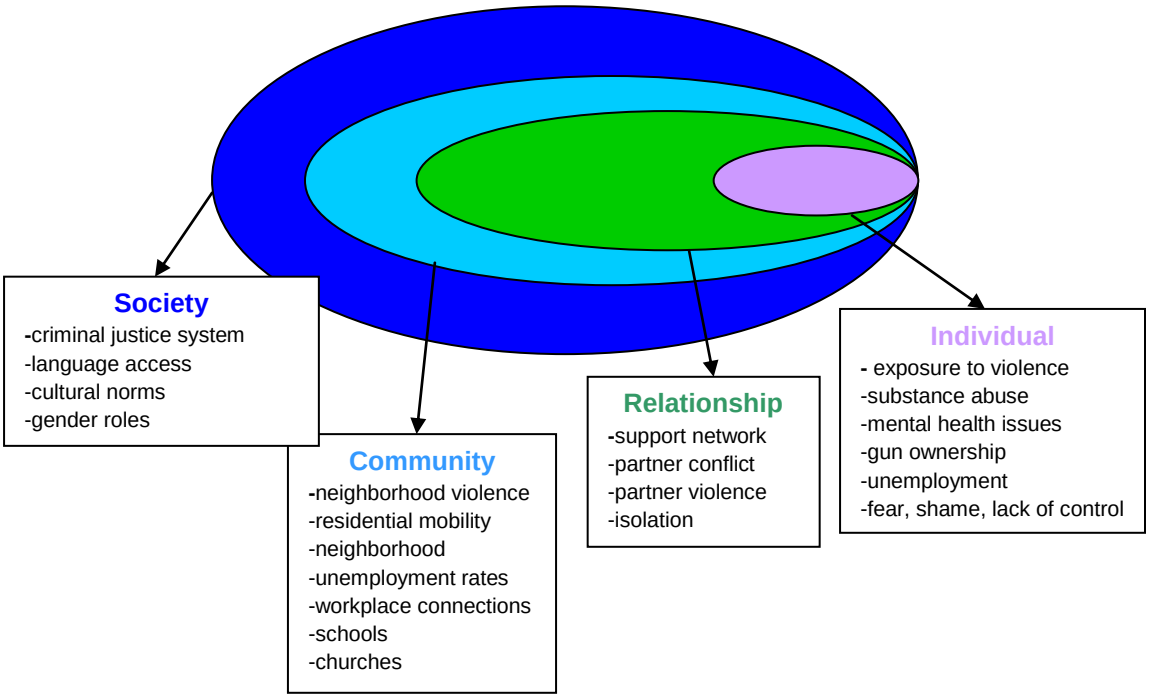

Figure 1: Social Ecological Model of IPV (Krug et al. 2002).

Figure 1 portrays an adaptation of the socioecological model as it has been applied to IPV (Krug et al., 2002). At an individual level, IPV interventions must consider a person's exposure to IPV,

substance abuse and mental health issues, the role of gun ownership, employment, and shame and fear. Criminal justice policies targeting holding the perpetrator accountable only address a few of these. Policies that criminalize IPV in an effort to hold the perpetrator accountable may not be helpful to victims who suffer from post-traumatic stress disorder, depression, or have substance abuse issues related to coping mechanisms. The very nature of the adversary criminal justice system presents these issues as "witness problems" – with defense attorneys able to dismiss such victims' testimonies as unreliable, without allowing proof that it is the very violence that may be causing the substance abuse and mental health burden.

Within the relationship context, criminal justice policies are not meant to address a victim's support network post-event: neither her isolation nor the potential termination of the relationship. Rather, the system labels her the victim and often the male the perpetrator, not accounting for the dynamic between them – the relationship. If policies were to account for the victim in the context of her relationship to the perpetrator – different for IPV compared to stranger crimes – the system might better account for reluctant witnesses, those who recant, or victims who testify on behalf of their partners.

At a community level, neighborhood dynamics, residential transitions, unemployment, schools and religious institutions are the fabric of a victim's life. Policies and procedures that consider a victim as an individual, without attending to her community dynamics, may be frustrated in the face of her transportation, childcare, and other barriers that prevent full participation in the criminal justice proceeding. Religious beliefs or observances may prohibit her terminating her relationship to the perpetrator, and religious leaders may discourage her participation in an adversarial system. Further, community norms, such as policing practices that lead to community distrust of the criminal justice system, may leave a victim reluctant to engage with services that may view her as an unfit mother,

leaving her vulnerable to Child Protection Services reporting. Because the victim has agency over her decision-making, she may be disinclined to engage with, or continue in, a system she may not trust.

Considering the victim as an individual, within the context of family and community, is further hindered by societal norms that have prevented a victim herself from viewing the violence in her life as abhorrent. Rather, growing up in a home where violence was perhaps prevalent both within her home and community, and facing a lack of resources and diminished self worth, may lead a victim to minimize the violence in her life as less important on her hierarchy of needs than food, shelter, and a co-parent for her children. Movie industry graphic images and music lyrics often aggrandize violence against women as an acceptable norm, creating a dissonance for victims: violence is wrong and we can help you yet it sells movies, music and fuels a multi-million dollar pornography business.

I.b.2. Empowerment

This project also sought to understand whether participation in prosecution empowers victims. Ford suggests criminal justice service use is about empowerment as well as safety (Ford, 1991). In earlier studies, victims reported the system helped empower them by rebalancing the power in their abusive relationships (Ford, 1991). Empowerment is an important concept to study given earlier research finds that empowerment is associated with greater satisfaction with the system and improved mental health (Kilpatrick & Otto, 1987). Empowerment can be defined in many ways.

Schecter (1982) suggests "[E]mpowerment means gaining control over the decisions affecting one's life and finding access to the resources needed to live decently" (in Farney & Valente, 2003, p. 40). However, others refine empowerment further, suggesting psychological empowerment stems from mastery and control over one's environment (Zimmerman, 1990). Zimmerman further suggests "participation in community organizations" leads to psychological empowerment through direct experience, observation, identification of resources, and time management (Zimmerman, 1990). Through participation, one can learn the skills necessary to influence his or her life (Zimmerman, 1990).

A question remains in the criminal justice literature whether victims can be empowered by their participation in a system, which at its very core, is designed as adversarial and administered to protect the constitutional rights of the defendants. Nonetheless, the criminalization of IPV has led victims to the courtroom doors.

Farney and Valente (2003) propose a vision of IPV based on four cornerstones: safety, agency, restoration and justice. The criminal justice system would clearly play a role by providing safety and holding perpetrators accountable. Yet, critics have argued pro-arrest and pro-prosecution policies may result in victims losing their voices in the decisions to prosecute their batterers (Mills, 1997, 1998, 1999) and ultimately lose control over the processes meant to help them. Empirical work has demonstrated that despite statutory mandates, arrest procedures are not always adhered to (Cerulli et al., 2010). Additionally, given that victims experience violence for a host of reasons, among them IPV, a one-size-fits-all approach may not meet all victims' needs (Cerulli, Conner, & Weisman, 2004). However, given criticisms and difficulties alike, arrest polices may offer hope to victims and provide a window of opportunity for remedies if a victim chooses to utilize them.

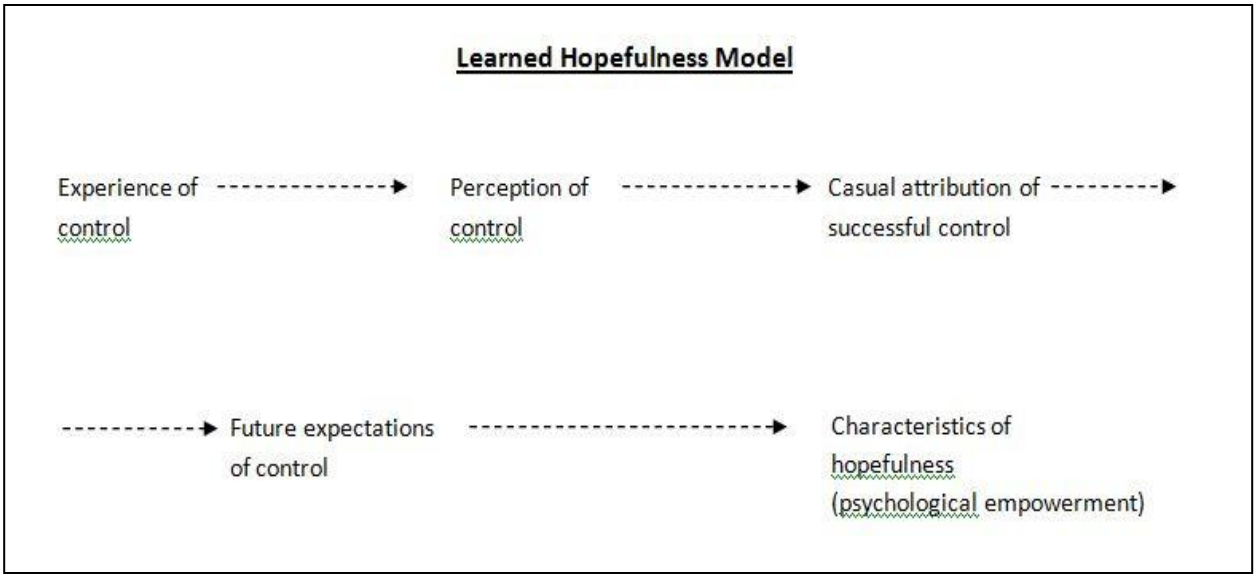

Figure 2: Causal Pathway to Psychological Empowerment (Zimmerman, 1990).

Zimmerman's conceptualization of the Learned Hopefulness Model, depicted above (see Figure 2), would suggest control leads to empowerment. Despite Mills' concerns, the victim does have many ways to exert control over the prosecution: calling the police, directly communicating with the prosecutor, expressing a desire for prosecution, and ultimately, in the failure of finding safety, reutilizing the system. In this study, we have conceptualized empowerment via a continuum of participation described more fully in the Methods section noted below. Because this study is based on administrative record reviews, empowerment provides the theoretical framework for this analysis, rather than a theory warranting testing. This retrospective study employed Community-Based Participatory Research principles to attempt to overcome this limitation.

We accessed the "victim's voice" through focus groups with IPV survivors, document reviews with survivor informed abstraction instruments, a Community Advisory Board, and respondent verification sessions. Another complicating factor in measuring empowerment within the criminal justice system is the study's multi-agency four-year time period. Empowerment is not a static concept and the victim's voice must be assessed over space and time. To overcome this challenge, we utilized the socioecological model as a framework for analysis. Figure 3 demonstrates the types of empowerment processes and outcomes associated with various levels of analyses.

Levels of Analysis	Process	Outcomes
Individual	Helping others gain control over their lives	Sense of control
	Receiving help from others to gain control	Critical awareness
	Mutual help	Participatory Behaviors
Organizational	Providing opportunities for members to develop and practice skills	Effective resource management
	Erecting participatory decision-making structures	Linkages with other organizations
	Sharing responsibilities and leadership	Influence in policy decisions or creation of alternative service
Community	Providing equal access to resources	Organizations working together to exert control over policy decisions
	Allowing expression of diverse opinions	Collective efforts to maintain or improve quality of life
	Building participatory structures in community institutions	Residents' participatory skills

Figure 3: Empowerment Processes and Outcomes (Zimmerman & Warschausky, 1998).

I.c. Study Aims

Given the current best practices promulgated by legislative initiatives, pro-arrest and mandatory arrest coupled with pro-prosecution, it is imperative that we understand the impact of these well-intended initiatives on victims' future help-seeking, health and ultimate safety. Furthermore, such studies are often conducted within the system under examination, in this case, the criminal justice system. It is important to explore the repercussions of policy both across time, longitudinally, and across systems, multidisciplinary, to understand the impact of the law on the lives of those it is meant to protect.

The current study lays the foundation to examine VAWA's successes, namely the prosecutorial process, in a community employing CCR best practices, to assess a specific question: Does a woman's participation in prosecution make a difference? Often, studies examine outcomes through one lens: legal or medical. The lens of the social ecological model (Krug et al, 2002; Stokols, 1996) helps to

organize IPV responses for victims and account for the complexity of their victimization within their lived experiences as individuals, family members, and community participants.

I.c.1. Primary Study Aim: Association between Victim Participation and Subsequent Health and Safety

Our primary study question was whether victim participation in prosecution improved victim safety and health. Because the study relied on administrative data, we utilized future police calls for service, ED use, and civil protection order use to assess these outcomes. Figure 4 depicts the principal constructs and their relationships to our study aims. We sought to answer this question by examining the relationship between victim participation in the prosecution process and (1) future IPV-related police incidents (specific aim #1) and (2) future IPV or injury-related ED visits (specific aim #2). We hypothesized victim participation in prosecution would diminish the risk of revictimization and the magnitude of the impact of victim participation on revictimization outcomes would vary between the pre- and post-adjudication time periods, levels of each control variable, levels of factors identified in the qualitative research, and by victim prosecution wishes.

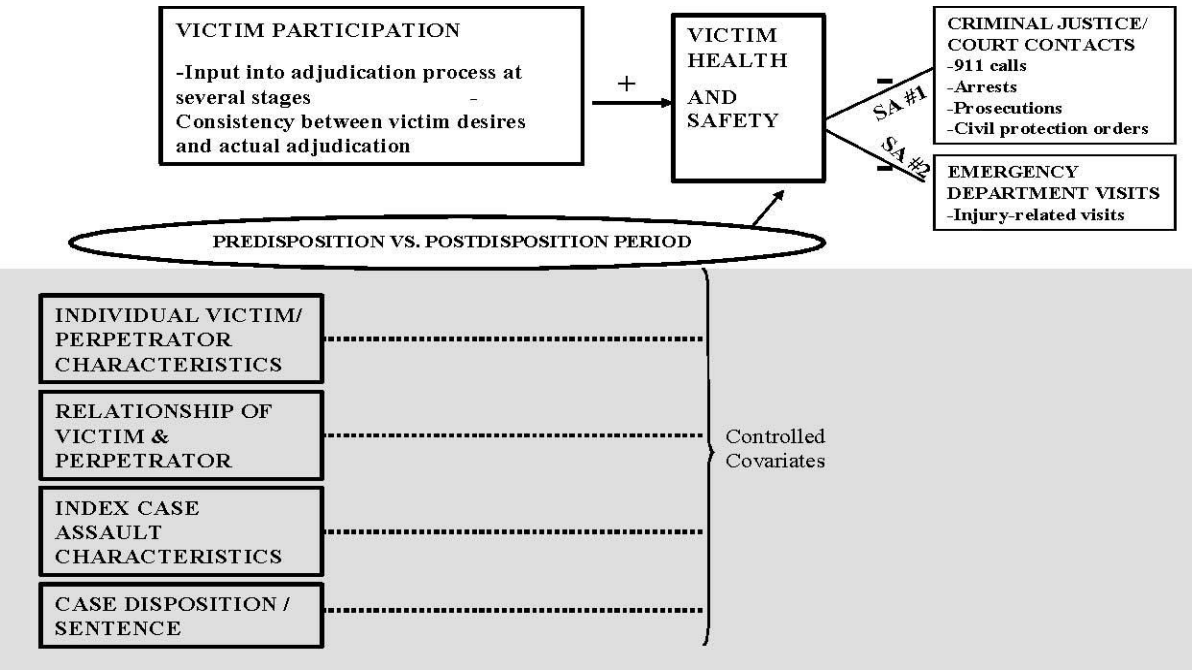

Figure 4: Primary Study Constructs and Aims.

I.c.2. Secondary Aims

I.c.2.i. Understanding Victims' Experiences with Prosecution through Victims' Voices

To inform both our study design and the interpretation of our study findings, we sought to understand our main study construct of victim participation from the victims' perspectives. With this broad exploratory aim, we wanted to identify the ways in which female IPV victims believed the violence and pursuing prosecution impacted their health and well-being, the factors that motivated them to pursue prosecution, and the barriers they faced to participating in the prosecution process.

I.c.2.ii. Association between Victims' Experiences with Prosecution and their Future Help Seeking

Although the victim in many ways acts as a gatekeeper in her case moving through the criminal justice system, once the case has entered into the system, the victim does not always have ultimate control over whether the system moves forward with prosecuting the case. This study question focused

on whether victims would re-use the criminal justice system for a future incident of violence. In particular, we examined whether the agreement, or "match", between the victim's wishes and the prosecutor's actions was associated with her displacing out of the criminal justice system by bypassing the pursuit of safety through offender accountability and instead seeking help from the civil court system (through civil protection orders) or the healthcare system through use of ED services upon future formal help seeking.

We hypothesized victims would return to the criminal justice system if the prosecutor's actions "matched" her wishes. We expected when a victim's final prosecution wishes (for/against) were congruent with the prosecutor's action of moving forward or dropping charges, she would be more likely to return to the criminal justice system if she sought help in the future. Likewise, we hypothesized if there were no "match" between a victim's wishes and prosecutor's actions, she would displace out of the criminal system and instead seek help from other sources, such as the civil court system or healthcare system. To this end we measured victims' use of the civil court processes related to seeking protection orders and also victims' use of the ED as other help seeking venues.

I.c.2.iii. Victims' Use of Protection Orders Relative to their Criminal Justice Involvement

Personal protection orders (PPOs), designed to offer the accessibility of civil proceedings with the power of criminal justice enforcement, are an important resource for women seeking help for the violence in their relationship (Logan, Shannon, Walker, & Faragher, 2006b). Our integrated database provides a unique opportunity to examine the extent to which applying for PPOs is a measure of both violence and of help seeking. Specifically, we wanted to know (1) the timing of IPV victims' applications for PPOs relative to police IPV-incidents, and (2) the individual and couple characteristics of PPO petitioners compared to IPV victims who do not request a PPO.

I.c.2.iv. Emergency Department Identification of, and Response to, IPV Victimization

Victims of IPV in the criminal justice system may also appear in the healthcare system, primarily via a hospital ED when there is acute IPV or injury. Victims may present to the ED with direct health impacts of IPV victimization (for examples, acute injury from an assault), with health needs indirectly related to IPV victimization (e.g., victimization leading to substance abuse or mental health crises, or somatic manifestations of stress such as abdominal pain, headaches, or gastrointestinal problems), or for health problems unrelated to IPV. Regardless of whether the ED visit is directly related to an IPV assault, healthcare personnel can be useful in assisting the IPV victim in accessing services related to improving safety from IPV (such as safety planning, court intervention, housing services) as well as documenting IPV for use in legal cases. To offer such supports, the ED must first identify the IPV (case finding).

Starting with a group of women who had experienced IPV victimization identified in the court system, who had utilized the ED, we investigated (1) how effective ED providers were at IPV case finding; (2) what person and visit-level characteristics were associated with IPV case finding; and (3) what responses were provided when IPV was identified in the ED. We hypothesized that IPV case finding would be predominantly related to victim presentation with IPV assault.

II. Methods and Important Findings

II.a. Overview

This study followed a cohort of female IPV victims with cases the police presented to the prosecutor, in the year 2000, in a single Midwestern U.S. county for a four-year period (1999-2002) across multiple systems (police, prosecutor, criminal court, civil court, hospital ED) to assess the victim's experience with participation in IPV prosecution and her associated future help seeking, health and safety. We began the study with qualitative focus groups with women, within this same county, who had experienced police response to IPV victimization to explore their experiences with, and feelings about, pursuing prosecution of their abusive partners. We then used the findings from the qualitative study to inform the design of our data abstraction and quantitative analysis of county-wide administrative records collected from prosecutor, police, criminal and civil courts, and ED records for our study cohort. The qualitative data informed the operationalization of key variables in the quantitative portions of the study. The quantitative data are included in an integrated database linking the multiple administrative data sources across the four-year period.

The study design is grounded in the principals of Community-Based Participatory Research, integrating community stakeholders into the research process for the dual purposes of ensuring data integrity and translation of findings into policies and interventions (Israel et al., 2001; Viswanathan et al., 2004). Throughout the study period, the investigators sought input and feedback from a Community Advisory Board (CAB) comprised of prosecutors, police, victim advocates within the prosecutor's office, victim advocates from the shelter, probation officers, protection order coordinator, court administrators, community advocates, local politician, state VAWA administrators, ED physicians and a Scientific Advisory Board comprised of academic experts in IPV and criminal justice system response. Focus groups with women who had experienced IPV victimization held at the start of the study period, described in more detail below, provided a critical understanding of IPV victims' perspectives of their

own roles and experiences as related to IPV and prosecution. At the completion of data collection, the CAB, domestic violence shelter staff, and a respondent verification group of IPV survivors responded to the findings providing further insight. This longitudinal study relied on an interdisciplinary research team with expertise in IPV from the perspectives of law, medicine, social work, child-maternal health, anthropology and statistics. Figure 5 provides the timeline for the project.

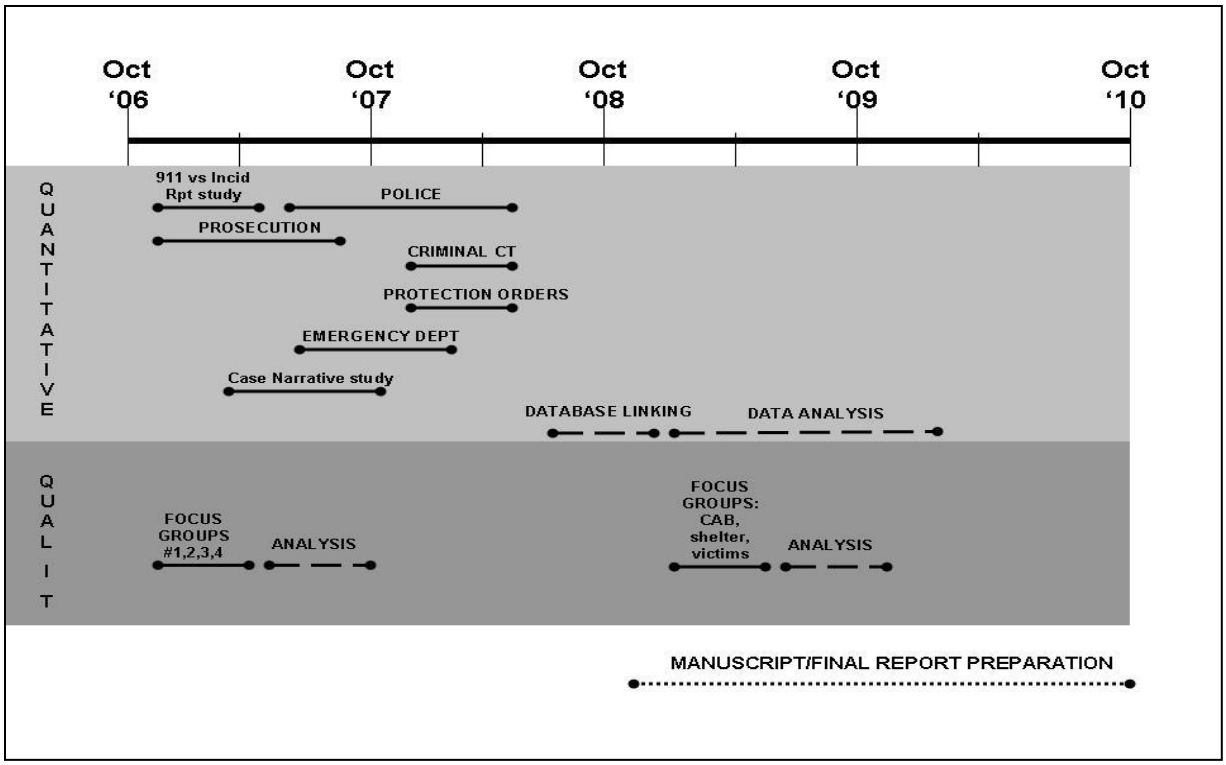

Figure 5: Project Timeline.

The University of Pennsylvania provided institutional review board approval for the qualitative portion of this study and analysis of deidentified data. The institutional review boards of the two local hospitals in the study community, Borgess Medical Center and Bronson Methodist Hospital, provided the primary IRB approval for HIPAA-exempt data collection, as an extension of an earlier CDC-funded Michigan Department of Community Health public health IPV surveillance study, linking health and prosecutor IPV records. The University of Rochester Human Subjects Review Board also reviewed and approved this study for review of deidentified data only.

II.b. Setting

The study site (County) is located in the Midwest. It contains two mid-sized cities and several rural communities, and has a total population of 238,603, making it the 8th largest county in the state (US Census Bureau, 2000). Of the total population, 98,192 are adult women, age 16 and above. The County represents "Middle America": 80.3% of the residents live in urban areas and 19.7% live in rural areas, compared to 79.0% of all United States residents living in urban areas and 21.0% living rurally; adult females age 15-54 comprise 30.8% of the County population, compared to 28.9% of the total U.S. population; the ratio of single to married female-headed household in the County is 1:4.3, compared to the U.S. ratio of 1:4.2; and, finally, the County is as racially diverse as is the U.S. as a whole, with 86.7% White (79.3% U.S.), 9.2% Black (11.6% U.S.), 1.1% Native American (1.2% U.S.), 1.8% Asian (3.2% U.S.), and 1.2% another race (4.4% U.S.).

II.b.1. Criminal Justice

There are 12 police departments in the County, four of them (the County Sheriff's department, City Department of Public Safety, and two town departments) accounting for 97.4% of assault arrests (Michigan State Police, n.d.). With the exception of college campus police, the remaining departments are in smaller, rural communities. The County houses a District Court, handling criminal misdemeanor and some felony cases, and a Circuit Court, with a criminal felony division and a family court division. An IPV coordinated community response team, an Assault Intervention Program, with representatives from law enforcement, prosecution, victim services, healthcare, district court, circuit court, probation, and batterers' intervention, has been active for over ten years. The community has a 30-bed women's shelter for IPV victims and two batterers' intervention programs that follow the Duluth Model. There are two Level 1 Trauma Centers and six tertiary care EDs.

The principles driving criminal justice policies in the County for IPV assaults reflect both statewide practices and innovative criminal practices being implemented nationally: (1) perpetrator

accountability through arrest and court enforced sanctions, (2) perpetrator monitoring through probation and batterers' treatment programs, and (3) victim safety through evidence-based prosecution, court-based victim advocacy, and victim participation during adjudication (Cerulli et al., 2010; Pence & McDonnell, 1999). These best practices are put into motion as soon as police receive a 911 call for service. See Appendix A for a detailed description of the counties criminal justice system.

II.b.2. Healthcare (ED)

Reflecting the overall focus of the healthcare field, the ED's primary goal is to medically stabilize patients. Only once this is accomplished can attention turn to referrals, reporting and documentation. As across the country, Michigan's penal code (MCL 750.411) defines medical personnel as mandated reporters for violent injuries. Additionally, both hospital systems in the study follow Joint Commission on Accreditation of Hospital Organizations (JCAHO, 2008) guidelines for IPV screening/intervention. See Appendix B for a more detailed description of the IPV policies in the two hospital systems that together comprise 8 EDs in the county.

II.c. Qualitative Methodology and Results: Focus Groups

Prior to beginning our data abstraction, we conducted qualitative focus groups with women who had experienced police intervention for IPV. The focus groups helped to shape our understanding of our main study construct of victim participation: what participation means to the victims themselves and the factors salient to them in approaching and experiencing the prosecution process.

II.c.1. Qualitative Methods Overview

We used focus group methodology to obtain survivor perspectives about seeking and participating in criminal justice system intervention for IPV. First, we explored survivors' perceptions of the impact of the violence on their health and well-being. Next, we sought to identify the factors that motivated survivors to pursue prosecution and what barriers they faced in to participating in the process of prosecution. Finally, we asked the focus group participants to reflect on the ways in which the

prosecution process impacted their health and well-being. The qualitative findings helped to inform the quantitative piece of the study – from the design of the instruments, including what data elements we collected, to which variables to include in the analysis, to the interpretation of the quantitative data. We conducted four focus groups, with a total of 15 participants, in the study venue, in December, 2006. Study procedures, including recruitment and informed consent methods and materials, were reviewed and approved by the university institutional review boards noted above. (Findings are noted below and for more detail, see Rhodes, Cerulli, Dichter, Kothari & Barg, 2010 and Dichter, Cerulli, Kothari, Barg& Rhodes, in press).

II.c.2. Recruitment

Participants for the focus groups were recruited through flyers posted throughout the community, as well as ads in the local community newspaper. Eligibility criteria included being female, age 18 or older, English-speaking, having had a police call for IPV, and not having an open criminal case. Twenty-two women called in response to the ads and were eligible to participate in the study. After hearing about the details of the study, 18 women agreed to participate and 15 of those women participated in one of four focus groups (the remaining three women did not show up for a focus group).

II.c.3. Procedures

Focus groups were conducted at community-based agencies that could provide for the safety needs specified in the protocols. Upon arrival, research staff reviewed the informed consent document with the participant and the participant then completed a brief survey to collect individual demographic and case data before the start of the group. The focus groups were co-facilitated by an anthropologist (FB) and a former IPV prosecutor with a PhD in criminal justice (CC). The facilitators used a list of open-ended questions and themes, developed by the research team members in advance, to guide the discussion. In particular, we asked participants to reflect on their experiences with IPV and their experiences with and feelings about pursuing criminal justice intervention in response to IPV. We asked

participants how they came to have police intervention (i.e., who called the police, when, under what circumstances), how they felt about police and criminal justice system intervention, how they made decisions about participating (or not) with the prosecution process, and what going through the process was like as a "victim." With participant permission, the focus groups were recorded by digital voice recorder and transcribed. The groups lasted up to two hours.

II.c.4. Analysis

Once the focus groups were completed, we reviewed the quantitative questionnaires (demographic and incident) and analyzed the data using SPSS statistical software, version 16.0 for Windows (SPSS, Inc., Chicago, IL). We then sought to learn from the focus group transcripts about three topics in particular: (1) the health impact of violence and participating in prosecution, (2) motivators for participating in prosecution, and (3) barriers to participating in prosecution. With these topics as general frameworks, we drew from Grounded Theory and inductive analysis methodology (Glaser & Strauss, 1967) to identify themes that emerged from the data. Research team members read each of the transcripts and independently generated a list of codes (themes). We then discussed the lists together and collaboratively developed a preliminary coding scheme, allowing for additional codes that emerged during the analytic process. Two team members then independently conducted line-by-line coding of the transcripts. In an iterative process, the team together discussed coding decisions and development of new codes. Discrepancies in coding were resolved by consensus. Once coding was completed, we identified relationships among codes and drew interpretations of the data. We used QSR NVivo qualitative data analysis software (QSR International, Victoria, Australia) to facilitate management and coding of the qualitative data.

II.d. Qualitative Focus Groups

II.d.1. Sample and Case Factors

As noted, participants were women who had experienced a police call for IPV; at the time of the focus groups, none of the women had an open criminal case (an eligibility criterion). Some participants had been with their partners for many years, while others had shorter relationships. In general, with a few exceptions, the participants were no longer in the relationship with that partner at the time of the focus group. Table 1 shows the demographic breakdown of the sample. The participants spanned a nearly 40-year age range and included Black, White, and Latina women, with two-thirds identifying as White. Most (80%) had children and just over half were employed.

Table 1: Focus Group Sample Demographics (*N*=15)

Age (years)		
Range	18-57	
Mean	36.9 (SD 10.7)	
Race/Ethnicity	%	N
Black/African American	26.7	4
White/Caucasian	66.7	10
Latina/Hispanic	6.7	1
Children	%	N
Yes (have children)	80.0	12
Number of children	Range 1-5	
Ages of children (years)	Range: 1-38	
Employment	%	N
Employed full-time	40.0	6
Employed part-time	13.3	2
Not currently employed	40.0	6
In school full-time	6.7	1

Factors associated with the violent incident that led to police intervention are described in Table 2. At the time of the police call, just over one-quarter (26.7%) of the participants were married to their abusers; the other participants had non-marital intimate relationships. In two-thirds of cases, the women themselves called the police. An arrest was made (or warrant for arrest issued) in more than

half (53.3%) of the cases; in two (13.3%) cases, the women were arrested along with their partners. In four (50%) of the cases, the arrest resulted in conviction of the male partner.

Table 2: Focus Group Sample Case Factors

	%	N
Relationship at time of police call*		
Married	26.7	4
Dating	40.0	6
Child in Common	26.7	4
Living Together	6.7	1
Who called police		
Self	66.7	10
Someone else (medical staff, family, observer)	33.3	5
Arrest outcome (including warrant)		
Partner only	40.0	6
Partner and self (dual)	13.3	2
No arrest	46.7	7
Case outcome (for arrest cases, *n*=8)		
Nothing happened/no contact	12.5	1
Case started then dropped	37.5	3
Conviction/guilty plea	50.0	4

* Note: participants selected only one of these categories although they are not, in reality, mutually exclusive.

II.d.2. Health Impact of Violence and Participating in Prosecution

Participants described symptoms related to PTSD, depression and anxiety. These feelings were at times extreme and resulted in an inability to complete daily functions such as work or caring for children. Women attributed their symptoms to the acute incident of being assaulted by their partner coupled with dealing with the criminal justice system, both having a major impact on their physical functioning.

II.d.2.i. Somatic Symptoms

In response to a question about how violence affected their health, women described somatic reactions such as gaining weight through uncontrollable eating, loss of appetite, under-eating, shaking (with fear), weakness, irritable bowel syndrome, and having “nerves”.

It impacted – I've been on anti-depressants practically my whole married life and suffered from irregular heartbeat, irritable bowel syndrome, the emotional.

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I had irritable bowel syndrome … that was the beginning of me, my losing my nervous system and I would shake and I would just have to get in the bathroom.

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You know, I was so afraid of him I kept trembling and I didn't even think about it, I wasn't eating any more than I was, I wasn't eating less, but I was gaining weight.

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When my episode happened I stopped eating a lot, like I stopped eating, my appetite was different, it wasn't hungry anymore. I lost like a lot of weight and I started wearing a size 7, you know, I got real small, everybody wondering 'Why you so small?'

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There was a time where I would just get these terrible pains in my legs and I went to the hospital… I mean[I had] every test in the book and he couldn't find anything wrong.

Women frequently expressed feelings of fatigue and exhaustion, inability to sleep, and the need to seek medication for sleep. Women reported having "no energy," "feeling like you've been run through the mill" and being "exhausted." In some cases, women said that they were sleeping all of the time; in other cases women reported needing "sleeping pills" because they weren't able to sleep.

They had to put me on sleeping pills for a while because I wasn't sleeping.

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And then you feel like you've been run through the mill, you know, you're just exhausted.
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Yeah, I have no energy. I was always asleep.

II.d.2.ii. Crying

Victims attributed crying to feelings of grief, doubt, loss, and "letting down of oneself". For some, the crying episodes were so extreme that the women were unable to work and needed to take time off from their jobs:

I cried myself to sleep because of that [thinking about what her children had gone through when she was abused] and that I called and I missed a day of work and I called on of the counselors at the Y and I'm like crying away.

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I think I was like real depressed after that. I was crying all the time, you could say something like 'He was crazy' and I would just start crying, you know, for no reason.

A participant expressed concern that her continual crying would interfere with her parenting:

The biggest thing was my daughter, was at her dad's house and I didn't have to confront my 13 year old, like 'Why's mommy crying' or 'what's wrong?'

II.d.2.iii. Anhedonia (loss of joy) and Depression

Many victims described having no interest in routine activities or a lack of pleasure. Victims reported feeling as though nothing mattered, being "depressed", and losing their sense of self.

[I] Just didn't really care no more. It really is like – not really aches and pains. I really wasn't hurting, you know, I just was, slept a lot, you know, didn't come out of my room. I was always in my room. I wouldn't talk to nobody.

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And it takes everything out of you, all your will, all your money, your reputation, you don't care
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about anything. You lose your sense of yourself.

For some women, this distress resulted from fear of death, as well as hopelessness and suicidal ideating:

That's the same way I felt now, either I'm gonna go to jail, he's gonna kill me or I'm gonna kill him...

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[I got] to the point where I didn't want to live anymore, I just didn't care about anything.

II.d.2.iv. Self doubt

Many women expressed feelings of anxiety, usually described as "stress" around their experiences of IPV and involvement with the prosecutor's office. However, for some the anxiety did not come from their perpetrators, but rather, their own self-doubt and ambivalence about engaging the criminal justice system.

I tried to medicate myself through a couple of years of it too. Heavy anti-depressants, thinking I was the problem that was bringing it on.

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After being called every name in the book for two years straight, you know, you lose your self esteem…

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When I was at the point to press charges I thought 'Well, maybe I deserved it, maybe…'

II.d.2.v. Symptoms of Anxiety and Traumatic Stress

Our focus group participants spontaneously mentioned symptoms associated with acute and post-traumatic stress: hyper vigilance, dissociative symptoms, recurrent bad dreams, being unable to relate to their children, feeling jumpy or easily startled, and paranoid behavior. One victim recounted
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self-identified paranoia post-court, believing she had seen her perpetrator in the community when she knew in fact he was incarcerated.

> *So, I started, you know, tripping out, and my daughter was like, 'Mom, calm down that's not him.'*
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> ~~~~~~~~
>
> *Every time the phone would ring I'd jump. . . I thought I actually saw him there one day. I came back from break and I thought I saw him in there and I started shaking and I had to … describe to the manager what was on to go see if that was him.*
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> ~~~~~~~~
>
> *I'm living in fear … and sometimes I remember things that I forgot about because I've been through it so much….*
>
> ~~~~~~~~
>
> *So it's like it was totally over everything that happened for June, July - it ended in August so almost three months and now it's like it's all done with, he was blacked out before and now he's back. It's like, anyway you think you're totally over it, you don't even think about it for so long and then all of a sudden some memory pops back up and you start wondering all over again.*
>
> ~~~~~~~~
>
> *I was really - the first time I saw him was the next day at the court arraignment, 'cause I had gotten out of work in time so that I could go, every step process I wanted him to see me, to know I meant business. And just looking at him, even though he was in the jail and it was on the screen, I was shaking so bad that my sister had actually, you know, put her hand on me to make me realize where I was at.*

II.d.3. Motivators for Participating in Prosecution

Focus group participants described factors that motivated them to seek or to move forward with the prosecution process. Typically, women associated prosecution with ending or leaving the relationship and escaping the abuse. Women spoke about the point at which they decided to take action; they were ready to move away from the relationship and turned to the criminal legal system to help them do so. In describing when they made their decisions to move forward with prosecution, the women spoke of "breaking points," using terms like:" *enough is enough*", "*I just had my fill."* Participants spoke of their relationships with others – including children, family, friends, and other advisors – as tipping the scale toward participation.

II.d.3.i. Concern for Children

Women described this point of readiness to take action towards prosecution as when they felt that the abuse was potentially damaging to their children. Mothers were concerned that their children would learn and repeat the behaviors they saw at home; they wanted their children to know that such behavior is not okay:

> *One of the very last straws for me was the last time my kids were there and I thought I'm raising boys; they have to know this is not ok, so I called the police*

Mothers also worried about their children directly experiencing the aftermath of abuse:

> *He went after my seven-year-old son and that was when I said "It's not gonna get better."*

However, women's parenting role is complicated by wanting to protect their children from the violence while simultaneously wanting to protect the children from the criminal justice system and the impact of family break-up:

> *I didn't want to put them through that and "Momma, where's daddy?" …all they know is that their momma crying and their daddy's being taken away.*

Women with biological or legal ties to their children feared that, if they involved the criminal system, they would risk child welfare system involvement that would separate them from their children. Local policy requires police to notify child protective services when a child is present in a domestic violence case. One respondent explained, "That's a big deterrent in calling." Another woman revealed that she took her children to a neighbor's house before calling the police to avoid child welfare system involvement:

> *The truth is, I sent my kids away before the police got there because I had a girlfriend who had her kids taken away. And that probably prevents women from calling a lot.*

II.d.3.ii. Encouragement from Social Networks

Also important to a woman's decision is her social support network. Friends, family members, advocates, or others may present women with the "extra push," to move forward with engaging or participating with the criminal legal system. This theme illustrates the ways in which other people involved in the women's lives influenced their decision to move forward with prosecution.

> *So I had to go to [my supervisors at work] and I had to tell them what was happening… and they said, "take as much time as you need, go file a police report, go get the personal protection order."*
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> ~~~~~~~~
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> *I was talking to my mom about it and she said, "Well he should have been arrested" and so I called the police.*

II.d.4. Barriers to Participating in Prosecution

That women did not pursue prosecution prior to reaching a tipping point with violence does not suggest that, prior to the tipping point, abuse or violence was acceptable, tolerable, or desirable. Women did not enjoy or want to experience violence. They recognized, however, that engaging in

prosecution was a challenging endeavor that did not guarantee freedom from violence. The focus group transcripts reveal numerous instances of women explaining and providing examples of barriers they faced to participating in prosecution, including soliciting police assistance and following through with filing charges. Lack of participation did not necessarily indicate that a woman was opposed to prosecution; she might have wanted her partner prosecuted but faced barriers to actively participating with the criminal legal system. To create interventions that meet victims' needs, we must understand these barriers. The focus groups generated data about the types of barriers that women faced to pursuing and participating in the prosecution process. These barriers included having prior negative experiences with the criminal justice system, which often led to feelings of frustration with the process; having lack of information about how the system worked, sometimes presenting a barrier caused by feelings of confusing; having concerns that pursuing prosecution would negatively impact their children; emotional barriers, such as love for the partner; fear of retaliation for pursuing prosecution; and logistical barriers, such as lack of resources (time, money, transportation, emotional support), work-related barriers (e.g., not being able to get time away from work to attend to the legal case), child-related barriers (e.g., lack of child care), and partner-imposed barriers (partners directly interfering with the woman's ability to communicate with the criminal justice system. These barriers are presented graphically below in Figure 6, and with further descriptions and excerpts from the focus groups following.

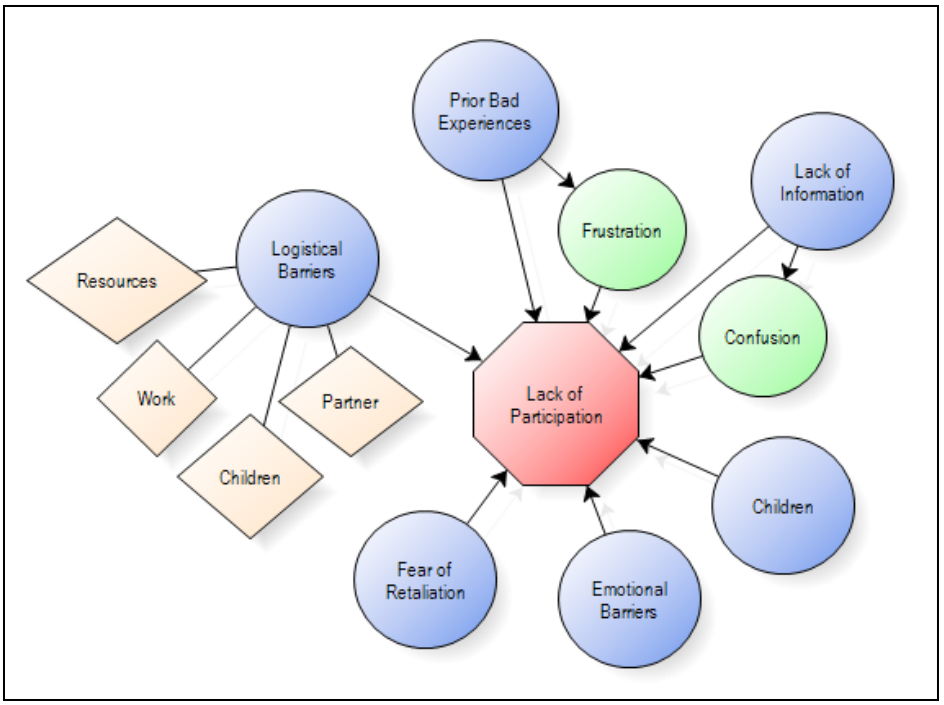

Figure 6: Barriers to Participating in Prosecution.

II.d.4.i. Fear of Retaliation and Partner-Imposed Barriers

Fear of retaliation and partner-imposed barriers were major impediments to women's calling police and, in particular, to following-through with pressing charges against their partners. As discussed earlier, in some cases a third party, such as medical personnel, a neighbor, or other bystander, called the police but women were then pressed to decide if they wanted to participate in the prosecution process. Respondents shared that it sometimes felt safer not to press charges in order to avoid retaliation. Victims do not believe that criminal prosecution will necessarily prevent further violence and also noted that it might exacerbate the violence.

> *I was scared to press charges, 'cause the last time I pressed charges on somebody he broke in my house and cut my throat, you know, before that. I was scared to press charges. [Name]'s a mean man. I found that out the hard way, you know? I was just plain scared.*

Some women intended to call the police or, further in the process, the prosecutor's office, but they were unable to do so because of partners preventing them from having access to a telephone or

from leaving the house. Logistical barriers, therefore, can interfere with ability to participate, even if the victim otherwise supports prosecution.

> *But everybody else is asking me, "Well, why didn't you just go to the police station?" Because… he was right there with me, in the car, the whole time that he was hitting on me, so it's like "How am I going to get to the police station if he's sitting next to me. He can grab the wheel at any minute."*
>
> ~~~~~~~~
>
> *I couldn't do anything because he sat, my bed is right here and there was a bookcase, he sat on my bookcase staring at me for hours, you know, said he wasn't gonna go to bed but he sat there and stared at me… And then when I finally got him to lay down, he was actually sleeping so much lighter than he always does that any little movement I made, he was awake, so I couldn't [call the police] at any point.*

II.d.4.ii. Concerns about Relationship Loss

Prosecuting a partner can signify loss of the relationship, as described by focus group participants, and some women were not prepared for that loss. Women spoke about their feelings of loving and caring for their partners and feeling fearful about losing the relationship, despite wanting the violence to cease. Fear of loss of tangible – typically financial – support if their partners were arrested and charged emerged as a barrier to prosecution. The fear of financial loss came in addition to more logistical barriers.

> *You know all anybody ever wants is somebody to love them and care about them and if we don't have that and the only place that we're feeling any love is from this man, we'll take him back.*
>
> ~~~~~~~~
>
> *I had four kids, two were in diapers, one was a newborn. He had me convinced that there's no way I could make it out there by myself and I believed him and that's why I stayed.... It's hard to*

pick up four kids and run.

II.d.4.iii. Criminal Justice System-Related Barriers

Focus group participants expressed lack of knowledge about how the criminal justice prosecution functioned – what could and could not be prosecuted and the process of prosecution – that presented a barrier to their engagement with the system. They were not clear on when or whom to call or what would happen when they did so.

I didn't even know what I was supposed to be asking for or asking about or who I should ask for like, my parents weren't helping and I didn't know anything about the whole court system or what he could get in trouble for or anything like - I just think that was like my biggest problem. But I don't know, like if I would have got in contact with somebody if I would have ever went ahead with anything or not, but I didn't even know what the choices were to go ahead with.

Another barrier to moving forward with the prosecution process was lack of consistent follow-through from criminal justice system personnel. Victims lost their motivation and became frustrated when they attempted to seek help without adequate response.

And so I had [the police officer's] card, and I didn't hear anything, you know, so I kept calling and they're like, you know, it's a long process and there's nothing really to tell you and it went on longer, like months went by and like nothing happened and I kept calling and like nothing, nothing ever happened.

Perceptions of lack of privacy and stigma attached with seeking criminal justice system intervention also came up as a reason why women avoided seeking prosecution. Women spoke about not wanting others (family, friends, neighbors, employers or co-workers) to know about the abuse – for fears of negative social repercussions of being identified as a "victim."

A lot of people know [my parents] and know their name and they wanted to keep it out of the

newspaper and so they were more for picking me up and moving me someplace… they were not interested in me pursuing [prosecution] at all even though they totally hated him and would have liked to see him in jail.

II.d.5. Qualitative Conclusions: Victims' Experiences Regarding Prosecution – Victim Voices

Our qualitative focus groups with women who had experienced police intervention in an IPV case provided a rich and in-depth understanding of women's experiences regarding the violence and pursuit of prosecution. The focus group participants revealed that, following violence and in the process of pursuing prosecution, they were sleepless, frequently crying, experiencing a lack of pleasure, self-doubt, and overwhelming anxiety; the symptoms interfered with their daily functioning. These same effects of IPV victimization have been found in previous studies (Bonomi et al, 2006b; Brown, Hill, & Lambert, 2005) and prior work (Herman, 2003) has also reviewed similar mental health effects of involvement with the legal process. Our study puts the two dimensions together and the findings suggest that the prosecution process may add to victims' stress and potentially exacerbate, rather than alleviate, symptoms of poor medical or mental health.

Victims were motivated to pursue prosecution based on concern for their children and encouragement of others to seek safety through offender accountability. Yet, the health impacts of both the violence and the prosecution process, as well as other logistical, social, and emotional barriers, hindered their ability to participate in the prosecution process. The barriers women faced to participating in the prosecution process are consistent with the findings from other studies about barriers to leaving an abusive partner or seeking police intervention (e.g., Anderson et al., 2003; Apsler et al., 2003; Bennett et al., 1999; Fleury-Steiner et al., 2006; Fugate et al., 2005; Hare, 2006; Wolf et al., 2003).

A prosecutor, unaware of the potential impact of violence on victims' health, coupled with a lack of understanding on how the process itself may impact a victim, may plea bargain a case away when a victim doesn't appear cooperative. Yet, from a victim's perspective, this may add further insult to injury, because it is the very violence and its aftermath that makes her input and participation difficult. Better communication between medical and criminal justice practitioners may improve both professionals' abilities to provide care for these women.

II.e. Quantitative Methodology and Results using an Integrated Database

II.e.1. Quantitative Methods Overview

To conduct the quantitative analysis, we constructed an integrated longitudinal database, linking administrative data from police, prosecutor, hospital, criminal court and family court records across the county for our study sample over a four-year period (from one year prior to the index police charging request to two years following: 1999-2002). Details regarding the sample identification, abstraction process and database creation are noted below.

II.e.2. Study Sample

Our study sample consisted of 993 female victims of male-perpetrated IPV as identified through police charging requests to the prosecutor's office in the year 2000 in the study site. Inclusion criteria were: female victim; male defendant; intimate partner relationship (defined as current or former spouse, current or former dating partner, or having a child in common) between victim and defendant; and charging request for assault (including simple assault, aggravated assault, felonious assault, assault with intent to commit murder, homicide, sexual assault, kidnapping, stalking or aggravated stalking). Access to, and permission to use, the prosecutor administrative records were granted by the local Prosecuting Attorney's Office and facilitated by the Michigan Department of Community Health.

The sample cohort was identified through two methods: (1) delivered as an intact dataset, and (2) manual search and abstraction from prosecutor administrative records. The intact dataset

containing 964 of the final 993 sample had been compiled previously as part of a larger CDC-funded study, MEDCIIN (Michigan Department of Community Health, 2003, 2000), and contained charging requests that had charge codes tagging them as domestic assault (codes 750/812, 750/813, 750/814, 750/81A, 750/81A3). This database was further supplemented by 29 higher order cases that had not been previously identified but met this study's criteria. These cases included the following charges: homicide, criminal sexual conduct, kidnapping, assault with intent to do great bodily harm, and assault with intent to commit murder. Because these higher-order cases were not flagged as IPV-related, the supplemented cases were identified through a manual search of the administrative records system of the Prosecuting Attorney's Office. All cases for each of the higher order charge codes were reviewed and those that met study criteria were added to the study sample. Figure 7 below illustrates the adjudication decisions for each of the 993 sample cases. Of those cases police submitted for a charging decision by the prosecutor's office in 2000, over three-quarters (*n*=780/78.5%) were approved for prosecution. Of these, 595 (59.9% of the total 993) proceeded through adjudication until the pretrial and/or trial event. Ultimately, 569 (57.3% of the total) received sentencing through either a conviction or plea.

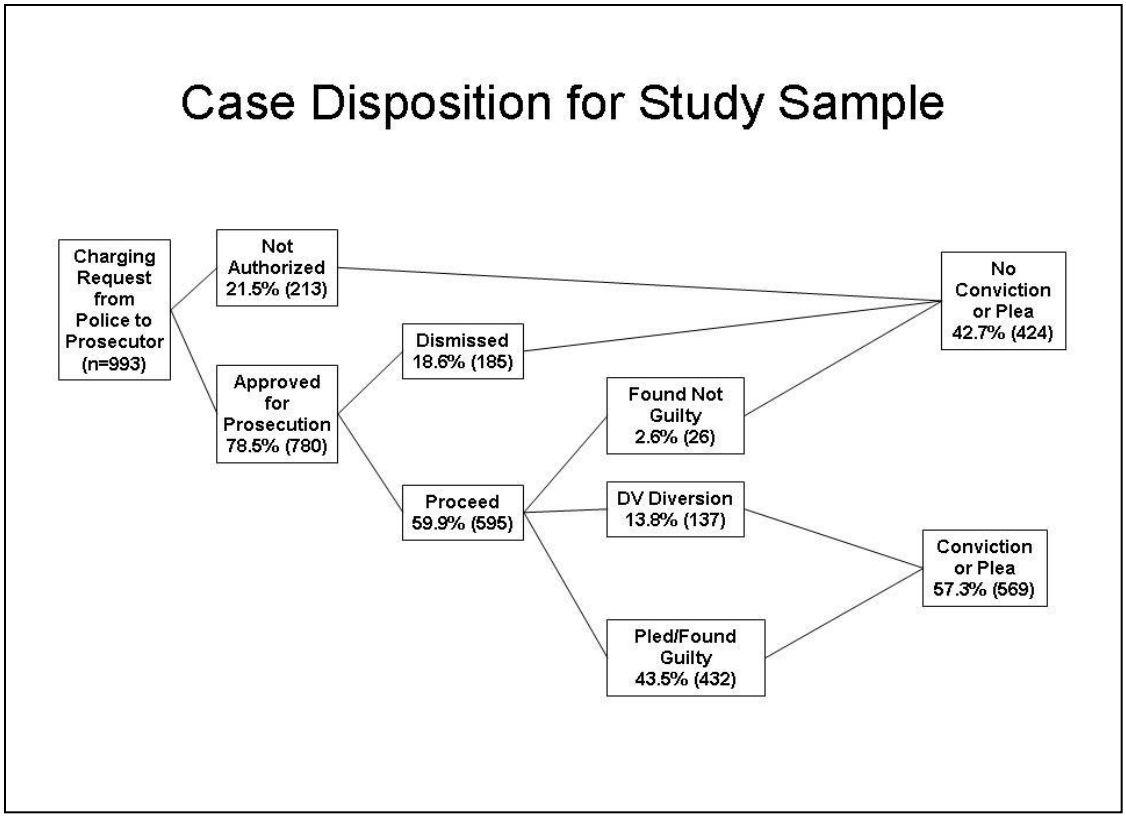

Figure 7: Case Disposition for Study Sample.

II.e.3. Database Construction

As depicted in Figure 8, the final analytic database integrated two types of data: (1) in-depth data about the index assault case and characteristics of the couple involved, and (2) longitudinal data about prior and subsequent IPV events spanning multiple systems: police, prosecutor, ED, and family court (protection orders).

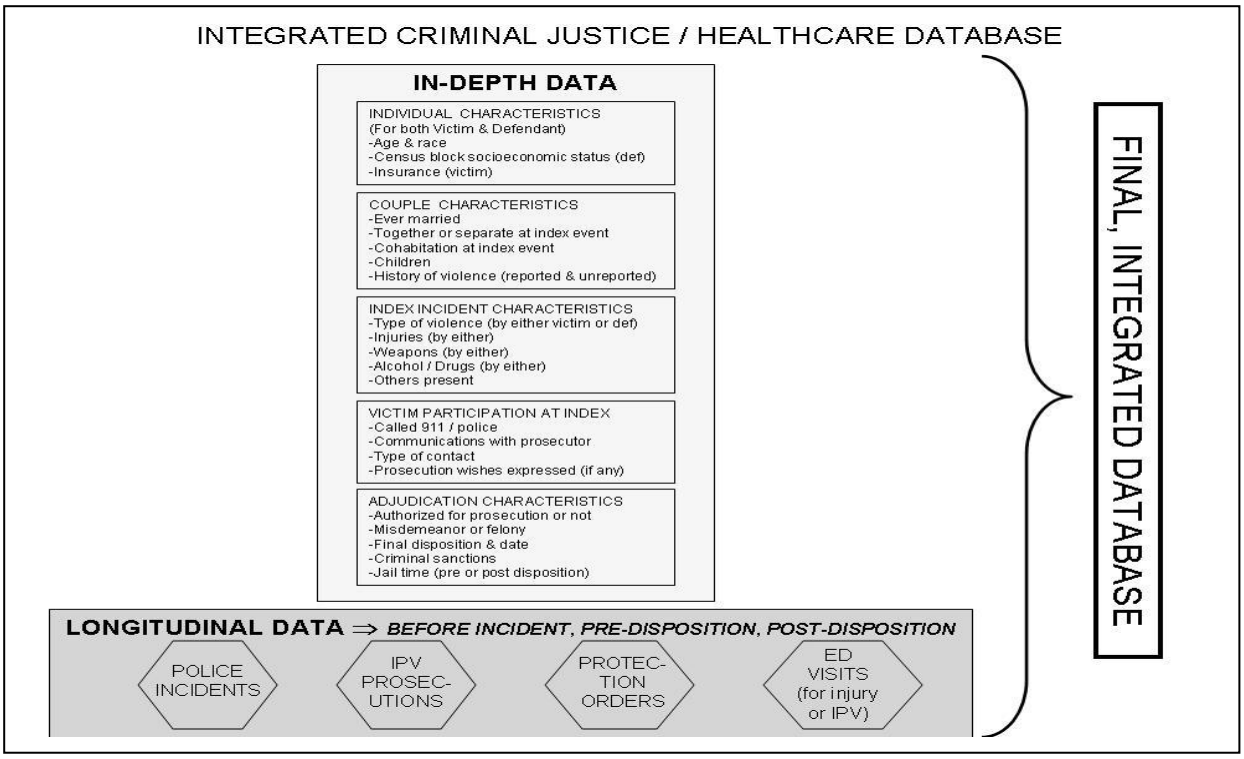

Figure 8: Integrated Database.

II.e.3.i. In-Depth: Index Event and Couple Characteristics

We identified the first chronological case filed with the prosecutor's office in the year 2000 for our study victim as the index event. For those index events (*N=993*), we obtained complete records, including narrative reports from the police and prosecutor's office, as well as criminal court records, to obtain detailed information about the incident and the study couple (victim and defendant). We developed two abstraction forms: one capturing data elements from the police and prosecutor narrative reports, and one capturing data from the criminal court records. The police-prosecutor narrative records were a rich source of information, providing information on victim and defendant demographics, relationship, history of violence, incident characteristics, and criminal justice interactions with the victim. The research team developed structured data abstraction forms based on team members reviewing and analyzing all available narrative records, including deidentified police and prosecutor long notes and ED records for a stratified random sample of 28 cases. This "case narrative"

process was done in a systematic manner by all team members and the results informed our understanding of the various levels of victim participation and helped in the operationalization of key independent variables, such as our IPV severity measures and the presence of children.

II.e.3.i.1 Using Case Narratives to inform data abstraction and coding

We selected a stratified random sample of 28 cases, 4 from each of the 4 largest police districts. All available administrative records for each of the sampled cases were independently reviewed by at least two investigators. Case data was reviewed in a uniform systematic manner and then integrated into tabled and time-lined events for each couple. Finally, a narrative "story" was written from the available data that attempted to answer a series of key questions. The idea was to give the fullest possible picture of the involved people, their demographic, socioeconomic situation, health behaviors/issues, and any information about the couple and relationship and documented events that unfolded over the four-year study period. Each case "write up" was shared and discussed by team members in "case conferences" to identify important variables for abstraction from all cases, and any patterns in the data that might inform our quantitative analysis of the database as a whole and eventually interventions.

Once structured coding sheets were developed, they were iteratively piloted and adapted to attain 100% inter-coder reliability between the investigators. Once finalized, four research assistants were rigorously trained and monitored for quality control by the study Quality Assurance (QA) Coordinator. During abstraction orientation and for the first 150 incidents, the QA Coordinator reviewed 100% of the abstraction forms and their related source documents. After this, 10% of the completed forms were pulled for quality assurance reviews. The kappa values for *any contact between victim & prosecutor, direct contact between victim and prosecutor, presence of children in home and defendant alcohol use at incident* are .877, .887, .932 and .847 respectively. See Appendix D for the police-prosecutor data abstraction form.

The criminal court abstraction form collected information about criminal justice actions, specifically case disposition and the criminal sanctions imposed. Only cases that had been accepted for prosecution had court records. For these cases, we accessed court administrative records to obtain copies of the criminal court dockets. As with the police and prosecutor data, the research study team developed a structured data abstraction form. Two research-trained lawyers then abstracted information from the dockets. All authorized cases begin in the District Court, and most are adjudicated in that venue. However, for some higher-order cases, adjudication occurs in Circuit Court, and there are two dockets, one District and one Circuit. For these cases, both venues' dockets were reviewed, and the data were combined onto a single abstraction sheet for that case incident. See Appendix E for the criminal court data abstraction form.

The resulting data file, combining data from both police-prosecutor abstractions and criminal court abstractions, provided a full picture of the study sample's index incident including: (1) demographics and relationship characteristics; (2) history of violence in the relationship; (3) description of incident including violence, injury, substance use, weapon use, others involved, and nature or motive; (4) police-prosecutor communications with victim; and (5) case disposition. The abstraction was limited to the data that were available in the records. Therefore, we indicated on the abstraction form where information was present (e.g., injury, children present, etc.) but recognized that lack of documentation did not necessarily indicate lack of the presence of that factor (i.e., there could have been an injury that was not documented in these administrative records).

II.e.3.ii. In-Depth: Demographics and Relationship Characteristics

We collected demographic characteristics on both the victim and the defendant including victim age, defendant age, victim race, defendant race, and whether there were children present in the home. As the focus of the criminal legal system is on the defendant, rather than the victim, the demographic information on the victim was not always noted. In cases in which the victim had visited one of the

eight EDs in the county during the study period, we derived the victim demographic information from those records, which were more likely to be accurate (see details on hospital data abstraction below). Demographic data was abstracted on all women appearing in the hospital records system, even if they did not have an ED visit during the study period. The police and prosecutor records did not have data on the victim or defendant socioeconomic status (SES). However, using the defendant's address and U.S. Census on poverty rates, we identified the poverty rate of the defendant's residential block group as a proxy for SES.

Relationship characteristics noted included type of relationship (whether the victim and defendant were ever married to each other), status of relationship (whether the victim and defendant were currently in an intimate relationship at the time of the index event – current or former relationship), whether the victim and defendant lived together at the time of the index event, whether there were children in the home, and whether those children were shared by the victim and defendant. Additional details about children included the number of children, their ages, whether there was any mention of child protective service involvement, either at the time of the incident or previously, and whether children were present during the altercation (in the house or vicinity, even if not in the same room), whether they witnessed it (including hearing it), were involved in any way (such as trying to protect the victim or running next door to call the police), whether they were injured in any way and whether any authority interviewed them about the incident.

II.e.3.iii. In-Depth: History of Violence

From the police and prosecutor records, we documented the defendant's history of violence within the relationship. In particular, we noted: (1) if the defendant had ever previously been convicted of a crime against any intimate partner; (2) if the victim disclosed to either the police or prosecutor's office any prior violence between the couple, regardless of whether past incidents resulted in criminal legal system intervention; (3) and the severity of the violence in the relationship (based on reports of

violence up to and including the index event). The severity index is described in a later section, but it is based upon the following indicators collected in the police-prosecutor abstraction about the nature of the victim-defendant's relationship and any history given of: access or ownership of a gun; any mention (past or present) of threats or usage of a lethal weapon (knife, gun, etc); any threats, even if unsubstantiated, to kill the victim or her children; any mention that the violence was increasing in frequency or severity; whether any violence was directed towards children, pets or others close to the victim; any mention that the victim believes the defendant is capable of killing her or her children; any mention of stalking or control of victim's finances, relationships or daily activities; whether the victim or defendant has mental health or substance abuse problems, especially suicidality; and whether the victim is in the process of leaving the defendant or has tried to leave him in the past. When interviewing victims, advocates within the prosecutor's office routinely ask victims about these issues.

II.e.3.iv. In-Depth: Description of Index Incident

The data on the index event included: who reported the incident to the police (e.g., victim, defendant, child, other); forms of violence (e.g., psychological/verbal, physical, sexual) used by either partner during the incident; injuries either party sustained during the incident; weapon use by either partner during the incident; alcohol or drug use by either partner at the time of the incident; nature/motive for the incident; and whether others (e.g., children, other family, neighbors, coworkers, professionals, etc.) were (1) present at the incident, (2) involved in the incident, (3) injured in the incident, or (4) interviewed at the scene of the incident. The following details were gathered regarding the forms of violence inflicted and who (victim or defendant) inflicted them during the incident: verbal abuse, destruction of property, any threats uttered against the other or a friend or family member, pushing, punching, choking, sexual abuse (defined as any unwanted sexual contact), striking the person against an object (i.e., slamming head against floor), restraining, interfering with help seeking, and stalking or harassing. The types of injury noted included bruises, scratches, cuts, broken bones, burns,

and general aches or pains. We also noted if there was any indication of medical treatment, from stated intent to seek medical treatment to verified transportation to the ED. In addition to injuries sustained, we collected information on weapons used and who used them. Weapon usage was determined using criminal justice criteria: If a weapon was brandished in a threatening manner in physical proximity to another, it was considered "used." Just about any object used in this manner was considered a weapon, including ashtrays, table lamps, etc. as well as traditional weapons such as knives and guns. We also considered automobiles, when used to threaten or injure, such as shutting the door of the car against a victim's head or driving the car into her, as having used a weapon.

Recording victim or defendant substance use was done liberally; any documented suspicion was marked, including notes by police about "the odor of intoxicants" or the victim noting they had been at the bar earlier. Regarding others' involvement in the incident, they were considered present if they were near where the incident took place or heard the incident (say, from the next-door apartment). Others were marked as involved if they either contributed to the altercation or assisted in some way. Finally, we recorded if there was documentation that the victim was pregnant at the time of the index event. For all incident details, if it was documented anywhere in the police or prosecutor narrative reports, even if there was no hard evidence or the reporter expressed doubt about the veracity of the detail, we marked it as a positive detail.

II.e.3.v. In-Depth: Victim Contact

We abstracted from all documented communication between the victim and the police or prosecutor's office (including with prosecutor's victim advocate), noting for each contact: (1) whether the contact was with the police or the prosecutor's office, (2) the date of communication, (3) method of contact (mail, telephone, in person), (4) whether or not it was the victim who initiated the contact, (5) the victim's wishes regarding prosecution at the time of the contact (authorize arrest/prosecution,

ambivalent, drop charges, or unclear/unstated), and (6) the outcome of the contact (e.g., direct communication with victim, communication with someone else, left message, etc.).

II.e.3.vi. In-Depth: Case Disposition and Outcome

Criminal processing factors, derived from the prosecutor and criminal court records, including: (1) date of crime; (2) date case was submitted to prosecuting attorney for authorization; (3) date of case disposition; (4) whether the case was open or closed by the end of the study period; (5) charge class (misdemeanor or felony) of authorized charge; (6) final case disposition (denied, dismissed, pled lesser, not guilty, convicted, or diverted); (7) court event at which case was disposed (screening, arraignment, review, preliminary exam, hearing, trial); (8) criminal sanctions (whether the sentence included jail, probation, fines, etc); and (9) whether the defendant served time in jail pre- or post-disposition. When a case involved multiple counts, the disposition was coded as a topcount, meaning the most severe charge was listed as the case charge. The final disposition, rather than indicating the original sentenced disposition, indicates the final case outcome, such that for cases that were originally sentenced to diversion but the defendant did not complete the conditions of diversion and thus were eventually found guilty, the final disposition would indicate convicted rather than diversion.

II.e.4. Longitudinal Data for Prior and Subsequent IPV Events

To identify IPV incidents subsequent to the index event, we collected police, family court, and hospital ED data on our study sample for 2 years following the index event year (2000 through 2002) and also identified any events that occurred in the year prior to the index event year (1999). These data were then summarized into yes/no event variables and linked to the detailed profile of the index event, so that we generated the following safety outcome variables:

- Police incident subsequent to the index event
- Prosecuted IPV incident subsequent to the index event
- Family court PPO subsequent to the index event

Below is a brief description of our longitudinal data. More details on data access, data collection procedures, abstraction, and linking from each of the longitudinal safety outcome measures is included in Appendix C.

II.e.4.i. Longitudinal: Police Incidents

Police data were obtained for the study sample from the 12 police jurisdictions in the County: the Department of Public Safety, the County Sheriff's Department, and local police departments. Using the names, date of birth and addresses of the victim and defendants in our study sample dataset (*N*=993), research staff and police clerks identified police reports for all incidents from 1999-2002 where (1) both the victim and defendant (the study couple) are listed as parties, or (2) property, drug, check welfare, disturbance, trouble with subject incidents included where the study victim is listed as a victim, and there is no identified defendant/perpetrator. Following the recommendations of the CAB, we included qualifying police incidents regardless of whether the victim was listed in the role of the victim or in the role of the defendant for the incident. See Appendix C for a full description of how we identified police-reported IPV events.

II.e.4.ii. Longitudinal: Prosecutor Incident Data

Among the police incidents, a sub-set led to charging requests that were coded as assault. This sub-set of cases comprised the IPV-prosecuted incident database. Originally, these IPV-prosecuted incidents were part of four intact datasets provided by the Prosecutor's office, one for each study year, 1999 through 2002. Each year's dataset contained all the charging requests with domestic assault charge codes (codes 750/812, 750/813, 750/814, 750/81A, 750/81A3) for that year. All prosecutor incident charging requests that were linked to the study couple (where the study victim was the victim in the charging request and the study defendant was the defendant in the charging request) were identified and exported into a single IPV-prosecution dataset. Within this dataset, the charging requests that formed the study index events were marked so that they could be included or excluded from

analysis as needed. The remaining, non-index prosecution incidents comprised the longitudinal IPV-prosecution variables.

II.e.4.iii. Longitudinal: Family Court Protection Order Data

Data on PPOs were abstracted from the family court. Only PPO petitions that involved both members of the study couple (the victim and the defendant) were included in this abstraction. We accessed all family court records associated with each name (victim and defendant). Records appearing with the administrative code associated with protection order petitions and initiated between 1999 and 2002 were retrieved and reviewed to determine if the other party was the sample partner. Cases were included as a PPO event if both parties were involved, regardless who was the petitioner and who was respondent. Data abstracted and entered into the PPO database included: role of victim (respondent or petitioner), petition date, whether hearing requested or ex parte order, order date, length of order, termination date, termination status (whether natural termination or by motion), violation date(s) and violation filing method (police report or only victim show-cause motion). Some study couples were involved in multiple petitions. All petitions meeting eligibility criteria were included. The kappa values for *PPO case#, study victim role in PPO,* and *PPO petition date* are 1.0, .963, and 1.0, respectively. More details about the administrative PPO process in the County are included in Appendix C.

II.e.4.iv. Longitudinal: Emergency Department Abstraction

ED visits were abstracted for all 993 study victims, but not for defendants. Data were collected from all eight EDs in the County area, two Level 1 Trauma Centers and six tertiary care EDs. Once a victim was confirmed as an ED user, we abstracted information on all ED visits during the 1999 to 2002 study period to identify visits that were related to IPV or injury. A visit was coded as IPV or injury-related if the Reason-for-Visit code(s) or the Discharge-Diagnosis code(s) indicated assault or injury or if anywhere in the records there was a notation that the patient was experiencing abuse by her intimate

partner, even if that visit was not specifically for an injury. The kappa value for *IPV identified in visit* was 881. More details about the ED data abstraction process are included in Appendix C.

II.e.5. Operationalization of Key Variables

Victim Participation: Victim participation in the prosecution process was coded in multiple ways, as five individual variables (call 911, direct contact, and three wish-related variables) and as a combined, categorical variable meant to reflect the continuum of participation. Each of these variables is described below.

Call 911: Based upon police and prosecutor records, if a victim initiated the 911 call herself, it was coded as a "1" for yes and a "0" for no.

Direct Contact: As noted previously, each of the many criminal justice contacts possible within a single index case included a variable indicating the outcome of the contact – whether the victim actually spoke directly with the police or prosecution staff, whether on the phone or in person. Direct Contact, then, is a summary variable whereby, considering all prosecutor staff contacts, if one or more resulted in a direct contact, then that index event was coded as a "1" for yes. Only prosecutor contacts taking place during the pre-disposition period (between the time that the case opened and when it closed) were included. The study CAB indicated that, in this community, the prosecutor's office conducted extensive outreach to victims and were easily accessible to victims. Therefore, individuals who wanted to communicate with the prosecutor's office would have had numerous opportunities to do so.

Documented Wish: There are three wish variables: final wish, ever wish to drop charges, and ever change wish. Each of these variables is a summary variable, taking into account all of the contacts between the victim and the police or prosecutor's staff and the recorded "wish" for each contact ("proceed," "drop," or "none recorded"). For each contact, stated wishes by the victim were coded as "wish to proceed" if there was any documentation that she wanted the perpetrator arrested, wanted charges pressed, or wanted any criminal justice intervention, including jail or court-mandated treatment

for the perpetrator violence. Based upon input from victim focus groups, any ambivalent statements by the victim were coded as wishes to proceed. The summary wish variables were then constructed in the following way: *Final wish* (coded as "proceed," "drop," or "none recorded") was the last stated wish before case disposition. Upon the advice of our CAB and our final IPV survivor focus group, if a victim had no stated wish (i.e., "none recorded) for all of their contacts, a value of "no prosecution" was recorded for final wish. The rationale for this is because victims have numerous opportunities to state their wish: upon law enforcement interaction on the scene, follow-up with the prosecutorial advocate and with the district attorney, so those that never have contact are assumed to be actively avoiding criminal justice personnel and, thus, criminal justice action. *Ever drop* (coded as "yes" or "no") indicated whether, for <u>any</u> of the contacts during pre-disposition, the victim had indicated a wish to drop). *Ever change* (coded as "yes" or "no") captured whether the victim's wishes changed at all during the course of the predisposition period.

<u>Continuum of participation:</u> As with all of the key measures, this variable was developed with input from victim focus groups as well as the CAB; who indicated that a victim's expressing a wish to prosecute reflects a high level of participation which, when coupled with direct communication with the prosecutor, showed a victim who was very engaged in the prosecution process. Thus, the lowest level of the participation variable was measured as (1) victim expressing that she did <u>not</u> want charges pressed – or not stating any wish – and (2) having no direct communication with anyone from the prosecutor's office. A victim reached the next level if she specified she did not want charges pressed through direct contact with the Prosecuting Attorney's Office. The third level was defined by a victim expressing a wish for charges to be pressed, but never having direct contact with the prosecutor's office. The highest level of participation was operationalized as an expressed wish to proceed along with one or more direct contacts (by phone or in person) with the prosecutor's office. So, participation continuum values were:

- 1=Drop charge / No contact

- 2=Drop charge / Direct contact
- 3=Press charge / No contact
- 4=Press charge / Direct contact

Match: Whether the victim's wishes "matched" the prosecutor's action was coded by merging two variables – any adjudication (authorized for prosecution or not) and the victim's final stated wish to pursue or drop charges. Where adjudication aligned with victim's wishes, match was coded as "yes." So, for example, if the prosecutor authorized charges and the victim's final wish was to prosecute, this was considered a match. If, however, the prosecutor authorized charges and the victim's final wish was to drop then this was considered "not matched." In addition to a binary variable (match yes/no), our coding allows us to explore the match as a four-way variable: with a match, either the victim wishes for prosecution and the prosecutor moves to prosecute (yes/yes) or the victim does not wish to prosecute and the prosecutor does not move forward with the case (no/no). With a non-match, there could be a prosecution against the victim's wishes (yes/no) or a drop against the victim's wishes (no/yes). We coded the victim's wish as whether to proceed based on her final documented wish prior to case closure.

Violence Severity: The level of violence was rated on a severity index of highest, medium-level, or lower. Highest severity was coded if there were any indicators of potentially-lethal violence noted, including choking and threatening or using a gun or a knife against the victim (Campbell, 2004; Campbell et al., 2003a; Campbell et al., 2003b). Medium-level severity was coded for those couples lacking the above lethality markers, but who, nonetheless, had indicators of severe violence (threats to kill, threats to kill the victim's child(ren), punched, raped, stalked, broken bone, or needing medical attention due to IPV). All others, who did not have any of the above lethal or severe violence indicators, were coded as lower severity. The Danger Assessment, a scientifically rigorous validated instrument for assessing risk

in violent relationships, informed the coding decisions (Campbell, 1986; Campbell et al., 2003a;Campbell et al., 2003b).

II.e.6. Quantitative Analysis

Analyses of the quantitative data were conducted using SPSS version 16.0 for Windows (SPSS, Inc., Chicago, IL) and SAS (SAS Institute Inc., Cary, NC) statistical software packages. In this section, we describe the analyses for our principal study aim as well as the additional analyses resulting from this study.

II.e.6.i. Principal Study Aim: Association between Victim Participation in Prosecution and Help-Seeking, Health and Safety Outcomes

To analyze our principal study aim, we excluded three women who were killed at the time of the index event as there was no opportunity for them to participate in the prosecution process or to have future IPV incidents. Then, for the remaining 990 women, we conducted a univariate frequency analysis to describe the characteristics of the study sample and associated case characteristics.

We then explored the factors associated with victims' (1) participating in the prosecution process, as measured by calling 911 herself and having direct contact with the prosecutor's office (either with the district attorney (DA) or the victims' advocate in the DA's office), and (2) wishes regarding prosecution, including her final wish, whether she ever wished to drop the case during the pre-disposition period, and whether she ever changed her wishes during the pre-disposition period. We first conducted cross-tab analyses to identify the proportion of victims within each category who met each participation or wishes criteria and then conducted multivariate logistic regression analyses to identify the odds of participation and wishes variables, controlling for all other case factors as well as for the length of the predisposition period (number of days between incident and case closure).

We examined the relationship between victim participation factors, including wishes regarding prosecution, and future help seeking for IPV incidents (as measured by police events or ED visits for IPV

or injury), for two separate time periods: (1) the pre-disposition period, while the case is still open, and (2) the period from the time of the incident to one-year post case closure. For 26 cases, we were unable to account for a one-year follow-up due to case disposition dates, and simply included the length of time remaining in the study year. For cases that the prosecutor did not approve (denied) for prosecution, the cases closed immediately, essentially leaving no meaningful pre-disposition period in which the victim is at risk for subsequent IPV incident. Therefore, we examined the pre-disposition period only for the subset of cases that were approved for prosecution. We conducted a cross-tab analysis, employing chi-square statistical testing to compare the two groups (denied vs. approved) and check for differences in case factors.

Finally, we conducted multivariate logistic regression analyses to identify the odds of having a subsequent IPV incident defined as help seeking with the police, prosecutor, ED or Family Court, measured through a police event that required a report, or an ED visit for IPV or injury, in each of the two time periods (pre-disposition only and pre- and post-disposition combined). These analyses controlled for the sample and case characteristics as well as whether the defendant served time in jail during the period, the number of days since the index incident, and, for the combined period, whether the incident occurred in the pre- or post-disposition period.

II.e.6.ii. Victims' Adjudication Experience and Their Return to the Criminal Justice System

The goal with this analysis was to assess whether victims' experiences with prosecution of the index incident were associated with a return to the criminal justice system for help with a future IPV incident or "displacement" out of the criminal justice system to another setting (civil justice system or ED). In particular, we were interested in the concordance, or lack of concordance, between the victim's wish regarding prosecution and the prosecutor's action to pursue the case. To avoid potential impact of recent prosecutor interaction prior to the index incident, we excluded from these analyses victims who had involvement with the prosecutor's office in the year prior to the index event year (1999). To allow

us to track cases for one year post case closure, we also excluded cases that did not close prior to January 1, 2002 (given that our data ended on December 31, 2002); these exclusions led us to a sample of *n*=859. To assess whether victims returned to the criminal justice system for a future event, we needed to further limit our sample to those cases that had a subsequent event, as identified through police, prosecutor, civil court, or ED records. We compared the group that had a subsequent event to the group that did not, on victim and case characteristics to assess for differences between the two groups.

We examined the case factors associated with each match type: with a match, either the victim wishes for prosecution and the prosecutor moves to prosecute (yes/yes) or the victim does not wish to prosecute and the prosecutor does not move forward with the case (no/no). With a non-match, there could be a prosecution against the victim's wishes (yes/no) or a drop against the victim's wishes (no/yes). We first used cross-tabs to identify the proportion of victims who fell within each match type, as a total group and stratified by case factors. We then used multivariate logistic regression to identify the odds of having each match type, based on case factors. We conducted a cross-tab bivariate analysis to generate the proportion of victims who used each venue for a subsequent event, stratified by whether or not there was a match between victim wishes and prosecutor action, as well as by specific match type. Then, to answer the study question about re-use of the criminal justice system based on the match between victim wishes and prosecutor actions, we ran multiple logistic regression analysis to identify the odds of seeking help from each system (police, prosecutor, civil court, ED), based on match type and controlling for case factors.

II.e.6.iii. Emergency Department Identification of and Response to IPV

Our analysis of ED identification and response is based on the full sample of 993 women victims. As we wanted to examine ED identification and responses for a group of women known to have experienced recent IPV, for these analyses we focused on the visits that occurred after the date of the

first IPV incident indicated in our data (either hospital data or criminal justice data). If the first IPV incident was an ED visit, that visit was included in the analysis. We used cross-tab analysis, with chi-square significance testing to identify differences in demographic and system utilization characteristics (age, race, marital status, children, health insurance, severity of IPV, whether applied for protection order, and number of police incidents) between the women who had at least one ED visit and those who did not. We also used cross-tab analysis with chi-square significance testing to identify differences between those women (using the same demographic and system utilization characteristics) who had IPV identified in their ED visit medical chart and those who did not, among the women who had at least one ED visit.

We then conducted a visit-level analysis to identify the characteristics of the visits that occurred after the first documented IPV incident. We looked at the timing of the ED visit relative to a police call, whether or not the victim was brought to the ED by the police, the woman's "chief complaint" (medical, mental health or substance abuse, injury, or assault), and whether or not mental health issues or substance abuse was noted in the visit record. We also examined the proportion of the ED visits in which IPV was identified and documented in the visit record.

Finally, we examined the documented ED response to IPV identification, among the visits in which IPV was documented. We focused here on five key components of ED response that are recommended by JCAHO (2008) guidelines for IPV screening/intervention and included in the EDs' policy manuals :

1. documentation useful in a legal case, defined as inclusion of direct quotes by the patient about the assault, documentation of forensic evidence, documentation of the identity of the assailant, any statement that injuries sustained are consistent with the described assault;

2. police report, as evidenced by documentation of police contact, violent injury report form, or release form allowing ED staff to provide medical details or photographed injuries to police;
3. safety assessment or planning, defined liberally as any mention of patient safety;
4. ED social worker involvement/referral; and
5. referral to victim services.

For this subset of visits with ED-identified IPV, we assessed the frequency of documentation of five components of the ED policy. Finally, using logistic regression, we examined which ED visit characteristics were associated with IPV identification and with each of the five policy-related actions and documentation noted above. For the regression analysis, we accounted for nesting of multiple visits within individuals using SPSS Genlin procedure, and adjusted for the following visit-level covariates: chief complaint, any mention of mental health problems, any mention of substance abuse problems, the time interval between visit and most recent police incident, and whether police brought them to the ED. Statistical analyses were conducted using SPSS (SPSS, Inc., Chicago, IL), v16.0.

II.f. Quantitative Results

II.f.1. Association between Victim Participation in Prosecution and Health and Safety Outcomes

II.f.1.i. Individual, Couple, and Incident Characteristics

Table 3 presents the sociodemographic characteristics for those women who remain in the sample (*N*=990). The majority of the included victims were age 30 or younger (59.2%). More than half (55.9%) were White and more than half (61%) had children age 18 or younger. Seventy-one (7.3%) of the victims were pregnant at the time of the index incident. Alcohol or drug use at the time of the index incident was noted for more than one in five of the victims (21.4%). As a group, the defendants were slightly older than the victims (48.7% were over 30). The defendants were also less likely than the

victims to be White (47.3%). More than a third (35.5%) of the defendants lived in neighborhoods with greater than 25% poverty. Almost half (46.2%) of the defendants had reportedly used drugs or alcohol at the time of the index event and 20% had a prior conviction for domestic violence (either with the study victim or a previous partner). Roughly a quarter (26.2%) of the couples were married to each other at the time of the index event, although more than 60% were living with each other at the time of the incident and 44% had children in common. For the majority (72.9%) of the couples, there was documented IPV prior to the index event. The overwhelming majority (88%) of cases were misdemeanors. Severity of the violence was stratified across the spectrum of highest to lowest level of violence.

Table 3: Sample and Case Characteristics (*N*=990)

Victim Characteristics		N	%
Age	Less than 25	361	36.5
	25-30	225	22.7
	31-40	263	26.6
	Over 40	141	14.2
Race	White	553	55.9
	Non-White	437	44.1
Children	No	386	39.0
	Yes	604	61.0
Victim Pregnant at Index	No	918	92.7
	Yes	71	7.3
Alcohol/Drug Use at Index	No	778	78.6
	Yes	212	21.4
Defendant Characteristics		N	%
Age	Less than 25	277	28.0
	25-30	231	23.3
	31-40	291	29.4
	Over 40	191	19.3
Race	White	468	47.3
	Non-White	522	52.7
Block SES	Less 25% poverty	639	64.5
	Over 25% poverty	351	35.5
Alcohol/Drug Use at Index	No	533	53.8
	Yes	457	46.2
Prior DV Conviction[†]	No	792	80.0
	Yes	198	20.0

Table 3 (cont.): Sample and Case Characteristics (*N*=990)

Couple Characteristics		N	%
Marital Status at Index	Not married	731	73.8
	Married	259	26.2
Cohabitation at Index	No	387	39.1
	Yes	603	60.9
Children together	No	554	56.0
	Yes	436	44.0
Prior IPV between the Couple	No	268	27.1
	Yes	722	72.9
Event Characteristics		N	%
Charge class	Misdemeanor	871	88.0
	Felony	119	12.0
Violence Severity	Highest	300	30.3
	Mid	385	38.9
	Lower	305	30.8

[†]for violence with any partner

II.f.1.ii. Association between Case Factors and Victim Participation and Wishes

Nearly 60% of the victims called 911 directly to intervene at the index incident and more than 65% of the victims had direct contact with the prosecutor's office during the pre-disposition period. Table 4 provides variables associated with who initiated communication. More than 64% of the victims had a final wish to proceed with the prosecution of the case, but 42% expressed a wish to drop the case at some point and 18.1% had changed their wishes over the course of the pre-disposition period (see Table 5).

Table 4: Proportion of Sample with Each Form of Victim Participation (*N*=990)

		Percent of Group with Each Form of Victim Participation	
		Victim Called 911	Direct Contact with DA
Total		59.2	65.4
Victim Characteristics			
Age	Less than 25	57.6	65.1
	25-30	56.9	64.9
	31-40	62.0	67.3
	Over 40	61.7	63.1
Alcohol/Drug Use at Index	No	60.3	66.6
	Yes	55.2	60.8
Race	White	58.8	70.0
	Non-White	59.7	59.5
Victim Pregnant at Index	No	58.6	65.5
	Yes	66.7	63.9
Defendant Characteristics			
Age	Less than 25	58.1	64.3
	25-30	54.1	64.5
	31-40	59.1	69.4
	Over 40	67.0	61.8
Alcohol/Drug Use at Index	No	60.4	62.3
	Yes	57.8	68.9
Race	White	57.9	69.7
	Non-White	60.3	61.5
Prior DV Conviction[†]	No	58.5	64.3
	Yes	62.1	69.7
Block SES	Over 25% poverty	61.0	63.0
	Less 25% poverty	58.2	66.7
Couple Characteristics			
Marital Status at Index	Not married	59.5	64.4
	Married	58.3	68.0
Cohabitation at Index	No	58.4	68.5
	Yes	59.7	63.3
Children together	No	58.5	61.2
	Yes	60.6	70.3
Prior IPV between the Couple	No	53.4	54.1
	Yes	61.4	69.5
Event Characteristics			
Charge class	Misdemeanor	59.4	64.8
	Felony	58.0	69.7
Violence Severity	Highest	62.7	68.0
	Mid	60.3	68.3
	Lower	54.4	59.0

[†]for violence with any partner

Table 5: Proportion of Sample within Each Victim Wishes Category (*N*=990)

		Percent of Group within each Wish Category		
		Final Wish to Proceed	Ever Wish to Drop	Ever Change Wishes
Total		62.4	42.0	18.1
Victim Characteristics				
Age	Less than 25	62.0	42.9	18.6
	25-30	63.6	42.7	18.7
	31-40	62.7	39.5	16.7
	Over 40	61.0	43.3	18.4
Alcohol/Drug Use at Index	No	63.9	40.7	17.4
	Yes	57.1	46.7	20.8
Race	White	66.5	38.5	19.2
	Non-White	57.2	46.5	16.7
Victim Pregnant at Index	No	62.3	41.7	17.8
	Yes	63.9	45.8	22.2
Defendant Characteristics				
Age	Less than 25	59.6	45.5	19.9
	25-30	62.3	42.9	15.6
	31-40	66.0	37.8	17.9
	Over 40	61.3	42.4	18.8
Alcohol/Drug Use at Index	No	57.8	47.1	18.6
	Yes	67.8	36.1	17.5
Race	White	65.0	40.8	20.1
	Non-White	60.2	43.1	16.3
Prior DV Conviction[†]	No	61.1	43.4	18.3
	Yes	67.7	36.4	17.2
Block SES	Over 25% poverty	63.8	39.0	14.5
	Less 25% poverty	61.7	43.7	20.0
Couple Characteristics				
Marital Status at Index	Not married	62.2	41.2	16.0
	Married	62.9	44.4	23.9
Cohabitation at Index	No	64.1	41.9	17.8
	Yes	61.4	42.1	18.2
Children together	No	62.9	41.7	17.0
	Yes	62.0	42.3	19.7
Prior IPV between the Couple	No	56.7	47.0	16.4
	Yes	64.5	40.2	18.7
Event Characteristics				
Charge class	Misdemeanor	62.7	41.8	18.1
	Felony	60.5	43.7	17.6
Violence Severity	Highest	66.3	38.0	18.0
	Mid	62.1	41.3	19.2
	Lower	59.0	46.9	16.7

[†]for violence with any partner

Table 6 provides characteristics of the victim, defendant, couple and index event associated with an increase in the odds of a victim participating in the prosecution of her abusive partner, defined as

calling the police and having direct contact with the district attorney's office. There were no statistically significant associations between victim participation and whether the victim herself reported the incident to 911. Non-White women were less likely than White women to have direct contact with the prosecutor's office. Documentation of prior IPV within the relationship was associated with direct contact with the prosecutor's office.

Table 6: Association between Case Factors and Victim Participation

	Adjusted Odds Ratio (95% Confidence Interval)[†]	
	Victim Called 911	Direct Contact with DA
Victim Characteristics		
Age: 25-30 (ref = <25)	1.02 (0.72-1.46)	0.83 (0.54-1.26)
Age: 31-40 (ref = <25)	1.38 (0.97-1.97)	1.06 (0.69-1.62)
Age: Over 40 (ref = <25)	1.40 (0.90-2.18)	0.87 (0.52-1.47)
Alcohol/Drug Use at Index: Yes (ref=no)	0.84 (0.60-1.17)	0.78 (0.53-1.17)
Race: Non-White (ref=White)	1.02 (0.78-1.34)	0.69 (0.50-0.95)*
Victim Pregnant at Index: Yes(ref=no)	1.45 (0.85-2.46)	0.94 (0.52-1.71)
Defendant Characteristics		
Alcohol/Drug Use at Index: Yes(ref=no)	0.84 (0.64-1.11)	1.27 (0.91-1.77)
Prior DV Conviction: Yes(ref=no)	1.05 (0.74-1.49)	0.74 (0.50-1.10)
Block SES: > 25% poverty (ref=<25% poverty)	0.91 (0.69-1.20)	1.19 (0.86-1.64)
Couple Characteristics		
Married at Index: Yes(ref=no)	0.90 (0.65-1.24)	1.44 (0.97-2.14)
Cohabiting at Index: Yes(ref=no)	1.14 (0.86-1.51)	0.73 (0.52-1.02)
Children together: Yes(ref=no)	1.12 (0.84-1.48)	1.23 (0.88-1.71)
Prior IPV between the Couple: Yes(ref=no)	1.30 (0.96-1.76)	1.41 (1.00-2.01)*
Event Characteristics		
Class: Misdemeanor (ref: felony)	0.84 (0.56-1.27)	1.07 (0.66-1.75)
Severity: Middle (ref = highest)	0.91 (0.66-1.25)	1.03 (0.71-1.49)
Severity: Lowest (ref = highest)	0.73 (0.52-1.03)	0.98 (0.66-1.47)

[†]controlling for all other independent variables listed as well as the number of days in the predisposition period (time between incident and case closure)
* p< .05

Minority (non-White) women are less likely than White women to wish prosecution as their final wish and almost one-and-a-half times more likely to want to drop the charges (see Table 7). Defendant use of alcohol during the IPV assault increases the odds of the victim wishing to proceed with prosecution, and decreases the odds of the victim wanting to drop the charges at any time during the prosecution process. Victims who used alcohol or drugs at the time of the index event, however, were less likely to have a final wish for prosecution, more likely to ever wish to drop the charges, and more

likely to change their wishes during the prosecution process, compared with victims for whom alcohol or drug use at the index event was not documented. Victims who were married to the defendant at the time of the index event were more likely to change their wishes during the prosecution process.

Table 7: Association between Case Factors and Victim Wishes

	Adjusted Odds Ratio (95% Confidence Interval)[†]		
	Final Wish to Proceed	Ever Wish to Drop	Ever Change Wishes
Victim Characteristics			
Age: 25-30 (ref = <25)	1.04 (0.72-1.50)	1.00 (0.70-1.44)	0.87 (0.55-1.38)
Age: 31-40 (ref = <25)	0.98 (0.68-1.41)	0.89 (0.62-1.28)	0.77 (0.48-1.23)
Age: Over 40 (ref = <25)	0.82 (0.52-1.30)	1.14 (0.73-1.78)	0.88 (0.49-1.55)
Alcohol/Drug Use at Index: Yes(ref=no)	0.63 (0.45-0.90)*	1.61 (1.14-2.26)**	1.54 (1.01-2.36)*
Race: Non-White (ref=White)	0.67 (0.51-0.88)**	1.42 (1.08-1.87)*	0.97 (0.68-1.37)
Victim Pregnant at Index: Yes(ref=no)	0.99 (0.58-1.67)	1.28 (0.77-2.14)	1.45 (0.78-2.69)
Defendant Characteristics			
Alcohol/Drug Use at Index: Yes(ref=no)	1.61 (1.20-2.16)**	0.64 (0.48-0.85)**	0.87 (0.61-1.25)
Prior DV Conviction: Yes(ref=no)	1.24 (0.86-1.78)	0.79 (0.56-1.13)	0.84 (0.54-1.30)
Block SES: > 25% poverty (ref=<25% poverty)	0.87 (0.65-1.16)	1.25 (0.94-1.66)	1.38 (0.95-2.01)
Couple Characteristics			
Married at Index: Yes(ref=no)	1.18 (0.84-1.66)	1.11 (0.80-1.55)	1.84 (1.23-2.75)**
Cohabiting at Index: Yes(ref=no)	0.83 (0.61-1.11)	1.00 (0.75-1.33)	0.90 (0.62-1.31)
Children together: Yes(ref=no)	0.84 (0.63-1.13)	1.06 (0.80-1.41)	1.03 (0.72-1.47)
Prior IPV between the Couple: Yes(ref=no)	1.16 (0.85-1.58)	0.89 (0.65-1.20)	1.04 (0.69-1.55)
Event Characteristics			
Class: Misdemeanor (ref: felony)	0.73 (0.47-1.11)	1.35 (0.89-2.05)	1.00 (0.59-1.71)
Severity: Middle (ref = highest)	0.79 (0.57-1.10)	1.20 (0.87-1.66)	1.14 (0.76-1.70)
Severity: Lowest (ref = highest)	0.83 (0.58-1.19)	1.31 (0.93-1.85)	0.98 (0.63-1.54)

* p< .05
** p< .01
[†]controlling for all other independent variables listed as well as the number of days in the predisposition period (time between incident and case closure)

II.f.1.iii. Comparison between Cases Denied and Approved for Prosecution

Table 8 presents a comparison between those cases that were presented for prosecution and accepted (approved) and those whose cases were not denied for prosecution. Case approval for prosecution was associated with victim race (more likely to be approved if victim is White), victim having a child and defendant drug or alcohol use at the index event. Also relevant to a case being approved for prosecution is the defendant having a prior IPV conviction, victim and defendant having a child in common, documentation of prior IPV in the relationship, and higher IPV severity. Because women whose cases were denied for prosecution had no pre-disposition period, the pre-disposition period

analyses will only include the 776 women whose cases were authorized for prosecution. We first examined the future health and safety for the women whose cases were approved for prosecution and then for all victims together.

Table 8: Comparison between Cases Denied and Approved for Prosecution

		Denied *n*=214 (21.6%)	Approved *n*=776 (78.4%)	*p* value
Victim Characteristics				
Age	Less than 25	36.0	36.6	.315
	25-30	19.6	23.6	
	31-40	26.6	26.5	
	Over 40	17.8	13.3	
Race	White	48.1	58.0	.013
	Non-White	51.9	42.0	
Children	No	50.9	35.7	<.001
	Yes	49.1	64.3	
Victim Pregnant at Index	No	93.5	92.5	.766
	Yes	6.5	7.5	
Alcohol/Drug Use at Index	No	76.6	79.1	.452
	Yes	23.4	20.9	
Defendant Characteristics				
Age	Less than 25	26.2	28.5	.084
	25-30	24.3	23.1	
	31-40	24.8	30.7	
	Over 40	24.8	17.8	
Race	White	45.8	47.7	.643
	Non-White	54.2	52.3	
Block SES	Less 25% poverty	65.4	64.3	.809
	Over 25% poverty	34.6	35.7	
Alcohol/Drug Use at Index	No	65.9	50.5	<.001
	Yes	34.1	49.5	
Prior DV Conviction[†]	No	92.1	76.7	<.001
	Yes	7.9	23.3	
Couple Characteristics				
Marital Status at Index	Not married	71.0	74.6	.293
	Married	29.0	25.4	
Cohabitation at Index	No	36.9	39.7	.477
	Yes	63.1	60.3	
Children together	No	64.5	53.6	.004
	Yes	35.5	46.4	
Prior IPV between the Couple	No	43.9	22.4	<.001
	Yes	56.1	77.6	
Event Characteristics				
Charge class	Misdemeanor	91.1	87.1	.123
	Felony	8.9	12.9	
Violence Severity	Highest	20.1	33.1	<.001
	Mid	31.3	41.0	
	Lower	48.6	25.9	

[†]for violence with any partner

II.f.1.iv. Association between Victim Participation and Subsequent Safety

II.f.1.iv.1 Pre-Disposition Period

We defined the pre-disposition period as the period of time from the day after the index event to the day of case closure – this is the period in which the criminal case is "open" and there are opportunities for active victim participation in the prosecution process. Because the cases that are not approved for prosecution (i.e., denied) are immediately closed, we examined safety during the pre-disposition period only for the group of cases that were approved for prosecution (*n*=776). For these analyses, we examined the odds of subsequent documented IPV help seeking event, as measured by IPV-related police activity or an IPV injury-related visit to the ED. We controlled for whether the defendant served time in jail during the pre-disposition period and the length of time of the pre-disposition period as these factors may affect the victim's exposure period.

As demonstrated in Table 9, a victim who has direct contact (in person or by phone) with the prosecutor's office is 37% less likely to have a subsequent IPV-related police event during the pre-disposition period, compared with women who do not have direct contact with the prosecutor's office. There were no increased or decreased risks noted for victims' future help seeking from the police based on whether she called 911 to report the incident or her wishes for prosecution, nor for the combined variable of victim engagement in prosecution, measured by wishes and direct contact. We found no statistically significant associations between victim participation factors and odds of a subsequent ED visit for IPV or injury in the pre-disposition period.

Table 9: Odds of Police Events and ED Visits for IPV or Injury in the Pre-Disposition Period, based on Victim Participation Factors[†]

	Adjusted Odds Ratio (95% Confidence Interval)[‡]	
	Police Event	ED IPV/Injury Visit
Call 911: Yes	0.81 (0.63-1.05)	0.96 (0.61-1.51)
Wish: Authorize or Ambivalent (ref = drop)	0.97 (0.21-1.30)	1.58 (0.99-2.52)
Contact with DA: Yes	0.63 (0.48-0.82)**	1.06 (0.69-1.64)
Wish to Drop/Contact (ref = Drop/No Contact)	0.86 (0.53-1.41)	1.51 (0.62-3.65)
Wish to Proceed/No Contact (ref = Drop/No Contact)	1.32 (0.88-1.97)	1.95 (0.88-4.33)
Wish to Proceed/Contact (ref = Drop/No Contact)	0.74 (0.50-1.11)	1.98 (0.94-4.18)

[†]Among victims with cases approved for prosecution (*n*=776)

[‡]Controlling for: victim ever changed wishes, victim age, victim substance use at index event, victim race, victim pregnant at index, victim has child, defendant substance use at index, defendant prior DV conviction, defendant block group SES, victim and defendant married at index, victim and defendant cohabiting at index, prior IPV within the couple, victim and defendant have children in common, charge class, severity of violence, defendant served time in jail pre-disposition, number of days since index incident

** p< .01

II.f.1.iv.2 Combined Pre- and Post-Disposition Period

When we combine the pre and post-disposition time periods, and include women whose cases were denied for prosecution (full sample of *N*=990), findings reveal direct contact with a prosecutor in an IPV case reduces future IPV police events (see Table 10). Compared with those women who did not want their case prosecuted, and had no contact with the prosecutor's office, victims who sought prosecution and had direct contact with the prosecutor were 31% less likely to seek help from the police. Direct contact with the prosecutor's office, in isolation of the interaction with the victim's desires for prosecution, was protective for future police calls for service resulting in a report. As with the pre-disposition period, we do not see an increase or decrease in victims' ED use based on their participation.

Table 10: Odds of Police Events and ED Visits for IPV or Injury based on Victim Participation Factors, from the Index Event to One Year Post Case Closure or End of Data (12/31/2002)

	Adjusted Odds Ratio (95% Confidence Interval)	
	Police Event	ED IPV/Injury Visit
Call 911: Yes	0.96 (0.77-1.16)	0.84 (0.65-1.09)
Wish: Authorize or Ambivalent (ref = drop)	0.89 (0.72-1.10)	0.91 (0.69-1.21)
Contact with DA: Yes	0.69 (0.56-0.84)**	0.99 (0.74-1.32)
Wish to Drop/Contact (ref = Drop/No Contact)	0.75 (0.53-1.05)	1.14 (0.72-1.80)
Wish to Proceed/No Contact (ref = Drop/No Contact)	1.03 (0.77-1.39)	0.97 (0.63-1.51)
Wish to Proceed/Contact (ref = Drop/No Contact)	0.69 (0.52-0.92)*	0.97 (0.64-1.46)

Controlling for: victim ever changed wishes, victim age, victim substance use at index event, victim race, victim pregnant at index, victim has child, defendant substance use at index, defendant prior DV conviction, defendant block group SES, victim and defendant married at index, victim and defendant cohabiting at index, prior IPV within the couple, victim and defendant have children in common, charge class, severity of violence, defendant served time in jail pre- or post-disposition, number of days since index incident, pre- or post-disposition period

* p< .05

** p< .01

II.f.2. Association between Victims' Criminal Justice Experiences and their Return to the System

II.f.2.i. Sample

To begin to understand how victims' experiences in the criminal justice system might influence their return to the criminal justice system, we analyzed repeat formal help seeking for 414 victims whose index event in the year 2000 was their first in our 4- year data file. Their formal help seeking for the subsequent IPV event was documented in police, prosecutor, civil court, or ED records. Our comparison of the 414 study sub-sample with the excluded 576 victims on individual, couple and case characteristics found only a single statistically significant difference: Those who had a subsequent event which resulted in formal help seeking (*n*=414) were less likely to be married to each other at the time of the index event than those who did not (*n*=576).

II.f.2.ii. Association between Case Factors and Match Types

As demonstrated in Table 11, 65.2% of the victims had their wishes "matched" by the prosecutor's actions. Fifty percent of the cases featured both the victim wishing to pursue prosecution

and the prosecutor moving forward with the case; in the remaining 15.2%,the victims did not wish to pursue prosecution and the prosecutors did not pursue the case. In 22% of the cases, the prosecutors moved forward with the case against the victim's wishes and in 12.8% of the cases the victims wanted the case to move forward but the prosecutor did not pursue it.

Table 11: Proportion of Sample with Each Match Type, by Case Characteristics, Row %

	Percent of Group with Each Match Type			
	Match		**No Match**	
	Prosecutor – Yes / Victim – Yes	Prosecutor – No / Victim – No	Prosecutor – Yes / Victim – No	Prosecutor – No / Victim – Yes
Total (*n*=414)	50.0	15.2	22.0	12.8
Victim Characteristics				
Age				
Less than 25	49.3	12.5	22.2	16.0
25-30	51.6	18.9	17.9	11.6
31-40	53.6	13.6	23.2	9.6
Over 40	40.0	20.0	26.0	14.0
Alcohol/Drug Use at Index				
No	52.1	15.5	20.4	11.9
Yes	41.9	14.0	27.9	16.3
Race				
White	56.6	10.8	22.5	10.0
Non-White	40.0	21.8	21.2	17.0
Defendant Characteristics				
Prior DV Conviction[†]				
No	61.2	10.0	25.0	3.8
Yes	47.3	16.5	21.3	15.0
Block SES				
Over 25% poverty	52.3	18.5	15.4	13.8
Less 25% poverty	48.9	13.7	25.0	12.3
Couple Characteristics				
Marital Status at Index				
Not married	50.2	15.9	21.6	12.4
Married	49.5	13.1	23.2	14.1
Cohabitation at Index				
No	50.2	15.9	21.6	12.4
Yes	49.5	13.1	23.2	14.1
Children together				
No	48.0	17.5	21.8	12.7
Yes	52.5	11.6	22.7	13.3
Prior IPV between the Couple				
No	38.3	24.3	17.4	20.0
Yes	54.5	11.7	23.7	10.0

Table 11 (cont.): Proportion of Sample with Each Match Type, by Case Characteristics, Row %

	Percent of Group with Each Match Type			
	Match		No Match	
	Prosecutor – Yes / Victim – Yes	Prosecutor – No / Victim – No	Prosecutor – Yes / Victim – No	Prosecutor – No / Victim – Yes
Event Characteristics				
Charge class				
Misdemeanor	49.7	14.8	22.4	13.1
Felony	52.1	18.8	18.8	10.4
Violence Severity				
Highest	55.0	13.7	22.1	9.2
Mid	54.0	13.3	23.3	9.3
Lower	40.6	18.8	20.3	20.3

[†]for violence with any partner

As shown in Table 12, cases in which the victim expressed a wish for prosecution and the prosecutor moved forward with the case (match: prosecutor – yes / victim – yes) were more likely than cases without this match between prosecutor actions and victim wishes to have White victims and those over the age of 40. The cases with prosecutor's wish to move forward, coupled with victim concurrence, were less likely to have victim alcohol or drug use at the index event and had the greatest proportion of severe violence. The yes/yes match type was more likely to occur for those cases in which the defendant had a prior conviction for domestic violence (see Table 12). The no/no match type, in which the victim did not wish for the case to be prosecuted and the prosecutor did not move forward with the case, was more likely when the victim was age 25 or older, non-White, and there was no documentation of prior IPV between the couple. Cases in which the prosecutor moved forward against the victim's wishes (yes/no match type) were associated with the defendant living in a neighborhood with lower levels of poverty (less than 25%). Cases in which the victim did not wish to pursue the case and the prosecutor did not pursue the case were associated with the victim's drug or alcohol use at the index event, the defendant not having a prior domestic violence conviction record, and the index incident having a lower level of violence severity.

Table 12: Odds of Having Each Match Type, based on Case Characteristics

	Adjusted Odds Ratio (95% Confidence Interval) [†]			
	Match		No Match	
	Pros-Yes/Vic-Yes	Pros-No/Vic-No	Pros-Yes/Vic-No	Pros-No/Vic-Yes
Victim Characteristics				
Age: 25-30 (ref = <25)	0.94 (0.53-1.66)	2.21 (1.02-4.82)*	0.70 (0.35-1.39)	0.82 (0.35-1.91)
Age: 31-40 (ref = <25)	1.07 (0.62-1.86)	1.34 (0.61-2.96)	1.00 (0.53-1.88)	0.64 (0.28-1.48)
Age: Over 40 (ref = <25)	0.46 (0.22-0.97)*	2.63 (0.99-6.98)	1.10 (0.49-2.50)	1.31 (0.46-3.74)
Alcohol/Drug Use at Index: Yes (ref=no)	0.49 (0.29-0.84)**	1.15 (0.53-2.48)	1.47 (0.82-2.65)	2.77 (1.25-6.13)*
Race: Non-White (ref=White)	0.47 (0.30-0.73)**	2.22 (1.23-3.99)*	1.09 (0.66-1.80)	1.87 (0.98-3.56)
Defendant Characteristics				
Prior DV Conviction:[‡] Yes (ref=no)	1.85 (1.05-3.26)*	0.55 (0.23-1.32)	1.20 (0.64-2.24)	0.21 (0.06-0.74)*
Block SES: < 25% poverty (ref=<25% pov)	0.84 (0.53-1.33)	0.76 (0.41-1.39)	1.87 (1.06-3.29)*	0.83 (0.43-1.63)
Couple Characteristics				
Married at Index: Yes (ref=no)	1.04 (0.61-1.76)	0.77 (0.36-1.64)	1.00 (0.53-1.84)	1.25 (0.57-2.72)
Cohabiting at Index: Yes (ref=no)	0.83 (0.53-1.31)	1.15 (0.62-2.13)	1.13 (0.66-1.94)	1.00 (0.51-1.96)
Children Together: Yes (ref=no)	1.02 (0.65-1.60)	0.70 (0.37-1.34)	1.05 (0.62-1.78)	1.25 (0.65-2.43)
Prior IPV btwn the Couple: Yes (ref=no)	1.46 (0.89-2.38)	0.52 (0.28-0.95)*	1.47 (0.81-2.66)	0.67 (0.35-1.28)
Event Characteristics				
Class: Misdemeanor (ref = felony)	0.73 (0.38-1.44)	1.74 (0.72-4.18)	0.78 (0.34-1.76)	1.69 (0.57-5.02)
Severity: Middle (ref = highest)	0.82 (0.49-1.36)	1.15 (0.56-2.38)	1.03 (0.58-1.84)	1.27 (0.54-2.95)
Severity: Lower (ref = highest)	0.57 (0.33-0.96)*	1.37 (0.67-2.82)	0.91 (0.49-1.69)	2.64 (1.20-5.79)*

[†] Separate multivariate logistic regression models for each match type, controlling for all other independent variables listed
[‡]for violence with any partner

II.f.2.iii. Association between Match Types and Subsequent Event Types

For nearly 70% of those with a subsequent event after the index incident, the subsequent event was reported to the police; in 22.7% of the cases, the subsequent event made it to the prosecutor's office. Just over 10% of the victims had subsequent cases in civil court and 48.1% of the victims with subsequent events appeared in the ED for IPV or injuries. These proportions, along with a breakdown for each match type, appear in Table 13.

Table 13: Proportion of Sample with Each Subsequent Event Type, by Match Type

	Percent of Group with Each Subsequent Event Type			
	Police	Prosecutor	Civil Court	ED IPV/Injury
Total (*n*=414)	69.8	22.7	10.1	48.1
Match	**69.6**	**20.7**	**9.6**	**46.3**
Pros-Yes / Vic-Yes	70.0	18.8	8.7	43.0
Pros-No / Vic-No	68.3	27.0	12.7	57.1
No Match	**70.1**	**26.4**	**11.1**	**51.4**
Pros-Yes / Vic-No	67.0	22.0	9.9	51.6
Pros-No / Vic-Yes	75.5	34.0	13.2	50.9

There are no statistically significant associations between match type and odds of having a subsequent event reported to the police, when controlling for other key variables (see Table 14). Having a subsequent event in the prosecutor's files was predicted by index incident cases in which the victim wished to pursue prosecution but the prosecutor's actions did not match this wish (match type no/yes). The victims with index incident cases in which the prosecutor did not pursue the case were more than five times more likely to seek help in civil court for a subsequent event, regardless of the victim's wishes for prosecution at the index incident. Future help seeking in the ED for IPV or injury was associated with cases in which the victim did not want to pursue prosecution for the index event and the prosecutor did not pursue the case.

Table 14: Odds of a Subsequent Event in Each Venue, based on Match Type

	Adjusted Odds Ratio (95% Confidence Interval)[†]			
	Police	Prosecutor	Civil Court	ED IPV/Injury
Match Type (ref = Pros-Yes/Vic-Yes)				
Match: Pros-No/Vic-No	0.75 (0.35-1.60)	1.71 (0.75-3.88)	6.29 (1.57-25.17)**	2.08 (1.03-4.24)*
No Match: Pros-Yes / Vic-No	0.78 (0.45-1.36)	1.20 (0.65-2.25)	1.53 (0.61-3.79)	1.54 (0.92-2.59)
No Match: Pros-No / Vic-Yes	0.96 (0.41-2.24)	2.38 (1.03-5.52)*	6.50 (1.54-27.41)*	1.89 (0.90-4.00)

[†] Separate multivariate logistic regression models for each subsequent event type, controlling for: victim alcohol or drug use at index event, victim race, defendant prior DV conviction, defendant block group SES, victim and defendant married to each other at index, victim and defendant cohabiting at index, victim and defendant have children together, prior IPV between the couple, charge class, violence severity, probation included in sentence, jail included in sentence

* p< .05

** p< .01

II.f.3. Victims' Use of Protection Orders Relative to their Criminal Justice Involvement

Unlike some communities, the judges do not issue temporary PPOs; initial PPOs are typically for 12-months, called "permanent PPOs": Victims' petitions are submitted and approved ex-parte, without the presence of the perpetrator, unless the judge requests a hearing. Figure 9 below depicts this process, including petitioner's options when an ex-parte order is denied, but a full hearing is allowed.

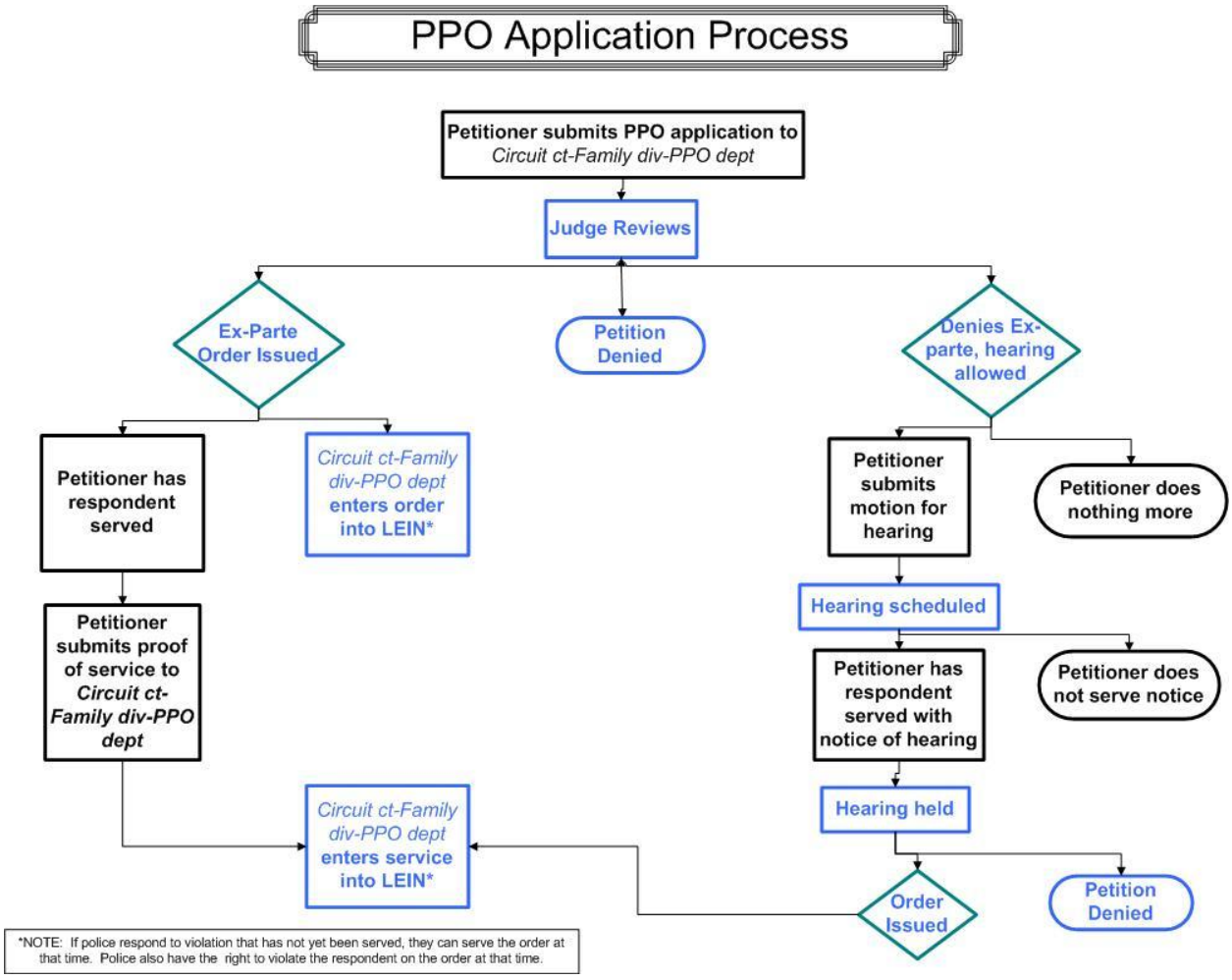

Figure 9: PPO Application Process.

Among this police-identified population of victims, over the course of the four-year study period, 15.7% (156 of 993) applied for civil PPOs. Compared with those who did not apply for a PPO, victims who applied for PPOs were more likely to have a documented prior history of IPV within the relationship, to have children in their home, and to have been married to the partner at some point, though not living with the partner at the time of the index event PPO petitioners were also more likely than non-petitioners to be white and not to have documentation that they used alcohol or drugs at the index event (see Figure 10).

Judges granted PPOs for 84.6% of the victims who applied for them. In a comparable study of police-identified victims, an estimated 21.6% victims applied for PPOs and 57% received them (Holt et al., 2002). As seen in the Figure 10 and Table 15 below, nearly half (47.4%) of victim petitioners submitted PPO applications within a week of an IPV-related police incident.

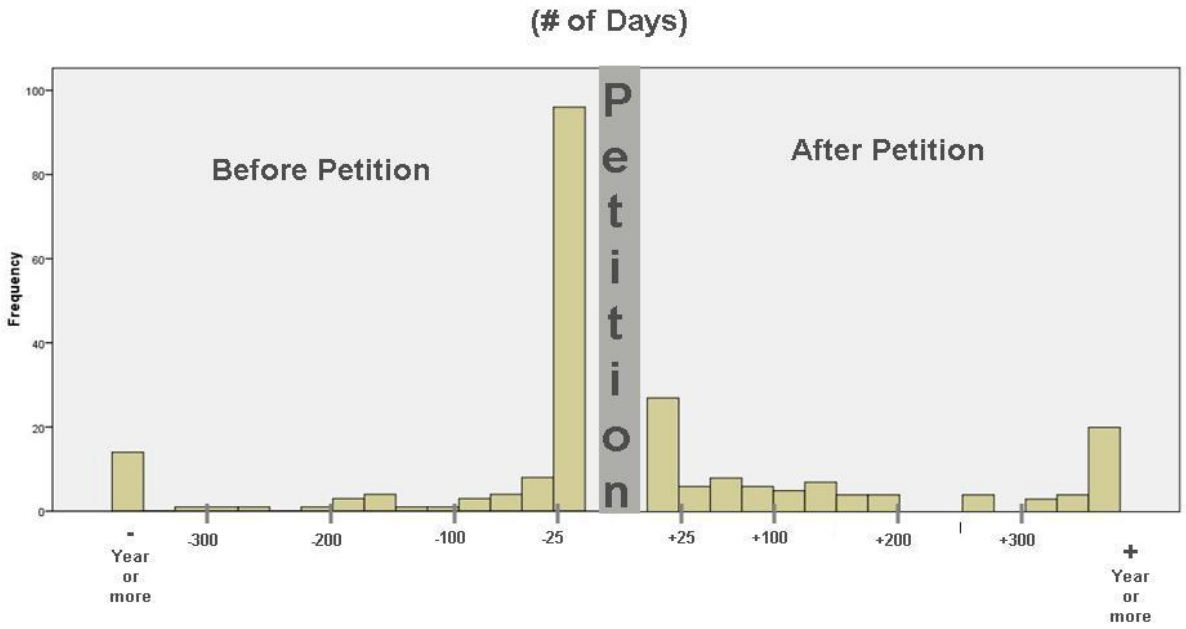

Figure 10: Distribution of IPV-Related Police Incidents.

Table 15: Percent of PPO Petitions Relative to Most Recent IPV Police Incident

BEFORE PETITION (156)			AFTER PETITION (156)		
Police Incident Occurred…	**N**	**%**	**Police Incident Occurred…**	**N**	**%**
None	18	11.5	None	77	49.4
Within a day of petition	34	21.8	Day after petition	3	1.9
2-7 days prior to petition	40	25.6	2-7 days after petition	16	10.3
8-14 days prior to petition	16	10.3	8-14 days after petition	4	2.6
15-30 days prior to petition	10	6.4	15-30 days after petition	7	4.5
31-90 days prior to petition	10	6.4	31-90 days after petition	16	10.3
91-352 days prior to petition	15	9.6	91-352 days after petition	33	21.2
352 + days prior to petition	13	8.3	352+ days after petition	20	12.8

Similar to other PPO studies, Figure 11 below demonstrates that PPO applicants are different from other police-identified victims in several ways (Logan, Walker, Holt, & Faragher, 2009). They have a greater history of prior violence, they have more legal ties to the defendant (marriage, shared children), they have less noted substance use, and they are more likely to be White. Defendants of PPO petitioning victims, however, have no notable demographic differences. When petitioners whose applications were granted are compared with those whose were not, there are no significant differences on any of the below measures.

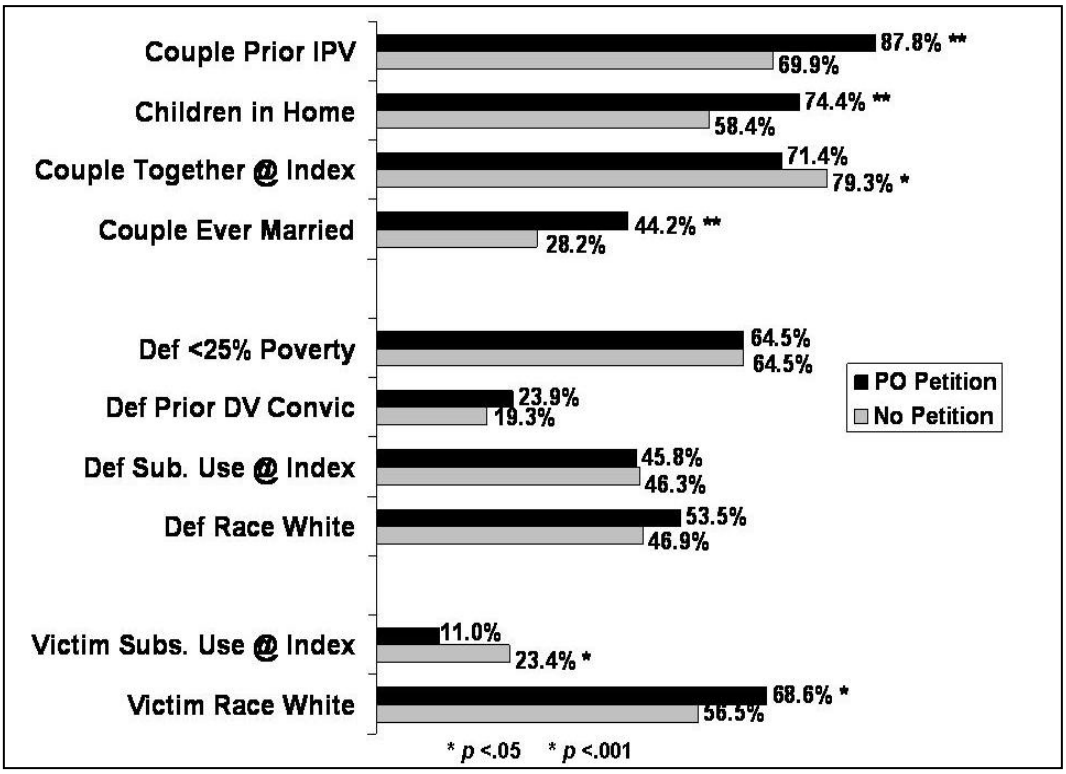

Figure 11: Comparison of Individual and Couple Characteristics by Victim PPO Petition.

III.b.4. Emergency Department Identification of and Response to IPV

ED utilization for our cohort of IPV victims was extensive, with almost 80% of all victims visiting at least one of the eight EDs in the county at least once; most visited multiple times. As described in the analysis section, ED utilization is defined as an ED visit after the first documented IPV incident (either police or ED). If the first IPV incident was an ED visit, that visit was included in the analysis. Over the

course of the four-year study period, nearly 785 women generated a total of 4,306 visits, all of which occurred after a documented IPV incident. The mean number of ED visits over the four-year study period for this victim population was 7 visits per patient; range from 1 to 87 visits. Unfortunately, only 27% were ever identified as having experienced IPV in their ED visit records. Women who were ever identified as IPV victims in the ED records were less likely than those for whom IPV was never identified to have children and private health insurance. There were no statistically significant differences between the two groups on age, race, or marital status. Less than 5% of the ED visits occurred within one day of an IPV-related police call; the majority (89.4%) of the ED visits occurred more than a week after a police call for service for an IPV incident. Assault, including IPV, was the chief complaint (i.e., stated reason for visit) for less than 4% of the visits; in most cases (78.4%), the chief complaint was a medical complaint, such as headache, nausea, vomiting, pelvic pain, or vaginal bleeding. Mental health issues were noted for 15.9% of the visits and substance abuse noted for 13.7%.

IPV was only identified in 7.5% (321 of 4306 visits) of all visits in this victim population but almost two-thirds of IPV identification occurred within one day of a police call. IPV identification was also more likely when the visit notes included documentation of mental health or substance abuse issues. IPV was documented for 70.7% of the visits in which assault was the chief complaint, in 18.4% of the visits in which mental health or substance abuse issues were the chief complaint and in only 7.4% of the visits for injury (without reported assault). Even when the patient was brought to the ED by the police, IPV was only noted for less than a third of the visits. Figure 12 shows the odds that IPV was identified by visit characteristic, accounting for clustering of multiple visits per person.

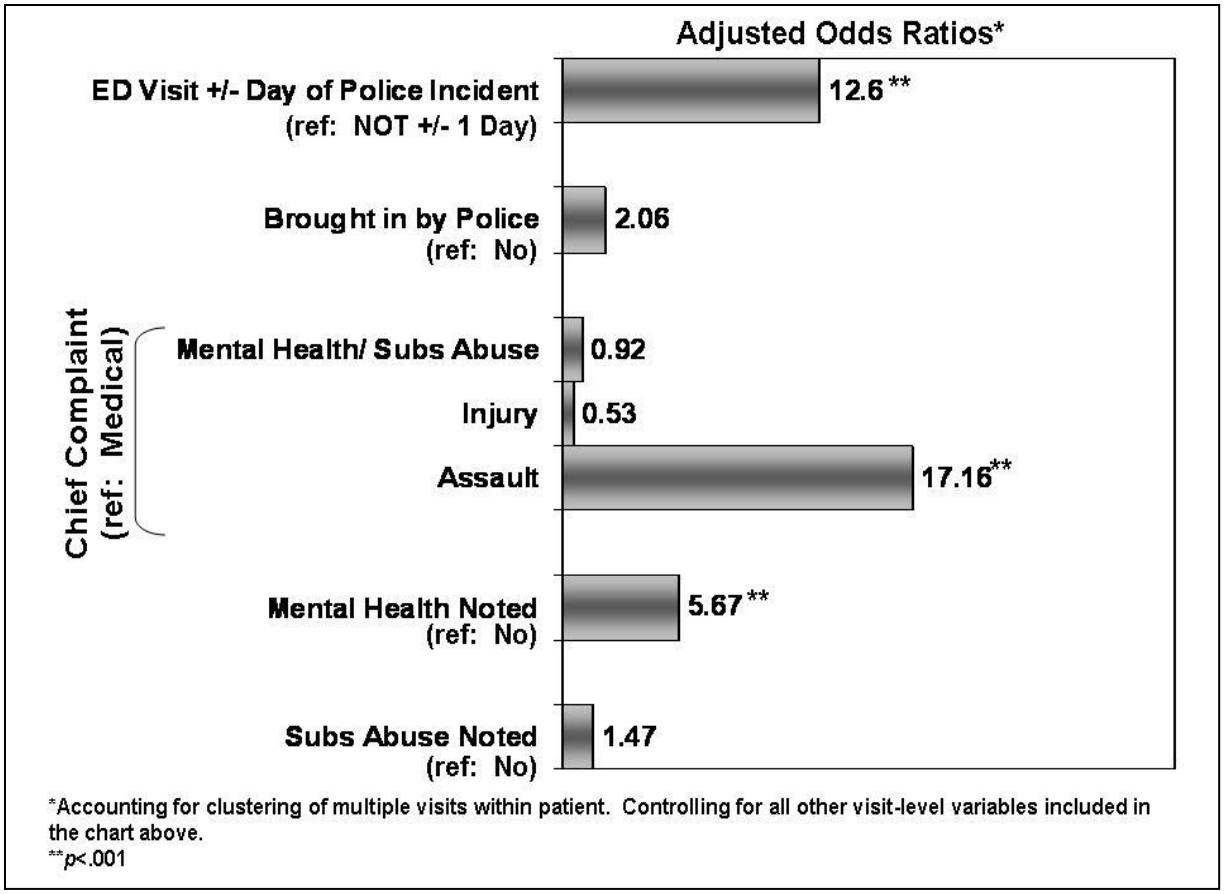

Figure 12: Association between Visit Characteristics and IPV Identification.

Unfortunately, IPV identification in the ED did not guarantee that the ED staff would assess safety or make referrals. When IPV was identified, ED staff provided legally-useful documentation (86%), police contact (50%), social worker involvement (45%), but only assessed safety in 33% and referred to victim services 25% of the time. In 118 (36.8%) of the 321 ED visits where IPV was identified, there was no documentation of police reporting, safety planning, or referral to victim services (Rhodes et al, 2011).

III. Conclusions

III.a. Discussion

Our primary study finding is that a victim's direct contact with the prosecutor's office (either with the prosecutor themselves or with a victim advocate from the prosecutor's office) was protective against future police-reported IPV incidents. This finding held both during the pre-disposition period (while the case was open, between the incident date and the case close date) and overall from the time of the IPV incident to one-year post-case closure. This was true even for victims who did not desire or whose cases were not accepted for prosecution, as well as for victims whose cases were later dropped. Other victim participation factors, including whether the victim herself initially called 911 to report the incident and the victim's wishes regarding prosecution, were not significantly associated with future help seeking for an IPV incident, measured as a police-reported IPV event or a visit to the ED for IPV or injury.

We also found a lack of a "match" between the victim's wishes and prosecutor's actions did not discourage IPV victims from subsequent use of the criminal justice system. Victims whose wishes to drop the case were ignored under the evidence-based prosecution polices still used the criminal justice system at similar rates if they had a subsequent IPV event. If the prosecutor did not pursue the case when the victim wished for prosecution, the victim was five times more likely to seek a PPO in civil court.

Victims who applied for civil PPOs were more likely to be frequent fliers in the criminal justice system before applying for the PPO. Their rates of calling police for IPV continue at high rates after receiving a PPO but their threshold for calling was lower, as more calls for service were for non-assault incidents, as opposed to assault-related incidents. When the prosecutor and victim are "matched" in opposition to prosecution, victims were more likely to turn to the ED in the case of a subsequent IPV incident or injury. Unfortunately, when victims go to the ED, they are unlikely to be identified as a

victim of IPV, unless they present with IPV as a chief complaint and even ED identification as an IPV victim is no guarantee that they will receive an intervention or referral to community-based IPV services.

These main primary and secondary findings incorporate a number of additional findings. Overall, our results come together as a mixed methods investigation exploring the impact of different victim participation and prosecutor responsiveness to stated victim wishes on a victim's subsequent safety and health. Below we examine the results from the individual components of our study questions, all of which warrant further discussion in light of the existing literature and consideration of the implications for policy and practice.

III.a.1. Does Victim Participation in Prosecution Improve her Health and Safety? (Primary Study Aim)

We were able to identify that it was not victim participation per se, but rather direct contact with the prosecutor's office, that was associated with reduced IPV-related police incidents by over 30% and no change in subsequent ED visit for IPV or injury. The rationale for this study was grounded in the debate as to whether pro-prosecution and evidence-based prosecution policies actually help IPV victims or alternatively disempower and possibly put victims at increased risk for future IPV. Early criminal justice studies documented criminal justice providers' reluctance to get involved in domestic disputes (Epstein, 1999). Work on the part of criminal justice researchers has found an overall slight positive impact of pro-arrest policies (Maxwell et al., 2001; Sherman, 1992a) and protection orders (Holt et al., 2002) but recognized that there were important subgroups with differing results from these various policies (Maxwell et al., 2002; Logan et al., 2006a; Logan, Walker, Shannon, & Cole, 2008; Wooldredge & Thislethwaite, 2001). However, more IPV arrests led to increasing prosecutor dissatisfaction with the high proportions of IPV victims who initially wanted arrest and prosecution of their abuser but later refused to "cooperate" in the prosecution of their abusers (Rebovich, 1996; Bennett et al., 1999). One solution was the adoption of evidence-based prosecution policies, which allowed the prosecutor to

proceed, based on the evidence alone, with or without the victim's testimony or deposition (Hanna, 1996; Cramer, 1999).

These strategies were advocated as a method of protecting victims from fear of retaliation and sending a strong message to IPV perpetrators that IPV is a crime against the community. While such prosecution strategies have been advocated at a national level (National Center for Juvenile and Family Court Judges, 1990), researchers and advocates continued to caution against widespread adoption of these policies in the face of little empirical research and voiced concern that prosecution and adjudication that goes against a victim's wishes may disempower her and put her in further danger (Bennett et al., 1999; Davis et al, 2003). Further complicating assessments of evidence-based prosecution, "hard no-drop" vs. "soft no-drop" protocols and prosecutor discretion about whether a case is filed post-police intervention can impact conviction rates (Peterson & Dixon, 2005). The American Prosecutors Research Institute advocates victim safety should be the highest priority (1997 cited in Ford & Breall, 2003) but until now, little data has existed to as to which prosecution practices are associated with improved victim safety.

Further prompting our investigation were questions raised by Ford and colleagues about whether victims may benefit from using the criminal justice system to gain the power they lack in their relationships, even in the absence of completed prosecutions (Ford, 1991; Ford & Regali, 1993; Ford & Breall, 2003). Our qualitative results would support Ford's hypotheses and both our qualitative and quantitative results are strongly supportive of the need to continue and strengthen evidence-based prosecution polices.

The majority of our sample (>65%) did have contact with the prosecutor's office during the pre-disposition period and, the majority (62.4%) also wanted the case to proceed through the prosecution process, yet these factors were not consistent across demographic and case characteristics. Non-White women were less likely than White women to have had direct contact with the prosecutor's office.

Given that we found that contact with the prosecutor was protective against future IPV, the non-White population may be at increased risk of future assault based on lower rates of such contact. Non-White women were also less likely than White women to want the case to proceed through the prosecution process, and more likely to want to drop the case, which may also explain the lack of contact with the prosecutor's office.

When there was documentation of prior IPV in the relationship, the victims were more likely to have direct contact with the prosecutor's office. However, it could be that the contact with the prosecutor's office increased the opportunity for the prosecutor to know about, and document, prior violence in the relationship. The lack of association between prior IPV or incident severity and victim wishes regarding prosecution may reflect a bimodal distribution such that, in some cases, more violence in the relationship prompts victims to take greater action towards prosecution while in other cases the violence inhibits pursuit of prosecution, perhaps due to fear of retaliation from a violent partner.

Prior literature has indicated that perpetrator alcohol or drug use is associated with greater levels of violence and risk of violence (Stith, Smith, Penn, Ward, & Tritt, 2004), which may explain why the victims whose abusive partners were under the influence of drugs or alcohol at the time of the index event were more likely to want to proceed with pressing charges (to hold the offender accountable and protect herself from further risk) and less likely to express a wish to drop the charges. On the other hand, the victim's use of alcohol or drugs at the time of the index incident is associated with increased likelihood of wanting to drop the charges and of changing her wishes during the pre-disposition period, perhaps reflecting a perception that the prosecutor's office may place some blame on her, or blaming herself.

III.a.2. Does the "Match" between Victim Wishes and Prosecutor Action Predict the Victim's Return to the Criminal Justice System for a Subsequent Incident?

This research question focused on whether victims would be more likely to re-use the criminal

justice for future help seeking if their wishes in the initial event matched with the prosecutor's actions, or if a non-match would displace the victim out of the criminal justice system, to seek help elsewhere for a future event. Our findings were contrary to our hypothesis that a match between victim wishes and prosecutor actions would predict a return to use of the criminal justice system. In fact, we found that the majority (~70%) of the victims who sought future help did return to the criminal justice system and that this proportion did not differ between those who did and did not have a match between victim wishes and prosecutor actions in the initial case. When the victim wanted prosecution and the prosecutor did not proceed with the initial case, she was much more likely to seek protection in civil court for a subsequent event. When the prosecutor and victim were "matched" against prosecution in the initial event, victims were more likely to turn to the healthcare system for help in the case of a subsequent event.

Victims returned to the criminal justice system as a means for formal help seeking even though the prosecutor was unable to, or did not, prosecute the index event. This finding supports Ford's earlier work that victims may use the criminal justice system to regain power in their relationships (Ford, 1983, 1991). However, it is clear that the communication with the prosecutor's office, not necessarily the case outcome, plays a role in this rebalancing of power. The study site prosecutor office had an aggressive outreach program and employed several advocates who sought to reach victims. This effort may have provided the victim's with an insurance that the system was working on her behalf, even if a plea bargain was stuck or the case dismissed. Because of this communication, the prosecutor's office may have been able to explain the system to the victim, legal technicalities related to the case, or why certain procedures, such as plea bargains, took place. When they were unable to prosecute the case for lack of evidence, the prosecutor likely explained the benefits of a civil protection order.

Prosecution appears to be preferred by both the victim and the prosecutor, in cases in which the victim is White and is not reported to have used alcohol or drugs at the time of the index incident, when

the defendant has a prior IPV conviction, and when the severity of the violence is higher. These characteristics reflect cases of both more sympathetic victims (given a bias against victims of color and those who use alcohol or drugs; Ackers & Kaukinen, 2009) and greater likelihood of conviction given case factors of increased severity and defendant prior record (Henning & Feder, 2005), which are also predictive of future assaultive behavior (Stith et al., 2004).

III.a.3. How Do Victims Use Protection Orders Relative to their Criminal Justice Involvement?

Similar to communities across the nation, applying for PPOs, a civil process often involving multiple steps, requires a lot of initiation and follow-through on the part of the petitioner. Given the complexity of the process, it is not surprising that only a fraction of IPV victims (15.7%) complete this process and that, compared with other police-involved victims, PPO petitioners tend to have more severe victimization and stronger legal ties to untangle, e.g. they are more likely to be married and have children in common (Gondolf, McWilliams, Hart, & Stuehling, 1994; Ptacek, 1999; Zoellner et al., 2000).

Additionally, the criminal justice system appears to be an important gateway for PPOs: Nearly half of all petitions (47.4%) occurred within the week after a police incident. The incident leading to the police incident and the PPO petition may have been a tipping point for victims, as PPO petitions are often sought as women are on the verge of leaving or have left their abuser, citing escalating violence and increasing concern for their children (Fischer & Rose, 1995; Logan et al., 2008).These factors validate that applying for PPOs is both a measure of continuing violence, often linked temporally to police incidents, and a measure of motivated help seeking by victims.

III.a.4. How Effective are Emergency Departments at IPV Case Finding and Response?

Given the current discussion on the lack of evidence for any benefit of healthcare identification of and intervention in IPV cases (MacMillan et al., 2009; Moracco & Cole, 2009), we sought to evaluate hospital ED documentation of, and response to, IPV among a known sample of IPV victims. In our study,

ED personnel identified and documented IPV for slightly more than a quarter of the 785 women patients in at least one visit over the four-year period. However, this information was apparently not available for all visits, which speaks to a failure of our medical record systems that do not make it easy for providers to review previous ED encounters. These same women had a total of over 4300 ED visits that occurred after a documented IPV incident, ED providers identified IPV in only 7.5% of all visits by this identified population of IPV victims. Even when an IPV incident occurred within a day of the ED visit, the victims were brought to the ED by the police, or the chief complaint was assault, the healthcare providers usually failed to document IPV. While our hypothesis that case finding would be more likely in cases in which assault was the chief presenting complaint was supported, IPV was still only documented in less than three-quarters of such cases. In the visits in which IPV was documented, response was sub-optimal, with only a small fraction of cases meeting national and local policy recommendations for documentation of safety assessment and referral to IPV services.

It is clear, then, that ED providers are missing critical opportunities to document, treat, and intervene in IPV cases. These findings indicate that we cannot continue to expect busy ED providers to screen; instead, we must change our system toward methods that allow victims to self-disclose IPV. The next generation of electronic medical records will hopefully be an interactive process between the patient, the provider, and the social worker. We clearly have the capacity to use health information technology to not only incorporate routine IPV screening but to also alert social services and providers if there is a need for psychosocial intervention.

Another important policy implication from this study is our use of ED IPV documentation and injury records to study the health outcomes of criminal justice interventions. This is relevant, as IPV research has suffered from a lack of validated outcomes from which to determine the effectiveness of any IPV interventions. Our study points to the potential of using health records to identify IPV incidents that lead to injuries requiring ED treatment. Likewise, integrated databases between criminal justice and

social service agencies may be a source for tracking adverse outcomes among cases that are lost to follow-up and for identifying uptake of services. With patients' permission, interagency communication about IPV injury could help build a prosecutor's case, assure linkage to services, and identify assaults or threats used to interfere with witnesses' testifying.

III.b. Limitations

This mixed-method longitudinal study has several limitations. Using qualitative methods allows us to hear women's own voices; however, the focus group modality can inhibit some participants from expressing feelings, beliefs, attitudes, or experiences that may conflict with the dominant voices in the group. As the qualitative data was collected in a single community with a small self-selected sample of high-risk women, those findings cannot be generalized to other communities or even to other women in the same community. The women who volunteered to respond to ads and participate in the focus groups may be different from those who would not volunteer to participate. The women who participated in the focus groups had all experienced police intervention due to violence victimization perpetrated by a male partner. IPV cases that reach the police tend to be those on the higher end of the severity spectrum (Bonomi, Holt, Martin, & Thompson, 2006a) and the violence described by the women in our focus groups is likely more severe than that occurring in the larger population. Finally, the women's accounts were retrospective; the intervening time period between their decision-making and the focus groups may have impacted their responses.

Similar to other single cite studies using administrative data, our quantitative results must also be interpreted with caution, because our understanding of case factors and "victim's wishes" is limited by what police, prosecutors, or the ED staff documented. It is important to note that our measure of subsequent IPV is actually a measure of victim help seeking in various criminal, civil and medical systems after an index event, as opposed to an accurate measure of subsequent IPV. Nonetheless, current best practices appear to hold perpetrators accountable without putting victims in any greater risk as

measured by the study's dependent variables. Likewise, the recorded victim wish for prosecution may or may not reflect their actual wishes, or even their changes in wishes. Victims' actions may be a more accurate reflection of their wishes. Therefore, cases that did not have a documented wish were coded as no participation, even though lack of contact with the prosecutor's office might also reflect threats or control by the perpetrator. This limitation is mitigated by the extensive documentation in both criminal justice and police records, during a time in which the prosecutor's office policy required contact with all IPV victims. This interpretation is supported by the multiple documented phone messages and letters sent to victims' addresses and by the input from our victim focus groups. Our focus group participants also stressed that a victim's lack of contact with the prosecutor's office likely meant she was actively opposed to participation. The data do not reflect reasons women drop charges. While some surmise that a victim may want to drop the charges because of intimidation or threats, focus group participants indicated it is also possible that she seeks to drop charges because the perpetrator provides resources, or childcare, or the prosecution process is bringing shame to family and friends.

Victim behaviors outside the criminal justice and ED systems are not captured in our data. In particular, some victims who did not participate in the prosecution of their cases may have sought help through either other formal measures, such as shelter or advocacy services, or informal means from family and friends. Given the data limitations, findings should be interpreted with appropriate caution until supported by future studies.

III.c. Implications for Policy, Practice and Further Research

Study findings suggest that the current practice of mandatory arrest coupled with pro-prosecution policies does not put victims at greater risk for future IPV-related police reports or ED visits for IPV or injury. Direct communication with the prosecutor's office, in particular, appears to be somewhat protective, reducing the odds of future calls for police service by more than 30% in our study. Bearing in mind that what we were actually able to measure using administrative records reflects victim

help seeking after an IPV event, current best practices appear to hold perpetrators accountable without putting victims in any greater risk as measured by the study's dependent variables. However, our qualitative findings suggest that criminal justice practices may still have other negative consequences for victims, including loss of privacy, feelings of confusion, and disillusionment fueled by frustration.

Criminal justice professionals may want consider ways to reduce revictimization through policies and procedures that protect victim privacy. Some states have modified civil court procedures that permit victims' names to be anonymous in public records, have private addresses omitted from protection orders, and not require victims to be present at court appearances unless necessary for testimony.

Challenging our criminal justice system responses to grow beyond a passive reactive approach and to integrate active prevention strategies sends a consistent message to the local community that IPV will not be tolerated. The Centers for Disease Control DELTA program is targeting such a change in paradigm. Many of our focus group survivors reported that they were not informed about options or resources that were available to them. Public awareness appears to be an important next step.

To that end, upon review of our findings, the following policy recommendations were endorsed by IPV survivors, service providers, advocates, and our expert reviewers. As with any single jurisdiction study, these recommendations must be taken with caution. It is not our intention that a community would engage in the wholesale adoption of any of these recommendations without first assessing the community's state of readiness, infrastructure and support. Rather, our intention is to present a host of ideas, and endorse some made in earlier studies, which are consistent with our findings.

Taken in light of empowerment theory, which adopts a public health multi-level approach, these recommendations also cannot be targeted simply at victims, their support systems, the criminal justice system, or statutory reform. To truly empower victims to ameliorate the violence in their lives, they must be aware of and have access to policies and procedures related to stopping the violence in their

lives. They must be aware and have access to the agencies that work to implement these remedies in meaningful ways via transportation, child care and time off from work. Victims must understand and be able to easily negotiate the systems, which should be working in an integrated fashion to help them.

III.c.1. Individual Level Considerations

1. Acknowledge Victims as a Heterogeneous Group:

The first recommendation stems from the data that suggest victims have great heterogeneity. Victims are diverse in race, ethnicity, economic status, education, needs, wants, desires, and service use patterns. We must have protocols in place among the myriad IPV providers that assist victims that understand the individuality of each victim's life experience and circumstance. A one-size-fits all approach simply will not work. Some women use the police, others the ED, others civil court or victim services; some use all of the above. Regardless of their chosen portal, there must be an integrated cross-system response that allows the victim to seek an approach that attends to her physical and mental health while simultaneously seeking safety.

2. Recognize Victim's Use of Violence and Impact on Help-Seeking:

Data revealed indications of mutual violence between the victim and perpetrator. It is difficult to ascertain through record reviews the motive for the victim's violence use. It may have been self-defense. However, when a victim had used violence, she appeared reluctant to get involved with the police or the courts. Our service providers must be able to reach out to these women and provide them with adequate resources to address their own violence use. Research has documented women who use violence, regardless of the motivation, are in increased danger. Responses to female victims who use violence must include information on the role of child protective agencies, criminal defense attorneys if there has been a mutual arrest, and an understanding that help is available without placing blame. Such victims may be more hesitant to participate in prosecution as they view themselves as codefendants rather than victims.

3. Understand Victim Substance Use in Context:

Earlier studies document many victims have histories of prior abuse (sexual, physical, emotional) and as a result, may have developed mental health conditions such as depression and anxiety. Coping mechanisms could involve alcohol or drugs. Victim may lack the resources (financial and social support) to seek evidence-based substance abuse treatment. Upon reaching out to the police, the victims may be labeled as alcohol or drug users, and their pleas for help regarded as less serious because of their co-occurring substance abuse and victimization status. Policies must take into consideration causal linkages between victimization and substance abuse and respond accordingly. Alcohol or drug use was identified as a co-factor in IPV for many of the index events. Alcohol or drug use was also more likely to be identified with bi-directional IPV and women victims of IPV were less likely to participate with the prosecution if they had been used substances at the time of the incident. So there is a clear need for the development of evidence-based trauma-informed substance abuse and mental health treatment interventions for both victims and perpetrators of IPV.

III.c.2. Relationship Level Considerations

1. Provide Mechanisms for Social Support and Ongoing Victim Communication:

Victims often report that once the abuse has ended, or the relationship terminated, they feel isolated and alone and carry with them a stigmatization of victimization. Because perpetrators often cause difficulties for the victims in their families and at work, the victims lack a social support system to help throughout the journey to safety. Family and friends may also isolate the victim out of fear for their own safety or frustration with the victim due to earlier attempts to help that were refused or rebuffed. Study participants noted that the social support offered through community services made a difference. Also, those that had family support seemed to move through the steps for safety with greater ease. By raising service providers' awareness of victims' relational needs, perhaps providers can make better linkages earlier in case adjudication.

2. Recognize that the Cyclical Nature of Abuse May Continue through the Adjudication Process :

Victims reported the cyclical nature of abuse: the abuse may be ongoing, cease upon the perpetrator entering the criminal justice system (incarceration or probation), then begin again immediately after the termination of the criminal justice case. For some victims, the abuse continues throughout the process. Because of the cyclical nature of abuse, it is important to have ongoing victim support – not just during the pendency of the criminal justice cases.

3. Understand the Victim as Parent:

Children in the home (either shared or the victim's) may impact a victim's choices regarding help seeking. Victims may react to the violence based on the presence of children in the home, some of which are witnessing abuse or are abused themselves. There may be reluctance to enter the criminal justice system based on the children (i.e. do not want the father to get in trouble/not see children or do not want children taken away). Policies must protect children while also taking into consideration the need to support the victim parent in non-punitive ways.

III.c.3. Community Level Recommendations

1. Document Service Use Patterns More Completely:

We need a better understanding of how victims move through systems in order to improve so we can do a better job of developing an integrated interagency and community response to IPV. Currently our service systems operate in isolation and have no way of knowing that a victim is using multiple systems. A victim's first incident with the police or courts may not have gone well (dismissed, victim still in danger) or the violence may have increased with police or court involvement. Hypothetically, the perpetrator may be under probation supervision. Upon a second event, the victim may turn to the ED but the criminal justice system has no way of knowing that a violation has occurred and no way of holding the perpetrator further accountable.

III.c.3.i. Recommendations for Police

1. Standardize investigative Protocol:
    a. Have a standard outline for documentation to increase consistency of case descriptions
    b. Use checklists, in addition to qualitative field notes, may improve quality of documentation
    c. Standardize response to what police intervention offers without providing false assurances of safety or promises of defendant behavioral changes after intervention
    d. Utilize evidence-based risk assessments
    e. Link prior police incident reports to assess potential risk of harm or increase in violence severity and provide this information to the prosecutor
    f. Allow police to provide temporary PPOs or "cease and desist" orders on site
2. Improve Sensitivity to Victims:
    a. Avoid minimizing description of actions or experiences (e.g., "very slight swelling," "didn't even push her") or negatively perceiving terminology (e.g., "refused medical care") and references to potential victim reluctance or ambivalence
    b. Permit victim or witness the time to narrate prior events to put current event in proper context
    c. Empathize with the impact of arrest on parenting decisions and understand impact of IPV on children within the context of the victim's mothering abilities
    d. Determine and document legal custody or need for temporary custody
    e. If a CPS report is filed, provide victim with the full picture of CPS role: not merely punitive, but can be preventive as well

III.c.3.ii. Recommendations for Prosecutors

1. Enhance Victim Services:
    a. Standardize client interview process
    b. Determine response time after incident for client interviews

c. Advocate-initiated contact if client does not make contact within 24 hours (or first business day after incident)

d. Increase the percentage of face-to-face contact to establish better client rapport and perception of support

e. Formulate outline for documentation to increase consistency of case descriptions

f. Record service provided clearly by type (i.e., advocate-initiated phone contact, victim-initiated phone contact, outgoing vs. incoming messages, face-to-face interaction, etc.)

g. Utilize quotation marks for direct client statements

h. Clearly identify advocate statements that are opinion-based in a separate box – perhaps under "Advocate Assessment" of case

i. Establish crisis intervention referral for all cases throughout process

j. Involve Social Workers, DV advocates, or translators if there are any indications of special needs. Note that ADA mandates mental health advocate presence when interviewing clients with diminished mental capacity or diagnosed mental disease or defect

k. Add a confidential process for clients to report their satisfaction or problems with the system.

2. Enhance Witness Protocol and Participation:

a. Do not request child or adolescent participation in prosecutor case development (i.e., avoid asking child to listen in on harassing or abusive calls to mother to substantiate case)

b. Provide information, crisis intervention, and referral services for both victim and children

III.c.3.iii. Recommendations for Emergency Department Providers

1. Create routine methods (e.g., patient-completed psychosocial health screening as part of the electronic health record) that will allow for patient self-disclosure of IPV and other psychosocial risks at each visit

2. Use electronic health record systems to create provider "alerts" regarding a patient's social risks that would be available at every health care visit
3. Use electronic health record systems to develop automatic referrals to the social worker when patients screen positive for IPV risk
4. Increase social worker availability 24-hours/day to improve assessment, response and linkage to needed services for IPV and other psychosocial risks as part of routine patient-centered care

III.c.4. Overall Policy Recommendations

Communities need to have standardized protocols across systems for not only intra-agency IPV response, but also for inter-agency communication. By having integrated policies, such standardized procedures can include continuing training and IPV education. Based on this study, there is wide variability of how agencies document IPV, and even within agencies, variation among disciplines. If there were standardized procedures it would improve the quality of investigative records and enhance prosecutorial outcomes. However, even beyond the need for interagency communication, there is a strong need to improve victim services. Here are some suggested improvements for further consideration based on both qualitative and quantitative study findings:

1. Improve coordination across adult and child service providers to improve parental and child well-being and increase service utilization
2. Create policies that integrate IPV, Child Protective and mental health services for parent and child
3. Increase communication between ED personnel and IPV providers. Despite legal barriers, such as HIPAA, simple waivers would suffice to allow for better integration of services
4. Provide trauma-informed alcohol treatment interventions in conjunction with IPV interventions for perpetrators and victims identified as having co-morbid alcohol or drug-related IPV incidents
5. Increase awareness of available services. Many victims reported that they were unaware of services available to them until the violence had escalated. Public service announcements, by both radio and

television, would enhance victim understanding of what services were available and let them know that there are no legal costs for seeking civil or criminal protection orders.

6. Keep IPV service providers informed about evidence-based IPV and substance-abuse research.
7. Expand referral mechanisms beyond the criminal justice system to create safety nets for the victim's hierarchy of needs. Given research that has documented victims face significant financial barriers to leaving abusive relationships, should prompt referrals to sources of financial, housing, food, and other instrumental support. The costs of such resources should be offset by fewer criminal justice interventions and health system visits but more work will need to be done to accurately measure the cost-effectiveness of victim support interventions.
8. By employing principals of community-based participatory research, and working actively with the scientific and advocacy communities, policy makers can change the paradigm of IPV from one of passive reaction to one of active prevention. Study participants provided ample ideas worthy of testing, from radio and TV broadcasting, public perpetrator registries (similar to the registered sex offender postings), to micro-loans and housing programs. By addressing survivors' needs more holistically, we may be able to prevent reconciliations to the perpetrators that often lead to further abuse. Breaking the cycle will require renewed energy and commitment to embark on continued criminal justice policies, such as mandatory arrest and prosecution, while simultaneously expanding our social services to address the unmet hierarchy of victim needs that the criminal justice system leaves unfulfilled.

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V. Dissemination of Research Findings

V.a. Publications and Articles Under Revision or In Preparation

1. Kothari, C., Cerulli, C., Marcus, S., & Rhodes, K.V. (2009). Perinatal status and help-seeking for intimate partner violence. *Journal of Women's Health, 18*, 1639-1646.
2. Rhodes, K. V., Cerulli, C., Dichter, M. E., Kothari, C. L., & Barg, F. K. (2010). "I didn't want to put them through that": The influence of children on victim decision-making in intiamte partner violence cases. *Journal of Family Violence, 25*, 485-493.
3. Dichter, M. E., Cerulli, C., Kothari, C. L., Barg, F. K., & Rhodes, K. V. (2011). Engaging with criminal prosecution: The victim's perspective. *Criminal Justice Review, 36,* 22-39.
4. Cerulli, C., Kothari, C. L., Dichter, M. E., Marcus, S. C., Wiley, J., & Rhodes, K. V. (in press). Victim participation in intimate partner violence prosecution: Implications for safety. *Violence Against Women.*
5. Rhodes, K. V., Dichter, M. E., Kothari, C. L., Marcus, S. C., & Cerulli, C. (under review). The impact of children on victim decision-making regarding criminal prosecution and civil protection.
6. Rhodes, K. V., Kothari, C. L., Dichter, M. E., Cerulli, C., Wiley, J., & Marcus, S. (in press). Intimate partner violence identification and response in the emergency department: Time for a change in strategy.
7. Cerulli, C., Kothari, C. L., Dichter, M. E., Marcus, S. C., Kim, T., Wiley, J., & Rhodes, K. V. (under review). Intimate partner violence victims' control over cases: Examining hydraulic displacement of future domestic violence events out of the criminal justice system.
8. Kothari, C. L., Dichter, M. E., Cerulli, C., Morabito, M., & Rhodes, K. V. (under revision). Accurately measuring crime: Comparing incident-report data to dispatch data.
9. Cerulli, C., Kothari, C. L., Connor, K., Wiley, J., & Rhodes, K. V. (under revision). "Give me a break": Prosecutorial discretion during intimate partner violence cases.

10. Kothari, C. L., Wiley, J., Cerulli, C., & Rhodes, K. V. (in preparation). IPV victims' use of protection orders: The criminal justice system response and effects on safety.
11. Rhodes, K. V., Kothari, C. L., Cerulli, C., & Wiley, J. (in preparation). Telling stories with administrative data.
12. Kothari, C. L., Cerulli, C., Dichter, M. E., & Rhodes, K. V. (in preparation). Here they come again: Breaking the myth of frequent flyers in the criminal justice system.
13. Dichter, M. E., Barg, F. K., Cerulli, C., Kothari, C. L., & Rhodes, K. V. (in preparation). Victims' and service providers' perceptions of filing or dropping charges against an intimate partner: Fear as a motivator.
14. Rhodes, K. V., Crits-Christoph, A., Kothari, C. L., Cerulli, C., Dichter, M. E., & Crits-Christoph, P. (in preparation). Alcohol Use Documented During Police-reported IPV Events, associations with IPV severity.

V.b. Presentations

1. 2006 (July), *Impact of Perinatal Status Upon Help-Seeking By Victims of Intimate Partner Violence*, International Family Violence and Child Victimization Research Conference (Portsmouth, NH)
2. 2006 (November), *Psychosocial Determinants and Outcomes of Healthcare Utilization*, Grand Rounds Emergency Department, Michigan State University/Kalamazoo Center for Medical Studies
3. 2007 (April), *Impact of Perinatal Status Upon Help-Seeking By Victims of Intimate Partner Violence*, Michigan State University/Kalamazoo Center for Medical Studies Annual Research Conference (Kalamazoo, MI)
4. 2007 (April), Community-Based Participatory Research Meeting, National Institute of Mental Health (Rochester, NY)
5. 2007 (April), *A Multidisciplinary Integrated Systems Approach to Intimate Partner Violence*, Domestic

Violence Forum, San Francisco University (San Francisco, CA)

6. 2007 (June), *Domestic Violence as a Risk Factor for Suicide, Homicide-Suicide, and other Adverse Outcomes in Domestic Violence Populations*, Summer Research Institute in Suicide Prevention IV, University of Rochester Medical Center (Rochester, NY)
7. 2007 (July), *A Multidisciplinary Integrated Systems Approach to IPV (PANEL)*, International Family Violence Research Conference (Portsmouth, NH)
    a. *IPV Across the Perinatal Period and Healthcare Utilization*
    b. *Patterns of ED Utilization Relative to Police Reported IPV Incidents*
    c. *Tracking the Inadequacies of Current Approaches to Domestic Violence – A Case Illustration*
8. 2007 (July), *Systems Response to Children Exposed to Violence: The Good, Bad, and Ugly*, National Council of Juvenile and Family Court Judges 70th Annual Conference (San Francisco, CA)
9. 2007 (September), *Harriet Davis Teaching Day – Domestic Violence Session*, National Nursing Conference (Rochester, NY)
10. 2007 (October), *Working Methods and Shifting Contexts in Legal Research on Family Violence*, Working Methods, Shifting Contexts: Crossing Disciplinary, Cultural, and Geographic Borders in Social Research Multidisciplinary Symposium, University of Buffalo (Buffalo, NY)
11. 2007 (November), *National Institute of Justice Grant Update (PANEL)*, American Society of Criminology Annual Meeting (Atlanta, GA)
    a. *"I was scared to press charges": IPV Victim Preferences for Prosecution*
    b. *Telling stories with administrative data: Using and integrated database to identify patterns of emergency department and criminal justice system utilization*
    c. *NIBRS vs. 911 Calls as IPV Measures*
    d. *Changing the Paradigm of Prosecution: Criminalizing IPV in the Context of Relationships*
12. 2007 (November), *Health Care Response to Domestic Violence*, Grand Rounds, Vanderbilt University

Department of Emergency Medicine

13. 2008 (February), *Improving Identification and Response to Domestic Violence*, Domestic Violence Task Force, St. Christopher's Children's Hospital (Philadelphia, PA)
14. 2008 (April), *Promoting Mental Health Through Community Collaborations in Research*, Research Institute on Community Partnered Suicide Prevention (Rochester, NY)
15. 2008 (June), *Improving Patient Disclosure and ED Response to Intimate Partner Violence*, Grand Rounds, Presbyterian Hospital Emergency Department (Philadelphia, PA)
16. 2009 (March), *Victims' and services providers' perceptions of dropping or filing charges against an intimate partner: Fear as a motivator*, Academy of Criminal Justice Sciences Annual Meeting (Boston, MA)
17. 2009 (March), *A Multidisciplinary Approach to Understanding IPV Response Across Health and Criminal Justice Systems*, Academy of Criminal Justice Sciences Annual Meeting (Boston, MA)
18. 2009 (April), *Domestic Violence Epidemiology: Are Perpetrators and Victims Simply Recycling with Each Other?*, Michigan State University/Kalamazoo Center for Medical Studies Annual Research Conference (Kalamazoo, MI)
19. 2009 (May), *Domestic Violence & Legal Issues*, 16th Annual Pediatric Nursing Conference (Rochester, NY)
20. 2009 (June), *Prosecuting and Adjudicating Intimate Partner Violence,* National Institute of Justice Conference (Arlington, VA)
21. 2009 (September), *Domestic Violence: What can be Done from the Emergency Department?*, Grand Rounds, Michigan State University/Kalamazoo Center for Medical Studies Emergency Department (Kalamazoo, MI)
22. 2009 (November), *Does Victim Participation in Intimate Partner Violence Prosecution Improve Safety?*, American Public Health Association Annual Meeting and Expo (Philadelphia, PA)

23. 2009 (November), *Domestic Abuse: What can Maternal-Infant Health Providers do?*, Michigan Department of Community Health Training Webcast for Title V Maternal-Infant Health Providers (Lansing, MI)
24. 2010 (March), *Screening is Dead: What About Interventions? A System-Level Approach to Intimate Partner Violence.* RWJ Clinical Scholars Program, University of Michigan
25. 2010 (July), *Domestic Abuse: What can Providers do?*, Grand Rounds Michigan State University/Kalamazoo Center for Medical Studies Department of Family Medicine (Kalamazoo, MI)
26. 2010 (July), *The Health System Approach to Intimate partner Violence*, School of Social Policy & Practice, University of Pennsylvania (Philadelphia, PA)

Appendix A: Description of Kalamazoo Counties Criminal Justice System

There are 12 police departments in the County, four of them (the County Sheriff's department, City Department of Public Safety, and two town departments) accounting for 97.4% of assault arrests (Michigan State Police, n.d.). With the exception of college campus police, the remaining departments are in smaller, rural communities. The County houses a District Court, handling criminal misdemeanor and some felony cases, and a Circuit Court, with a criminal felony division and a family court division. An IPV coordinated community response team, an Assault Intervention Program, with representatives from law enforcement, prosecution, victim services, healthcare, district court, circuit court, probation, and batterers' intervention, has been active for over ten years.

The principles driving criminal justice policies in the County for IPV assaults reflect both statewide practices and innovative criminal practices being implemented nationally: (1) perpetrator accountability through arrest and court enforced sanctions, (2) perpetrator monitoring through probation and batterers' treatment programs, and (3) victim safety through evidence-based prosecution, court-based victim advocacy, and victim participation during adjudication(Cerulli et al., 2010; Pence & McDonnell, 1999). These best practices are put into motion as soon as police receive a 911 call for service.

All police departments in the county have policies whereby incoming calls for service are screened and flagged for IPV, and an officer is immediately dispatched for all such calls. As in many states across the country, if there is evidence of IPV, the officer can execute a warrantless arrest, place the accused batterer in the county jail, and await authorization of charges by the prosecutor's office and subsequent arraignment. If the defendant has fled the scene, the officer will file a charging request with the prosecutor's office. If approved, an arrest warrant will be issued and posted on the Law Enforcement Information Network. Once arrested, all IPV defendants are booked into the county jail until the arraignment hearing, which takes place within 24 hours on business days. The vast majority of

arrested IPV defendants are released on conditional bond, which often restricts their access to the victims and can require posting cash bond.

As soon as the prosecutor's office receives a charging request, a victim advocate attempts to contact the victim and works with her or him throughout adjudication, functioning as the primary source of information for the victim and extensively documents victim input and wishes. The charging request and case notes are sent along to a Prosecuting Attorney who makes a decision to authorize charges or not. IPV protocol provides for vertical prosecution and requires that police, advocates and attorneys all engage in evidence collection to support cases in which the victim may be reluctant to testify. An example would be the photographic documentation of injuries, such as bruises, over time. Of course, cases vary in the degree to which independent evidence is present and victim input is obtained.

Whenever possible, once a defendant pleads guilty or is found guilty, sentencing occurs that same day. By law, the court must have victim input prior to sentencing, even when this results in delay of sentencing. Victim input is obtained, typically as testimony or through completion of a Victim Impact Statement form. Diversion, but not deferred adjudication, is a common practice for first-time IPV convictions. IPV assault convictions typically lead to a sentence that includes both sanctions (jail, probation, fines, restrictions on behavior) and an assessment/treatment component (Batterer's Intervention, mental health assessment and treatment, alcohol abuse program, substance abuse program). Most IPV assault convictions are misdemeanor-level, and result in probation with a suspended jail sentence.

During the study period, there were two types of probation: (1) Regular probation, characterized by caseloads of 200 and weekly check-ins with a probation officer, and (2) Court-Enforced-Intensive-Supervision (CEIS) Probation, characterized by caseloads of 40-50, extensive contact with the victim, unscheduled visits by the probation officer at work and home, and a probation officer with the dual powers of probation (to file probation violations) and police (to arrest the violator). Perpetrators

convicted of more serious misdemeanor offenses are more likely to be sentenced to intensive supervision (CEIS) or to jail. Finally, while relatively few in number, sentences for felony-level convictions result in time at a corrections facility, followed by a period of parole (if prison) or probation (if jail). While there are no national data for comparison, we can identify that the County criminal justice data are representative of the State of Michigan as a whole. A representative sample of Prosecuting Attorneys' offices across the state was examined as part of the CDC-funded program, the "Michigan Intimate Partner Surveillance System." Results from this study illustrate that the County's adjudication of IPV cases typifies IPV adjudication across the state. Among all cases approved for prosecution (757 in the County and 14,455 in State representative sample): 88% of IPV cases in the County are misdemeanor level, compared to 89% of IPV cases across the state; 19% of IPV cases Diversions, compared to 15% of Michigan cases; and 47% result in convictions, compared to 40% of cases across the state. Our data set is unique as it linked criminal justice system and civil court data with healthcare records.

Appendix B: Description of Kalamazoo's Health System & Emergency Department IPV Policies

The county has two health systems each with a Level 1 Trauma Centers and affiliated tertiary care Emergency Departments (EDs), for a total of 8 EDs. Reflecting the overall focus of the healthcare field, the ED's primary goal is to medically stabilize patients. Only once this is accomplished can attention turn to referrals, reporting and documentation. As across the country, Michigan's penal code (MCL 750.411) defines medical personnel as mandated reporters for violent injuries. Additionally, both hospital systems in the study follow JCAHO (the agency responsible for hospital accreditation) guidelines for IPV screening/intervention. In cases where IPV has been identified, the medical staff is expected to document all IPV-related actions thoroughly and are advised to use direct quotes wherever possible, to document police involvement, safety planning, and to record injuries on the hospital's body map form. Unfortunately, because the primary goal of the healthcare system -- medical care -- is conducted with a vigilant eye towards patient privacy and confidentiality, even more so since the passage of federal HIPPA legislation, the healthcare system and criminal justice system can sometimes work at cross-purposes. If patient authorization was not secured at the time of the visit (either through staff oversight or patient refusal), it is difficult for prosecutors to obtain these records. This has implications for the prosecutor's ability to maximize evidence-based prosecution, especially when it involves medical evidence. But it also has tremendous implications for the potential use of the hospital ED by victims who are help seeking, but not necessarily pursuing criminal charges. As such, an ED visit may not only be an indicator of adverse health sequela, it may also be an important measure of help seeking outside the criminal justice setting.

Appendix C: Description of Abstraction of Prior & Subsequent IPV Event Data

C.1: Abstraction of Police Incidents

Police data were obtained for the study sample from the 12 police jurisdictions in the County: the Department of Public Safety, the County Sheriff's Department, and local police departments. Using the names, date of birth and addresses of the victim and defendants in our study sample dataset (*N*=993), research staff and police clerks identified police reports for all incidents from 1999-2002 where (1) both the victim and defendant (the study couple) are listed as parties, or (2) property, drug, check welfare, disturbance, trouble with subject incidents included where the study victim is listed as a victim, and there is no identified defendant/perpetrator. Following the recommendations of the CAB, we included qualifying police incidents regardless of whether the victim was listed in the role of the victim or in the role of the defendant for the incident.

To identify the police-reported IPV events, the original study design included using 911 calls as a dependant variable. However, consultation with the scientific and community advisory boards resulted in a pilot study comparing calls for service to incident reports. For this pilot study, we abstracted records from two police jurisdictions where we had access to both the incident reports and the dispatch records; these included the largest (the County Sheriff's Department) and the smallest (Township Police Department) agencies. We randomly selected 14 of the cases (14 couples, 28 individuals), and searched both sets of records for the victim/defendant couples for the four-year period (1999-2002).

As depicted in Figure 13, searches of the dispatch records from both jurisdictions for the 28 victims and defendants generated a total of 787 calls for service over the four-year study period. Of these, only 17 events (2.2%) could be definitively linked to our study couple. A search of incident-report records yielded far fewer events, a total of 71, but these were much more likely to be definitively matched with study couples (*n*=14). Dispatch data searches produced ten times as many events as incident-report searches, but most of this was excessive "noise" or inaccurate information; thus

increasing labor demands without increasing the accuracy of intimate partner crime detection. As such, incident- report data proved to be far superior to dispatch data when tracking couple-related violence over time.

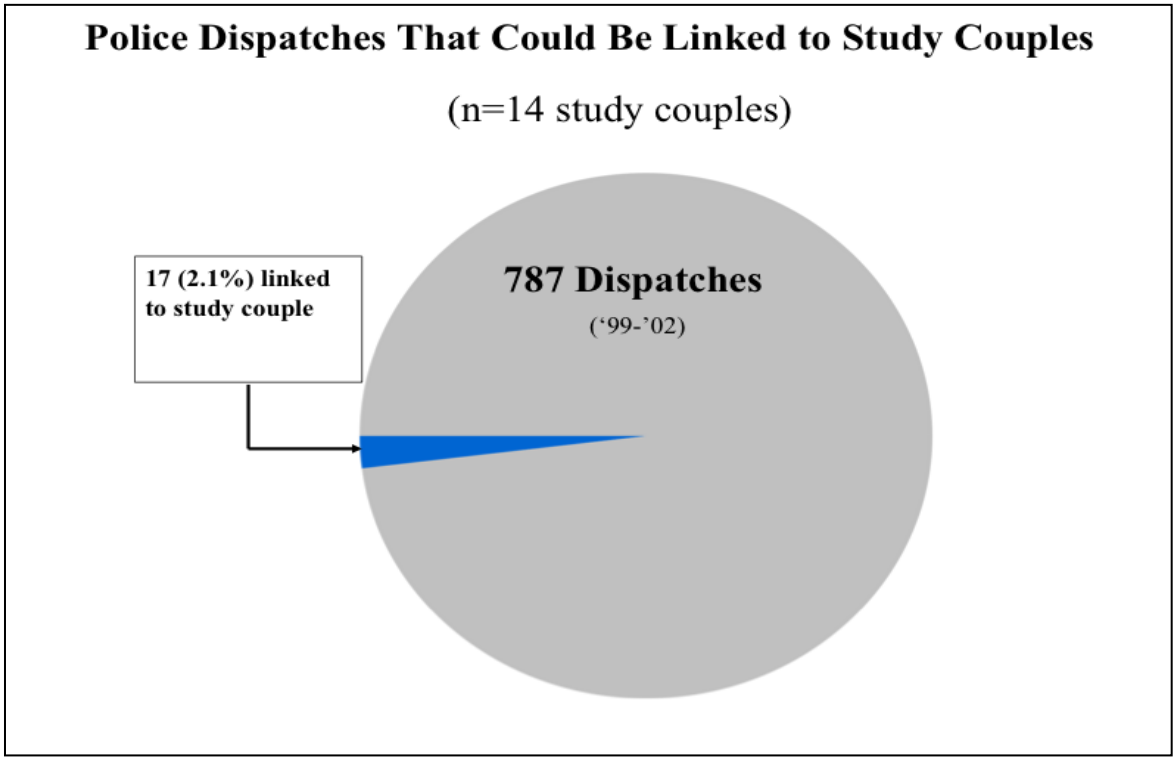

Figure 13: 911 Calls Compared to Incident Reports.

As noted, there are 12 police jurisdictions in the County; each of these individual police agencies required separate protocols for data access and abstraction. Data retrieval methods ranged from Freedom of Information Act requests to manual searching through administrative records to electronic downloads based upon system-specific identification numbers. The police abstraction protocol is attached as Appendix A. A summary is provided below.

Freedom of Information Act (FOIA): For nine of the twelve police jurisdictions our method of police event identification was through Freedom of Information Act (FOIA) requests. We submitted lists containing victim and defendant names and dates of birth. The agencies then provided all incident reports between 1999 and 2002 that met the eligibility criteria. Study research assistants then read

through each incident report and, if incident was confirmed to meet criteria, entered the following data into the police data set: Incident date and offense code using MICR coding scheme (Michigan Incident Crime Report codes). Due to one police agency's large catchment area, all 993 study couples were searched. For the other, much smaller agencies, incident search requests were only made for the couples whose index event occurred in that jurisdiction.

Manual Search: For two departments, all of the incidents occurring in their jurisdiction for the four-year study period for the entire 993 sample were identified through manual search and review of agency administrative records by team research assistants. Each victim and each defendant was searched by name and birthdate. All incidents falling within the study period were then reviewed for study eligibility. Incidents meeting inclusion criteria were entered into the database (incident date and offense code).

Electronic Download and Manual Search: Due to records' system issues, one agency's incidents had to be retrieved utilizing two different methods: Via electronic download and manual search. Electronic downloads were used to identify incidents occurring from the year 2000 through 2002 for those couples whose index event charging request was submitted by this agency. This was possible because the prosecutor's office had this agency's identification number for these couples, enabling electronic searches, and records from the year 2000 onward were stored in an electronically-accessible location. Manual search and retrieval was necessary for couples whose index event charging request was submitted by one of the other 11 police agencies and for all 1999 events. Manual searches of paper records entailed multiple steps: (1) Search alphabetical index card file for name identification numbers for victim and defendant, (2) Locate and review person file, for all those that have a name identification number, to identify all potential incident case numbers, (3) Locate and review incident file to determine if eligible, and (4) enter incident date and offense code into database if meets study inclusion criteria.

Although separate data collection procedures were followed for the various agencies, all of the police incident data were compiled into a single dataset (with incident date and offense code variables), containing all police incidents involving study couples over the four-year study period. If incidents with the same date had separate report numbers, they were assumed to be separate crimes on the same date and were seen as separate police incidents. If incident numbers with the same date and the same report number, they were assumed to be multiple counts of a single incident and were merged into one incident with a variable ("topcount") indicated the most serious charge. If a single incident evolved into separate charging requests, two police incidents were recorded to reflect the two separate charges. We matched the police data against the prosecutor data file to identify whether the police incident was (1) associated with the index prosecutor incident, (2) associated with another (non-index) prosecutor incident, or (3) not associated with a prosecutor incident.

C.2: Abstraction of Family Court Protection Order Data

The PPO office is located within 9th Judicial Circuit Court Family Division, which operates as an integrated court, assigning all court activities involving a family to the same judge. The court has one full-time staff member to coordinate PPO procedures. The PPO coordinator also participates in the community collaborative IPV team. Compared to other states, Michigan's PPO statute (MCL600.2950 and MCR 3.700) is more broadly written in that it specifies the minimum order duration rather than the maximum duration which is left to the discretion of the judge. Also, the statutory definition of violence includes "interference with freedom" and possession of a firearm, has comprehensive eligibility criteria which include both adolescent and adult dating partners, and has a catch-all provision which can be used for relief above and beyond the basic "stay-away" provision. However, Michigan's statute is more limited compared to other states in that it does not have a restitution provision, excludes PPOs against blood relations or in-laws unless they've lived together, and is one of only a few states without stipulations for child custody, child support or spousal support (ABA, 2009).

Data on PPOs were abstracted from the family court. Only PPO petitions that involved both members of the study couple (the victim and the defendant) were included in this abstraction. We accessed all family court records associated with each name (victim and defendant). Records appearing with the administrative code associated with protection order petitions and initiated between 1999 and 2002 were retrieved and reviewed to determine if the other party was the sample partner. Cases were included as a PPO event if both parties were involved, regardless who was the petitioner and who was respondent. Data abstracted and entered into the PPO database included: role of victim (respondent or petitioner), petition date, whether hearing requested or ex parte order, order date, length of order, termination date, termination status (whether natural termination or by motion), violation date(s) and violation filing method (police report or only victim show-cause motion). Some study couples were involved in multiple petitions. All petitions meeting eligibility criteria were included. The kappa values for *PPO case#, study victim role in PPO,* and *PPO petition date* are 1.0, .963, and 1.0, respectively.

C.3: Emergency Department Abstraction

ED visits were abstracted for all 993 study victims, but not for defendants. Data were collected from all eight EDs in the County area, two Level 1 Trauma Centers and six tertiary care EDs. The eight EDs are affiliated with one of two area hospital systems. Records were accessed at the central hospital for the two systems, each of which housed their own records as well as those for their affiliated sites.

We identified ED visits for our study victims through the hospital electronic databases in two phases. First, a search of the medical records was conducted by name (last name, first name) and then confirmed through date of birth or, in the few cases in which there was a missing date of birth in the prosecutor records, an address. Because our study population was female and thus subject to name changes with marital changes, a second phase of record matching was conducted within each medical records system for the unmatched cases. In the second phase, medical records were searched by date of birth, followed by first name. Often, records identified this way contained previous last name within

the text of a form, and we were able to confirm matching. If not, confirmation was through address matches. Questionable matches, those not meeting the above criteria, were considered unmatched and, thus, not considered ED users.

Once a victim was confirmed as an ED user, we abstracted information on all ED visits during the 1999 to 2002 study period to identify visits that were related to IPV or injury. To determine if a visit was IPV or injury related, we reviewed several types of records for each visit: intake and discharge forms, physician dictations, paramedic and nursing notes, injury body map forms, photographs, social work notes, and violent injury report forms. A visit was coded as IPV or injury-related if the Reason-for-Visit code(s) or the Discharge-Diagnosis code(s) indicated assault or injury or if anywhere in the records there was a notation that the patient was experiencing abuse by her intimate partner, even if that visit was not specifically for an injury.

Research assistants who reviewed the records received a 2-hour training session, supplemented by a training manual with instructions and examples, for review, abstraction, coding, and data entry of medical records. After initial training, assistants entered a probationary period for their first 100 charts, wherein the project manager reviewed 100% of their work. After this probationary period, all questionable codes were reviewed by the QA coordinator and discussed until consensus was achieved. The project director also reviewed coding questions. The kappa value was .881 for *IPV identified during the visit*.

Appendix D: Police Prosecutor Data Abstraction form

ID #: **Index:** ☐ **Yes** ☐ **No** **Date of Incident:** ___ ___/___ ___/___ ___ **Abstractor initials:** _____

Prior Violence / Other Dangers with this defendant & victim (Cumulative up to & including current incident)	
☐ Prior incidence of IPV ☐ Prior police contact re IPV ☐ Prior IPV arrest ☐ Prior IPV conviction	☐ Defendant has forced victim to have sex against her wishes ☐ Defendant uses stalking behavior (e.g., spying, leaving threatening messages, unwanted calls) ☐ Defendant tries to control victim's daily activities / money / resources / relationships
☐ Defendant has access to a gun (☐ Owns ☐ In house ☐ Unknown) ☐ Def has used, or threatened to use lethal weapon against victim (☐ Weapon was a gun)	☐ Defendant uses illegal drugs ☐ Defendant abuses alcohol ☐ Defendant is unemployed
☐ Defendant has threatened to kill victim ☐ Defendant has threatened to kill victim's children ☐ Increasing frequency and severity of violence ☐ Defendant violent towards children ☐ Defendant violent towards pets ☐ Defendant violent towards others ☐ Victim believes defendant is capable of hurting her ☐ Of hurting the child(ren)	☐ Victim has made prior attempts to leave Suicide attempt or threat (☐ Victim ☐ Defendant) Mental health issues (☐ Victim *specify:* _____ ☐ Def *specify:* _____)

Relationship (at time of assault)

Type ☐ Married ☐ Non-married

Status ☐ Current ☐ Former: Divorced ☐ Former: Separated ☐ Former: Ex-dating

Length _____ (*circle:* Years Months Weeks Days) ***Cohabitation*** ☐ Current ☐ Past ☐ Off & On ☐ Never

Incident		Defendant	Victim	*notes/specify*
Violence	Insult, swore, shout, yell (verbal)	☐	☐	
	Destroyed property	☐	☐	*what:*
	Threatened violence	☐	☐	
	Pushed, shoved slapped	☐	☐	
	Punched, kicked, beat-up	☐	☐	
	Choked / hands on neck	☐	☐	
	Forced/coerced sex, rape	☐	☐	
	Struck against something	☐	☐	
	Restraint (holding down, etc.)	☐	☐	
	Prevented communication/transport	☐	☐	
	Violence/threats towards others	☐	☐	*who:*
	Stalking	☐	☐	
	Other	☐	☐	*specify:*
Injury	No injury…specifically stated	☐	☐	
	Bruise/swelling	☐	☐	
	Scratches/marks	☐	☐	
	Cut/blood	☐	☐	
	Broken bone(s)	☐	☐	
	Burn	☐	☐	
	Pain	☐	☐	
	Other	☐	☐	*specify:*
	Medical care/treatment noted…includes intent	☐	☐	
	Victim currently pregnant		☐ Yes	
Substance Use	Alcohol	☐	☐	
	Other drug(s)	☐	☐	*specify:*

		Threatened	Used/brand.	*notes/specify*
Weapon	Gun	D☐ V☐	D☐ V☐	
	Knife	D☐ V☐	D☐ V☐	
	Car	D☐ V☐	D☐ V☐	
	Other	D☐ V☐	D☐ V☐	*specify:*

		Present	Involved	Injured	Interviewed	notes/specify (who, how, etc.)
Others	Other family (not kids)	☐	☐	☐	☐	______
	Neighbor(s) / Friend(s)	☐	☐	☐	☐	______
	Co-worker(s)	☐	☐	☐	☐	______
	Professional (e.g., Dr.)	☐	☐	☐	☐	

Children Children mentioned: #______ Ages: ____________________ *notes/specify*

☐ Victim has children: ☐ w/ def ☐ w/ someone else ☐ unknown ______

☐ CPS/FIA activity ______

☐ Present ☐ Witnessed ☐ Involved ☐ Injured ☐ Interviewed ______

Who Called/ Reported *check all that apply* ☐ Vic ☐ Def ☐ Child ☐ Other Family ☐ Neighbor/friend ☐ Doctor ☐ Other: ____________
☐ 911 hang-up ☐ Unknown

Fled/Evade Police ☐ Vic ☐ Def *Notes/specify:*______________________________

Nature/ Motive *check all that apply* ☐ Alcohol/Drugs ☐ Property (inc. car, phone) ☐ Work ☐ Financial ☐ Family ☐ Control ☐ Argument
☐ Sexual Jealousy ☐ Sex ☐ Children ☐ Separating/leaving ☐ Other: ____________

Contacts/Communication (Per Incident)

LEA	Pros	Date	Type of Contact: Mail	Phone	In-Person	Unclear	Initiated by…: Vic	Other	Unclear	Victim Participation/Wishes: Auth	Amb	Drop	Unclear	Outcome *See code sheet	Factors *See code sheet
☐	☐	__/__/__	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	__/__/__	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	__/__/__	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	__/__/__	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	__/__/__	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	__/__/__	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	__/__/__	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	__/__/__	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	__/__/__	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	__/__/__	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	__/__/__	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	__/__/__	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	__/__/__	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	__/__/__	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	__/__/__	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	__/__/__	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		

☐ PA office dropped/dismissed charges

Other legal involvement (Any documentation of prior or subsequent Criminal justice/court involvement in records)

Civil/Family Court: ☐ Not Mentioned ☐ "No" ☐ Yes (code below)
☐ PPO
☐ Custody/Div/Support
☐ Child Protection /CPS

Criminal Court: ☐ Not Mentioned ☐ "No" ☐ Yes (code below)

	Defendant	☐ Yes, Same Couple	Victim
DV:	☐ Yes, Unknown Vic		☐ Yes, Unknown Def
	☐ Yes, Different Vic		☐ Yes, Different Def
Non-DV:	☐ Yes (*specify offense below*)		☐ Yes (*specify offense below*)
	______		______
	______		______
	______		______

Referral to Victim Services (YWCA Domestic or Sexual Assault Program; including Victim Rights/Assistance card) as part of this incident: ☐ Yes ☐ Unknown/Not Mentioned

Documented use of Victim Services (YWCA Domestic or Sexual Assault Program): ☐ Yes ☐ No

Notes: ____
____

Appendix E: Criminal Court Data Abstraction Form

Case#__________ CRIMINAL COURT RECORDS ABSTRACTION FORM Page 1 of 2

1) What is the date of the incident (offense date)? DATE: ___________

2) Was Defendant arraigned? YES / NO DATE: ___________

3) Was Defendant released on a pretrial bond at arraignment? YES / NO DATE: ___________

If YES to #3, answer (a) & (b); *If NO, skip to #4.*

(a) Was the bond a PERSONAL RECOGNIZANCE BOND or a MONEY BOND? AMOUNT _______________

(b) Identify any bond conditions and violations below:

Bond Condition	Condition Imposed?	Condition Violated?	1st Viol Date	Warrant? Apprehended? Incarcerated?	2nd Viol Date	Warrant? Apprehended? Incarcerated?	3rd Viol Date	Warrant? Apprehended? Incarcerated?
	Y / N	Y / N		Warr / app / inc		Warr / app / inc		Warr / app / inc
	Y / N	Y / N		Warr / app / inc		Warr / app / inc		Warr / app / inc
	Y / N	Y / N		Warr / app / inc		Warr / app / inc		Warr / app / inc
	Y / N	Y / N		Warr / app / inc		Warr / app / inc		Warr / app / inc
	Y / N	Y / N		Warr / app / inc		Warr / app / inc		Warr / app / inc
	Y / N	Y / N		Warr / app / inc		Warr / app / inc		Warr / app / inc
	Y / N	Y / N		Warr / app / inc		Warr / app / inc		Warr / app / inc
	Y / N	Y / N		Warr / app / inc		Warr / app / inc		Warr / app / inc
	Y / N	Y / N		Warr / app / inc		Warr / app / inc		Warr / app / inc
	Y / N	Y / N		Warr / app / inc		Warr / app / inc		Warr / app / inc
Total # bond conditions			1st viol dt		2nd viol dt		3rd viol dt	

4) Was a pre-trial hearing scheduled? YES / NO DATE 1: DATE 2: 5) Was a pre-trial hearing held? YES / NO DATE: ___________

6) Was a status conference scheduled? YES / NO DATE 1: DATE 2: 7) Was a status conference held? YES / NO DATE: ___________

8) Did the case go to trial? YES / NO DATE: ___________

If YES to #8 ("Did the case go to trial?"), answer:

(a) Bench trial? YES / NO

(b) Disposition:
(A) NOT GUILTY
(B) GUILTY
(C) CASE DISMISSED JUDGE
(D) CASE DISMISSED PROSECUTION

(c) If CASE DISMISSED, why?
(A) LACK OF EVIDENCE
(B) LACK OF PROSECUTION
(C) DEFENDANT DIED
(D) DEFENDANT DEPORTED
(E) REASON UNSTATED
(F) OTHER, explain:

Case#__________ CRIMINAL COURT RECORDS ABSTRACTION FORM Page 2 of 2

9) If no trial occurred, was the reason a: (*circle all that apply*)

(A) GUILTY PLEA, DATE:_________
(B) DISMISSAL OF CHARGES BY JUDGE, DATE:_________
(C) DISMISSAL OF CHARGES BY PROSECUTION, DATE:_________
(D) OTHER

10) Sentencing DATE:_____________			12) Did the sentence include fines?	YES / NO	FINES: ___________
11) Did the sentence include jail?	YES / NO	TERM: ___________	13) Did the sentence include probation?	YES / NO	TERM: ___________

If YES to #13, identify the probation conditions and any violations below; *if NO, skip to #18.*

Probation Condition	Cond. imposed?	Cond. viol.?	1st viol. Date	What happened? (a) none (b) letter (c) warrant (d) hearing (e) other (ex)	2nd viol Date	What happened? (a) none (b) letter (c) warrant (d) hearing (e) other (ex)	3rd viol Date	What happened? (a) none (b) letter (c) warrant (d) hearing (e) other (ex)
	Y / N	Y / N		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)
	Y / N	Y / N		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)
	Y / N	Y / N		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)
	Y / N	Y / N		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)
	Y / N	Y / N		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)
	Y / N	Y / N		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)
	Y / N	Y / N		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)
	Y / N	Y / N		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)
	Y / N	Y / N		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)
	Y / N	Y / N		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)
	Y / N	Y / N		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)
	Y / N	Y / N		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)
	Y / N	Y / N		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)
	Y / N	Y / N		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)
	Y / N	Y / N		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)		(a) (b) (c) (d) (e)
Total # bond conditions			1st viol dt		2nd viol dt		3rd viol dt	

14) Defendant held in contempt of court for violations? FIRST CONTEMPT DATE: ______; SECOND DATE:_______; THIRD DATE: _______

15) Did Defendant complete probation? YES / NO DATE:______

16) Were charges dismissed against Defendant after an order of probation was entered? YES / NO DATE:______

17) Reason for dismissal of charges: (A) COMPLETION OF PROBATION (B) DEATH (C) OTHER, EXPLAIN_______________________.

18) Did Defendant pay fines or otherwise comply with the court's sentence (aside from probation violations) as directed?	1st viol. Date	What happened? (a) none (b) letter (c) warrant (d) hearing (e) other (ex)	2nd viol Date	What happened? (a) none (b) letter (c) warrant (d) hearing (e) other (ex)	3rd viol Date	What happened? (a) none (b) letter (c) warrant (d) hearing (e) other (ex)
Y / N						