

The Effects of a Police Second Response Program on Domestic Violence Survivors

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THESIS

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SUMMARY

Second response programs are a coordinated community response to domestic violence (DV). The goal is decreased DV by providing survivors with resources and increasing the monitoring of offenders. However, program effects on violence are mixed and the relationship between survivors' resource use and future violence has not been tested in this context. The broader DV literature connects resource use with lower risk of future violence, but some safety strategies predict increased violence. As part of this study, fifteen domestic violence survivors were interviewed after taking part in a second response program in Reykjavik, Iceland. I used thematic analysis to identify five different themes in the data: Intervention components, intervention impact, violence context, life context and recommendations. Intervention fidelity was a major issue in this study, as the follow-up component of the study was not always implemented as planned. Survivors were mostly satisfied with the intervention, except for the lack of follow-up. Survivors used a range of different resources and safety strategies to improve their safety. On the whole survivors believed that a second response program could be effective in improving their safety and well-being, as long as social services engaged in active and ongoing follow-up to secure survivors the resources that they need. This study shows that a second response program has the potential to improve the lives of survivors, but that this type of program needs more rigorous and quantitative evaluation in the future.

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Introduction

Domestic violence (DV) can be defined as a coercive pattern of physical, sexual and emotional violence from the hands of an intimate partner (Tjaden & Thoennes, 2000). The World Health Organization reports that DV is a serious threat to public health worldwide (World Health Organization, 2005). Population data from the United States suggest that at some point in their lives, 4.5% of women will experience intimate partner rape and 20.4% of women will be survivors of physical violence from an intimate partner. Not only is this violence disturbingly common, but also quite severe: Out of those who experienced physical violence, 45% feared that they or someone close to them would be killed. DV survivors are also likely to be injured, need medical attention, counseling and other health-related services as a result of the violence (Campbell, 2002; Golding, 1999; Tjaden & Thoennes, 2000). Furthermore, DV victimization is usually not an isolated event, but a process that unfolds over a period of time (Cattaneo & Goodman, 2005; Tjaden & Thoennes, 2000). Given these shocking statistics, intervening effectively is a social justice issue, as women's lives and happiness are endangered by violence. The resources and strategies that DV survivors use to escape violence are key in understanding how to better intervene and prevent future violence. This study is an exploration of police responses aimed at improving survivor safety and resources as well as how these interact to shape future risk of violence. I intend to examine one type of police intervention, a second response program, where households are visited for a second time by police officers and social workers following a police reported DV call. The goal is to examine whether such a program influences survivors' use of resources and safety strategies and shapes their perceived risk of future violence.

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Police interventions for DV

Given the seriousness of DV and its consequences, multiple types of interventions have been proposed to address this problem. The criminal justice approach to DV has been studied in detail. Before the 1970s and 1980s, the police and court system typically viewed DV as a private matter (Binder & Meeker, 1992). Survivors were frustrated because they felt that police officers minimized or ignored the violence (Zorza, 1992). However, thanks to the lobbying efforts of feminist and women's rights organizations, these attitudes shifted (Buzawa & Buzawa, 1996) and a number of different police interventions have been adopted. These aim to increase survivor safety through police action. For example, the Minneapolis Domestic Violence Experiment reported beneficial effects of arrest on future violence, both in official records and survivor accounts (Sherman & Berk, 1984). As a result of this, mandatory arrest policies were widely introduced in the United States (Mills, 1998). To confirm the results of the original study, the Spouse Assault Replication Program (SARP) examined the effects of arrest on recidivism in six jurisdictions from 1985 to 1991. However, the results of these studies were mixed (Pate & Hamilton, 1992; Dunford, Huizinga & Elliot, 1990). Additionally, survivor advocates have spoken against mandatory arrests because they may disempower the survivor and lead to dual arrests (McDermott & Garofalo, 2004).

Because of the mixed findings of arrest to prevent future DV, and limited effects of court mandated batterer treatment (Babcock, Green & Robie, 2004), intervention focus has shifted to a coordinated community response (CCR) to DV. This usually involves the collaboration of the police, social services, community partners and other agencies to improve survivor safety (Hart, 1995; Pence, 1983; Shepard & Pence, 1999). CCRs are connected with greater survivor satisfaction than the traditional police response (Lane, Greenspan & Weisburd, 2004) and are

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connected with greater likelihood of formal sanctions for the offender (Bledsoe, Sar & Barbee, 2006; Corcoran & Allen, 2005; Salazar, Emshoff, Baker & Crowley, 2007). However, the impact of CCRs on recidivism is unclear (Davis, Maxwell & Taylor, 2006; Garner & Maxwell, 2008; Hovell, Seid & Liles, 2006; Muftic & Bouffard, 2007).

One example of CCRs is Domestic Violence Police Units, which are specialized groups within police departments to respond to DV. Their goals include identifying those in the community who are at risk for DV, preventing future violence, connecting survivors to community resources and using community focused policing (Bledsoe et al., 2006; Exum, 2014; Pence & Shepard, 1999). Effects on recidivism have been mixed (Farrell & Buckley, 1999; Whetstone, 2001) but one randomized controlled trial found lower recidivism among offenders processed through an DV unit when compared to a standard police response. The authors suggest that this pattern could be explained by improved investigation practices, better survivor assistance, procedural justice effects or incapacitation effects (Exum, Hartman, Friday & Lord, 2014).

Another CCR example is the Multi Agency Risk Assessment Conference (MARAC) approach, popular in the United Kingdom (Steel, Blakeborough & Nicholas, 2011). Police, DV agencies and other key players in the community meet regularly to discuss high risk DV cases. Participants share information, coordinate efforts and try to engage the survivor in the process of living free from violence (Plunkett & Trainer, 2014). Evaluation of these programs has not been rigorous, but the MARAC model has the potential to improve survivor safety (Steel et al., 2011). Coordinated efforts between the police and other social services agencies therefore seem to offer the potential for increased survivor safety.

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Second response programs

Second response interventions are one type of collaborative police innovation. A key ingredient of these programs is following up with households after a police call. For example, a household may be visited within a few days (Stover, Berkman, Desai & Marans, 2010) or up to two weeks later (Davis et al., 2006). Some programs may not visit a second time, but call additional support to the scene, often followed up by later contacts (Hovell et al., 2006; Greenspan et al., 2005). Households are visited by specially trained police officers (McCormick, 2012), advocates, social workers (Davis, Weisburd & Hamilton, 2010; Hovell et al., 2006; Greenspan et al., 2005) or both (Davis et al., 2006; Stover et al., 2010). Survivor-aimed activities include crisis management, emergency treatment, giving referrals to DV services (Davis et al., 2006; Davis et al., 2010; Hovell et al., 2006; Greenspan et al., 2005) and providing information on legal options (McCormick, 2012). When needed, referrals and services are provided for children in the household (Greenspan et al., 2005). Perpetrator-aimed activities are collecting evidence (McCormick, 2012), cautioning the perpetrator of the negative consequences of continued violence (Davis et al., 2006) and arresting offenders who have violated protection orders (McCormick, 2012).

Returning to the household (or keeping in touch) is done for two reasons. First, DV is likely to reoccur and second, because directly following a violent incident, survivors may be more willing to make the changes needed to escape violence (Strang & Sherman, 1996). Returning to the home might therefore prevent recurring violence in that moment and may also be an opportune moment for providing survivors with resources to leave abusive relationships. However, harmful effects, such as angering the abuser and provoking more violence as a result

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must also be kept in mind. The three main types of outcomes reported in studies of second response programs are recidivism, survivor satisfaction and survivor resource use.

Recidivism

Most studies of second response programs focus on reducing recidivism, typically operationalized as the number of repeat police calls or charges filed within a certain time period (Stover et al., 2010). If the intervention has successfully broken the cycle of violence, the intervention group should have a lower proportion of repeat calls than the standard response. Many of these studies are quasi-experimental where some police calls are assigned to the intervention, but others get a standard police response. Overall, the results of these studies have been mixed, and interpreting them complicated. For example, one study did not find the intervention group more likely to call the police again in the follow-up period (Casey et al., 2007). However, other studies found a greater proportion of repeat calls for the intervention group (Davis et al., 2006; Davis & Taylor, 1997; Hovell et al., 2006), but only to report a non-physical dispute (Stover et al., 2010). In fact, survivors in the intervention group were 1.7 times more likely to call the police again in the following year and less time passed from the initial incident to a repeat one for the intervention group (Hovell et al., 2006). Even if survivors call the police more often, it is unclear whether that is because violence has increased or whether survivors now feel more comfortable calling the police (Davis et al., 2006; Hovell et al., 2006; Stover et al., 2010). The effects of second response programs on recidivism as measured with official records therefore remains unclear.

When violence is measured with survivor reports, effects are again mixed, with one study reporting less violence six months later (Greenspan et al., 2005), but others finding no such effect (Davis et al., 2006; Davis & Taylor, 1997). A review of ten second response programs

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found that interventions increased the odds of reporting a later incident to the police. However, when survivor reports of violence were examined following such an intervention, there was no difference in the rate of revictimization. The authors therefore concluded that the intervention did not reduce future violence, but could increase survivor confidence in the police, making survivors more prepared to call the police (Davis, Weisburd & Taylor, 2008).

One possible reason for these mixed effects is that only certain survivors may participate in the studies. For example, survivors who agreed to take part in one study of second response programs had experienced less severe violence and were less likely to live with the offender than those who refused to participate (Stover et al., 2010). When coupled with a low response rate, information collected from survivors may not be representative of the group as a whole (Stover et al., 2010). Other studies have faced issues such as small samples, potentially making detecting effects more difficult (Hovell et al., 2006; Greenspan et al., 2005).

Despite the limited rigor of most published studies on second responder programs, one randomized controlled trial has been published on the topic. Davis and colleagues (2010) randomly assigned police calls to receive a second response within 24 hours, within a week, or to get no second response at all. When measured with repeat police calls, there was no difference between the two intervention groups and the control group (28% combined for intervention groups, 24% for control). When survivors were asked about revictimization, there were no significant group differences, but there was a trend for more violence in the experimental group. Because of the rigorous design of this study, the authors concluded that there is a lack of evidence that second response programs are effective at preventing future violence (Davis et al., 2010). Taken as a whole, second responder programs may increase survivors' willingness to call the police but it is unclear whether they are helpful in preventing further violence

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Survivor satisfaction

A handful of studies report on survivor satisfaction with police and the intervention. Overall, survivors are very satisfied with the police (Davis et al., 2010; Greenspan et al., 2005; Stover et al., 2010). In fact, when police officers were joined by a social worker at the scene, survivors were not only more satisfied with the processing of their case, but also more satisfied with the police in general (Greenspan et al., 2005). Survivor satisfaction may therefore contribute to calling the police again in the future, but its relationship to decreased violence is unclear.

Survivor resources

Even though most second response programs are hypothesized to work at least partially through providing survivors with resources, relatively few studies measure this. One study found increased use of services and increased satisfaction with resources among the intervention group. The same study also found decreased survivor-reported violence six months later, suggesting that resources may have helped survivors become free from the violence (Greenspan et al., 2005). Others have found that intervention effects on resources depend on the type of service. For example, the intervention group only used more court-based services than the comparison group. However, the intervention was connected with greater resource use for survivors' children, such as mental health treatment and individual therapy (Stover et al., 2010). Given that these are the only studies to report both on violence and resources, this question should be explored in more detail.

Research on resources and DV survivors

The intervention studies previously discussed focus on future violence. However, because the second response programs involve visiting a household after a police call, often with specially trained police officers or social workers, there is an assumption that violence can be

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impacted not just by traditional police involvement, but by providing the survivor with resources. Few studies report on survivor resources and satisfaction and do not examine whether there is a relationship between resource use and later violence, or the process by which this could take place. There is, however, a broader literature of resource and strategy use among DV survivors that can inform this discussion, and upon which, the assumptions of second response programs are likely built. In this section, I will outline the research on resources and safety strategies used by DV survivors and how those are related to survivor safety.

Resources can be conceptualized as capacities of the survivor and social group (Ford-Gilboe et al., 2009). Different authors have conceptualized resources in similar but slightly different ways. For example, Goodman, Dutton, Vankos & Weinfurt (2005) have divided resources up into tangible resources (such as employment, income and housing), emotional resources (e.g. quality of life) and interpersonal resources (social support) (Goodman et al., 2005). Other researchers have proposed similar distinctions, such as women's personal, economic and social resources (Ford-Gilboe et al., 2009). For the purposes of this investigation, the terms tangible, personal and social resources will be used. The term tangible resources includes economic resources, but can also include other practical survivor needs. Similarly, personal resources is a more encompassing term than emotional resources, because survivors are affected by other factors than just their emotions. Finally, social resources is preferred over interpersonal resources because formal support can involve the interaction between a survivor and entire support systems (like the criminal justice system), not only between individuals.

Tangible resources. Most of this research has focused on financial resources. Tangible resources are important to survivors for two reasons. First of all, DV survivors may lack tangible resources, because of other stressors in their lives (such as poverty), and because abusers

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commonly try to isolate survivors and increase their dependence (Davies, Lyon & Monti-Catania, 1998; Moe & Bell, 2004; Swanberg, Logan & Macke, 2005; Tolman & Rosen, 2001). Second, tangible resources may play a role in helping survivors escape violence. For example, leaving a relationship is associated with various types of expenses, such as legal fees as well as transportation and housing costs (Varcoe & Irwin, 2004; Wuest, Ford-Gilboe, Merritt-Gray & Berman, 2003). Financial independence from the abuser can play a large role in whether survivors will leave violent relationships (Werner-Wilson, Zimmerman & Whalen, 2000).

Tangible resources predict future risk of violence; reabuse is more common among survivors with greater financial strain and instability (Fox, Benson, DeMaris & Wyk, 2002). A review of risk factors for reabuse found a negative relationship between socio-economic status (SES) and reabuse (Cattaneo & Goodman, 2005). Additionally, longitudinal studies of survivors leaving a DV shelter have shown that women with fewer financial resources are more likely to have been revictimized in a two year follow up period when compared to those with more resources (Bybee & Sullivan, 2002; Sullivan, 1991, 1997; Sullivan, Tan, Basta & Davidson, 1995). Therefore, tangible resources may play a role in survivor' future safety.

Personal resources. Less work exists on survivors' personal resources and they are less distinct as one category. Personal resources are factors within survivors that affect how they cope with violence or escape it. For example, spirituality has been posited as an important resource for coping with violence (Hage, 2006; O'Connell Higgins, 1994). Previous history of abuse can also make survivors less resilient to the effects of violence (Breslau, Davis & Andreski, 1995; Hoff, 1990; Messman-Moore, Long & Siegfried, 2000; Mitchell & Hodson, 1986). Quality of life can also be seen as an emotional resource, making women more autonomous and increasing their opportunities, lowering risk of revictimization (Bybee & Sullivan, 2002). Resource use is also

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connected with personal factors, such as coping skills, greater self-efficacy and lower risk of future violence (Bennett, Riger, Schewe, Howard & Wasco, 2004; Bybee & Sullivan, 2005; Goodman et al., 2005; Taft, Resick, Panuzio, Vogt & Mechannic, 2007). Personal resources may therefore be connected with future violence, with some of these factors being amenable to change (such as quality of life) while impacting others is difficult (spirituality) or even impossible (history of abuse).

Social resources. Social resources can be distinguished into formal support (e.g. police, advocates, doctors, counselors) and informal support (e.g. friends, family and others) (Belknap, Melton, Denney, Fleury-Steiner & Sullivan, 2009). Social support may be especially important as abusers may try to isolate survivors (Dutton & Goodman, 2005; Walker, Logan, Jordan & Campbell, 2004; Wuest et al., 2003). This strategy appears successful because DV survivors report lower perceived social support than others (Barnett, Martinez & Keyson, 1996; Carlson, McNutt, Choi & Rose, 2002).

Social resources can be positive or negative. For example, when survivors tell members of their informal support network about their DV experience, most of those will provide some type of emotional or tangible help (Coker et al., 2002; Bosch & Bergen 2006; El-Bassel, Gilbert, Rajah, Folleno & Frye, 2001; Rose, Campbell & Kub, 2001). This is not necessarily the case, as informal network members may blame the survivor for the violence or minimize its severity (Lempert, 1997). The informal network may also pressure the survivor to stay in the relationship for religious or traditional reasons (Riddell, Ford-Gilboe & Leipert, 2009).

Survivors may also disclose the DV to formal support networks (although less commonly than to informal networks) (Belknap et al., 2009). Among a sample of survivors who had an DV court case, the formal members most commonly disclosed to were police and prosecutors,

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followed by advocates. When asked about satisfaction with support, survivors were least satisfied with the police, prosecutors and legal advisers (Belknap et al., 2009). This is consistent with previous work, where survivors report low perceived support from the police (Belknap, 1995). Perceived formal support is also connected with survivors' help seeking efforts. For example, survivors who have had negative experiences with the police are less likely to call the police again (Fleury, Sullivan, Bybee & Davidson, 1998). Formal support therefore influences survivors' help seeking, which may be connected to future violence.

Social support is connected to lower risk of future violence. For example, women with low social support after leaving a shelter are at greater risk for revictimization two years later (Bybee & Sullivan, 2002). Also, perceived formal support predicts risk of reabuse (Bybee & Sullivan, 2002; Tan, Basta, Sullivan & Davidson, 1995). Women with stronger informal support networks are less likely to have experienced violence at one year follow-up (Goodman et al., 2005). Social support predicts decreased revictimization on its own (Dichter & Gelles, 2012), but it can also help women get other resources to escape violence (Bosch & Schumm, 2004; Bybee & Sullivan, 2002; Goodkind, Gillum, Bybee & Sullivan, 2002; Sullivan & Bybee, 1999) and help survivors safely leave relationships (Hage, 2006; Zlotnick, Johnson & Kohn, 2006). However, the protective effects of social support on future abuse may only exist for less severe violence (Sullivan & Bybee, 1999). Social support can therefore powerfully shape women's later exposure to violence, but severity of violence may moderate this relationship.

Different categories of resource use are not likely to be mutually exclusive. For example, when a survivor stays at a friend's house when leaving an abusive relationship, that is an example of informal social support (the friend) providing tangible resources (temporary housing). Rather, it is possible that these resource categories continuously interact and shape

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each other. For example, survivors who have more financial resources have reported more social support (Mitchell & Hodson, 1983) and these have both been connected to having greater access to resources in general (Bosch & Schumm, 2004). Nevertheless, discussing different resource types separately can be helpful because interventions aimed to change them can vary. For example, an intervention aimed to increase financial security is likely to be different from one emphasizing survivor informal support. Overall, it therefore seems that survivor resource use shapes perceived future safety.

Safety Strategies

Strategies are the actions that survivors use to stop, prevent or escape violence (Goodman, Dutton, Weinfurt & Cook, 2003). Strategies can be divided into private and public strategies. Private strategies involve interactions between the survivor and the abuser. Public strategies, on the other hand, are strategies such as calling the police or safety planning. Previous literature suggests that most survivors will initially try private strategies to stop violence, but will move on to public strategies if the private ones fail (Lempert, 1997; Mills, 1998).

Private strategies. Private strategies take place between the survivor and the abuser and can be divided into placating and resistance strategies. Placating strategies involve survivors trying to stop the violence without challenging control of the partner, such as avoiding the partner. Resistance strategies are aimed at challenging control of the partner and possibly the balance of power in the relationship, such as refusing to do what the partner says (Goodman et al., 2003). Survivors are more likely to use private than public strategies, but also report that private strategies are less effective in preventing future violence (Goodman et al., 2003, 2005; Riddell et al., 2009). Survivors may use placating strategies to buy time to be able to leave the abuser later, to avoid upsetting children in the household or because survivors fear for their lives.

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Resistance strategies are used to stop the violence, though survivors may fear escalating abuse as a result. Most survivors find resisting ineffective because the abuser could easily overpower them (Riddell et al., 2009).

Public strategies. Public strategies are mobilizing formal and informal networks and using legal strategies (such as police and the court system) as well as safety planning (Goodman et al., 2003). These were used by approximately half of a sample of rural DV survivors. Safety planning was the most helpful strategy, because it made tangible resources available, but it also gave survivors a sense of control over their future (potentially increasing their personal resources as well). Formal and informal strategies were moderately helpful in keeping women safe. However, their helpfulness was powerfully shaped by the rural context because survivors felt that the community was unwilling to discuss the abuse or help the survivor break free of the relationship. Overall, survivors did not perceive legal strategies to be helpful because they perceived that the police did not want to intervene (Riddell et al., 2009).

Strategy use is connected with severity of violence. For example, resistance strategies are more common in cases of more severe abuse (Riddell et al., 2009), but resisting also puts survivors at increased risk for later violence (Goodman et al., 2005). Also, severity of abuse is connected with greater use of safety planning strategies. Overall, perceived helpfulness of strategies decreases as severity of violence increases. Survivors may therefore have greatest control of their situation when the violence is less severe. This may also be reflected in the fact that diversity of strategies also increases as severity of violence increases (Bowker, 1983; Goodman et al., 2003), suggesting that survivors with more serious violence are willing to try a range of different behaviors to stop it.

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One study has examined how survivors' resources and strategies influence risk of revictimization over a one year period. Interestingly enough, resources had a protective effect against future abuse (but only for less severe violence), but strategies (placating, resisting and informal) were connected with greater violence risk. The authors of the study were surprised by strategies predicting greater risk of violence, though this may have been shaped by them only asking about some types of strategies. Strategies that put survivors at greatest risk were fighting back physically, sleeping separately, refusing to obey abuser and using or threatening to use a weapon. Other resistance strategies that create distance, such as leaving the home, were connected to revictimization. The more confrontational resistance strategies therefore seem to put women at risk for future violence (Goodman et al., 2005). Resources and strategies are therefore connected with later violence, in unique ways.

Relationship between resources and strategies

Broadly speaking, resources can be seen as survivors' capacities and strategies are how survivors use those resources to stop violence. These two are companion concepts that need to be understood as closely related and continuously intersecting. Not only are they related to each other, but one can imagine a constant feedback loop taking place between them. For example, changes in resources may open up more available strategies, and using a strategy that proves to be ineffective or dangerous will likely change perception of resources in the future, which then may influence future help seeking.

Even though the concepts are connected, they are distinct. Resources and their availability can be influenced with an outside intervention (to a certain degree). However, strategies have to be undertaken by the survivor. Of course, as resource availability changes, that may influence what strategies survivors use. In fact, interventions that are aimed at improving the

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resources of survivors assume that increased resources will lead to a change in the behavior of survivors that will increase their safety. Additionally, resources and strategies may differentially predict later risk of violence (Goodman, 2005). Understanding these concepts as distinct but closely related is important because it informs interventions to help survivors.

The influence of the abuser

This review of resources, strategies and survivor safety has not mentioned the biggest influence on all of these: The abusive partner. As mentioned before, abusers may intentionally limit available resources to keep survivors in the relationship. Survivor strategies are also shaped by the abuser. For example, physical resistance can have dangerous consequences if the offender is strong and the violence is already severe. Future violence is also connected to non-violent behavior from the abuser. For example, jealousy, suspiciousness and restricting survivor freedom are risk factors for revictimization (Cattaneo & Goodman, 2005; Sonis & Langer, 2008).

Ending the violent relationship is seen by many as the most effective way of escaping violence. However, this assumption is not necessarily true (Cavanagh, 2003). For example, risk of violence can increase after a relationship ends (Fleury, Sullivan & Bybee, 2000) and severity of violence can escalate following a separation (Anderson & Saunders, 2003). However, other research has found a lower rate of revictimization for survivors no longer romantically involved with the abuser (Sonis & Langer, 2008). One strategy that survivors perceive as effective in reducing future risk is to put distance between themselves and the abuser. This may or may not involve ending the romantic relationship, but survivors who are able to physically distance themselves from the abuser feel safer (Dichter & Gelles, 2012).

A grounded theory exploration of the process of leaving a violent relationship described a core process of survivors reclaiming their sense of self, divided into stages: Counteracting abuse,

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fortifying defenses, breaking free and not going back (Merritt-Gray & Wuest, 1995). When these results were compared to survivors whose partners had been violent, but stopped, the biggest difference was how the partner reacted when survivors tried to counteract abuse. Partners who paid attention, listened and were willing to give up control in the relationships maintained non-violent relationships over time. However, when partners reacted with escalating threats and violence, that contributed to future violence and eventual dissolution of the relationship (Wuest & Merritt-Gray, 2008). The influence of the abuser therefore cannot be overstated. At the same time, resources and strategies of the survivor can powerfully shape later safety.

Theoretical framework

This study of DV survivors is informed by Feminist and Community Psychology frameworks. Feminism is a broad social movement that aims to promote equality between women, men and marginalized groups in general. For example, feminists may focus on women's experiences or address social conditions that disproportionately affect some groups (Riger, forthcoming). Community Psychology started in the United States in the 1960s as a reaction to traditional Psychology, and emphasized the importance of context in explaining behavior, as well as promoting social justice and diversity. Community Psychology and Feminism therefore share many core values, with Feminism adding a distinct gender lens (Riger, forthcoming).

Traditional Psychology explains DV with a focus on the pathology of perpetrators and survivors. For example, violence against women could be explained with personality disorders, attachment disorders or the childhood environment of the batterer. In the same way, the traditional Psychological viewpoint pathologizes survivors who do not leave a violent relationship (Healey, 1999). Violence against women is therefore constructed as a psychological issue that should be addressed with therapy, both for perpetrators and survivors. Feminists and

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Community Psychologists are critical of this perspective because it can blame survivors and focuses only on individuals and their behavior (Healey, 1999).

The Feminist and Community Psychology perspectives both emphasize the influence of contextual and the social variables on violence and how interventions are necessary at that level. Examining women's help seeking efforts and experience with future violence in the context of the resources available to them can help us understand the lives and choices of survivors. In addition to a broad ecological approach, this project is informed by normative resource theory, which states that people who have more resources are able to exert more power and control over their partners (Crosbie-Burnett & Giles-Sims, 1991). According to this theory, dependent survivors have fewer resources, which leads to greater risk of revictimization. The abuser therefore is not at risk of losing their partner or being victimized themselves (Riger & Krieglstein, 2000). Future safety is therefore powerfully shaped by the resources available to survivors, showing the importance of context. At the same time, survivors are strong and powerful agents in their lives, which is reflected in the role that survivors' strategies have on safety (Goodman et al., 2005).

Liang, Goodman, Tummala-Narra & Weintraub (2005) have posited a framework that emphasizes that help seeking is influenced by individual, familial, economic and cultural factors. The initial process therefore involves defining DV as a problem, deciding to seek help and selecting a source of support. The second response program is a slightly different view on this process, as the intervention could be seen as a trigger towards help seeking, rather than survivors coming to that realization themselves. It is also possible that survivors have already tried some types of help seeking before, but the purpose of this process is to try and start a more active process of help seeking among this group of survivors. Furthermore, selecting a source of

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support can be seen as a constant process, informed by the survivor's resources and strategies as well as how these are connected to future violence. This study therefore takes Liang's framework one step further, attempting to document in detail how survivors' help seeking efforts are constantly shaped by resources, strategies and their influence on violence.

Current study

Previous work shows that survivors' resources play an important role in their safety. However, knowledge of survivors' use of strategies and how these relate to resources and future safety is limited. Second response programs are designed to impact future violence, at least partially through providing the survivor with resources. Despite this, no studies have so far examined how resources and strategies shape survivor safety as part of a second response program. Disentangling intervention effects through resources and strategies may be especially necessary for these programs because their effects on future violence have been so mixed. The study therefore fills a gap in the literature on the effectiveness of such interventions, hopefully illuminating a potential pathway of how second responder programs work. Even if the intervention is not connected with future violence, understanding in detail how the intervention impacted survivors' resources and strategies contributes to our understanding of how to improve such programs in the future. Additionally, the context of second responder programs is unique because traditionally survivors do not feel supported by the police. However, satisfaction following second responder programs seems to be high, suggesting that this type of intervention could be an effective way to improve survivor perceptions of the police.

Previous work has outlined the importance of resources and strategies, but not how these interact. Understanding this process and how it shapes risk of future violence can be valuable in helping us understand how to intervene most effectively to help survivors. Additionally,

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understanding how different types of strategies shape future risk of violence, and why survivors commonly use placating and resistance strategies although they do not report them to be effective, would be interesting. Because resources, strategies and violence are likely to be interconnected and constantly interacting, a qualitative approach may be helpful, to fully unpack their relationships.

Finally, understanding how the presence of children influences resources and strategies is important because previous research has shown that survivors may be more willing to seek services for their children than themselves, and survivor behavior may be shaped by what they perceive to be best for their children.

Research questions:

1. What are important components to survivors' accounts of the second response intervention?
2. What resources do survivors use following a second response intervention?
3. What safety strategies do survivors use following a second response intervention?
4. How is current safety influenced by the intervention, resources and strategies?
5. Are survivors satisfied with the police and social worker?
6. Does satisfaction with police influence other resources, strategies and perceived risk of violence?
7. Do survivors think this type of intervention is effective in preventing future violence?
8. Do survivors think the abuser's control over the survivor has changed as a result of the intervention?
9. What role does the presence of children in the household play in survivor's resources, strategies and future violence?

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Method

Intervention context

On January 12th 2015, the Reykjavik Metropolitan Police and The City of Reykjavik started a DV second response program. As part of this program, staff from police or social services go on a follow-up home visit a week after a DV police call. A similar program was implemented in 2013 in a small Icelandic town (with about 15 thousand inhabitants). That program was not officially evaluated but local stakeholders felt that survivors benefited from more thorough processing of cases by the police and a closer connection with social services. The Reykjavik program was originally planned to run for one year but was renewed in January 2016. The program extension was partly due to a broader evaluation project, where data were collected from police officers, social workers and administrators in addition to survivor interviews (Sigurvinsdottir, Hjalmarsdottir & Palsdottir, 2015). This study, however, will focus only on the DV survivor interviews.

Reykjavik is the capital city of Iceland with around 120,000 inhabitants in 2014. Research on DV prevalence in Iceland is limited, but one study from 1997 suggests that 15.3% of Icelandic women experience physical violence from a current or former partner during their lifetime (Ministry of Justice, 1997). This is similar to statistics from the United States, where 20.4% of women experience physical DV in their lifetime (Tjaden & Thoennes, 2000). The Icelandic response to DV parallels other countries, where survivors are served by the police, health care providers, social services and grassroots community organizations.

Compared to the rest of the world, Iceland ranks highly in gender equality. For example, the World Economic Forum publishes a yearly 'Gender Gap' based on educational, economic, political and health-related factors. A smaller Gender Gap means that men and women in that country have similar levels of opportunity. In 2015, Iceland had the smallest Gender Gap in the

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world (and the United States was ranked #28) (World Economic Forum, 2015). The fact that DV is similarly prevalent in Iceland to other countries that have less gender equality has been seen by the Icelandic authorities as confirmation that freedom from violence also needs to be included as part of a more egalitarian Iceland. This is one of the driving forces behind the adoption of the second response program in Reykjavik, in the hope that it helps women live free from violence.

However, some factors make the Icelandic context unique. First of all, the population of the country is tiny ($N = 323,000$), one third of which currently lives in Reykjavik. The police and other service providers therefore do not see the volume of DV cases that are common in larger cities throughout the world. This can be both a weakness and a strength, as less specialized formal resources are available to survivors. On the other hand, service providers have fewer clients to serve and may be able to devote more time and energy to each. In fact, police data show that when the second response program was implemented, the number of DV cases doubled, from 300 cases in 2014 to 617 cases in 2015. The local authorities have not attributed these numbers to an increase in DV in Reykjavik, but to increased public awareness and improved police data collection (Sigurvinsdottir et al., 2015).

Intervention components

The second response program has three components: 1) Police officers process DV cases more thoroughly at the scene than they did before. For example, the police has greater authority to arrest perpetrators, which had been rare. In addition, a detective is called to the scene of DV cases to lead investigation and follow-up. The detective interviews both survivor and perpetrator (and audio records the interviews) and collects other evidence (such as photographs of the scene and injuries).

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2) A social worker is called to the scene when children live in the home (in addition to a staff member from child protective services). If no children live in the home, survivors decide whether a social worker is called. The social worker offers resources and support to both the survivor and perpetrator.

3) Follow up call and visit. The detective and social worker should call the survivor the next day and visit the home unannounced visit following week. The visit is considered the more important part of the second response program, although staying in contact by phone is also useful.

The larger project also involves other initiatives (such as a media outreach program) which do not directly relate to the second response program and therefore will not be discussed here in detail unless specifically mentioned by survivors.

My role and assumptions

Researchers bring their own values to any project. These values can be broad, such as choice of topic, or more specific, like selecting methods. Researcher values may be even more important in qualitative research, as the approach is somewhat open-ended and the researcher typically has close interactions with participants. Additionally, analysis does not involve reading a statistical output, but extracting ideas from the text and what they mean. Researchers therefore need to be reflexive and recognize that their world view and values influence the research (Bailey, 2012).

As reviewed in the Theoretical framework section, my Feminist and Community Psychology viewpoint posits that resources are an important part of survivor safety. I also believe that a qualitative approach is valuable to study the live of DV survivors in context. A qualitative methodology can help explain how survivors perceive resources and strategy use as

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impacting their safety. Resources are likely to be shaped by outside forces, but the survivors' perception is most likely to contribute to the safety strategies they use. In addition, I think that DV is a societal problem that needs to be addressed with a broad community response, both to directly prevent violence, but also to send the message that DV will not be tolerated. Finally, I want to recognize that because of the nature of qualitative research, it is possible that I have paid more attention to data that confirms my ideas than refutes them, though of course I have made an effort to prevent this as much as possible.

Procedure

Participants were part of the second response program in 2015 and were interviewed between July 2015 and January 2016. To be included in the study, participants had to be at least 18 years old and speak either Icelandic or English. For all of the participants, a social worker came to the scene, so either children lived in the home or the survivor agreed to have a social worker come to the scene. This is important to keep in mind, because households with children are likely to be overrepresented as well as survivors who are willing to discuss DV with a social worker. Certain survivors may also be missing from the sample, for example if they have other life problems, like addiction.

To recruit participants into the study, the head social worker took a random sample of cases from the social services database and sent to individual social workers to call to tell them about the study and ask whether I could contact them. The social workers then sent me names and contact information to me for those that had agreed. In total, 24 survivors told social workers they wanted to participate and out of those, 15 were interviewed. The other nine survivors who had initially said they wanted to participate but were not interviewed either could not be reached by phone or did not show up to a scheduled interview.

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All the interviews took place at an office at the University of Iceland. The interview could be conducted in either Icelandic or English and all participants chose the former. Participants were paid 5000 ISK (around \$40) for taking part in the study. The semi-structured interview guide for this study can be found in Appendix 2. The guide was based on previous research on survivor resource use, safety strategies and perceived risk of future violence. The guide contained several open questions on these topics, with probes to ensure that I got the information I needed while still allowing participants to speak freely. Semi-structured interview protocols are useful when researchers want to follow up on important points in interviews. Also, semi-structured interviews allow the interview to be shaped by the response of the participant. For example, the original interview guide contained many questions about the follow-up visit, which were skipped when that visit had not taken place.

The UIC IRB approved this study on May 10th 2015. Shortly afterwards the project was awarded a Community Mini-Grant from the Society for Community Research and Action (SCRA), which allowed me to pay participants for interviews (around \$40 for each participant). I also used this grant to pay for data analysis software and a recording device. Because of this, I amended the IRB to include the grant funding.

The interviews were audio recorded and then transcribed and analyzed by me. The audio files and transcribed word documents were stored on a password protected laptop. The program Atlas TI Qualitative Software was used to analyze the data. At the end of each interview, I wrote a memo about my reactions. These were sometimes reactions to the participants themselves and their stories and sometimes my thoughts about how their information fit into my research questions and framework. Identifying these was important and useful during the data analysis process. I have also written memos throughout the transcription and analysis phase of my

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thoughts and connections. Each memo was carefully dated and labeled so it is easy to create an audit trail of ideas throughout the project. In order to check my codes and ideas, I also tested reliability (see Analysis).

Participants

Table 1 shows the demographic information of participants, the type of violence they experienced, whether there were children in the home and in the cases of DV, whether the survivor and perpetrator were still in a relationship. As the table shows, participants ranged from 18 to 61 years old ($M = 36.73$, $SD = 13.41$). I interviewed three men and twelve women, all were recruited through social workers. After taking a random sample of survivors from the City of Reykjavik social services database, social workers called survivors and asked whether they were interested in participating in this study. If survivors said yes, social workers passed their contact information to me and I called them to schedule an interview. The average length from the police DV call to the interview was 4.13 months (range 2-5 months). When the police had been called multiple times during the intervention period, the first call was used as a reference point. In twelve cases the violence experienced was between intimate partners, in two cases an adult son against a parent and in one case a parent against a child. All of the participants had experienced psychological violence and twelve out of fifteen had experienced some kind of physical violence. Four survivors specifically mentioned experiencing some kind of financial violence. Only one survivor brought up sexual violence, but this question was not specifically asked in the interview, so it is possible that this number underestimates sexual violence. Two-thirds of those interviewed had experienced some property damage and two survivors had been stalked by their partners. Children were living in all the homes except for two. Out of the twelve intimate partner relationships, one-half were still romantically involved with the perpetrator.

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Table 1

Demographic information of the sample and experience with violence

No.	Gender	Age	Months since call	Relationship	Physical	Psychological	Financial	Sexual	Property	Stalking	Children	Together
1	F	21	4	Spouse	Yes	Yes	No	No	Yes	No	No	No
2	M	35	4	Spouse	Yes	Yes	No	No	No	No	Yes	Yes
3	M	48	4	Child to parent	Yes	Yes	No	No	Yes	No	Yes	N/A
4	F	24	5	Spouse	Yes	Yes	Yes	No	Yes	Yes	Yes	No
5	F	40	5	Spouse	No	Yes	No	No	Yes	Yes	Yes	No
6	F	23	5	Spouse	Yes	Yes	No	No	No	No	Yes	No
7	F	60	4	Spouse	Yes	Yes	Yes	No	Yes	No	Yes	Yes
8	F	36	5	Spouse	Yes	Yes	No	No	No	No	Yes	Yes
9	F	26	3	Spouse	No	Yes	No	No	Yes	No	Yes	Yes
10	F	18	3	Parent to child	Yes	Yes	Yes	No	No	No	Yes	N/A
11	M	39	4	Spouse	Yes	Yes	No	No	No	No	Yes	Yes
12	F	49	5	Spouse	Yes	Yes	No	No	No	No	Yes	Yes
13	F	39	2	Spouse	Yes	Yes	Yes	Yes	No	No	Yes	No
14	F	32	4	Spouse	No	Yes	No	No	Yes	No	Yes	No
15	F	61	5	Child to parent	Yes	Yes	No	No	Yes	No	No	N/A

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Analysis

The purpose of using qualitative data in this study is to capture rich descriptions of survivors' experiences with resources, strategies and future violence. To this end, I combined thematic analysis with several coding approaches. The biggest benefit to using thematic analysis is because it lays out a very clear process of organizing the data into themes and checking it against the data. Themes are systematically identified because they emerge multiple times throughout the data set, because they are salient to participants or because they are closely connected with the research question (Riger & Sigurvinsdottir, 2015). The coding scheme can be found in Appendix 1.

The analysis process has six steps:

Phase 1: Familiarizing yourself with the data. This involved both conducting and transcribing the interviews myself as well as checking the transcripts for accuracy. I wrote detailed notes and memos throughout this process of my personal reactions to the data and as the study progressed, emergent themes and how the research questions fit with the data.

Phase 2: Generating initial codes. This involves the first identification of codes, I used three different types of coding because the data collected were extremely rich. Survivors talked about their experiences with violence, their background, the impact of the intervention, interactions with the police, the role of culture and gender in their experiences and more. The richness of the data also resulted in double coding of some passages, where complex meaning can serve multiple functions at once.

First, I used attribute coding, a common first step among qualitative researchers to identify basic information about the data set (Saldana, 2013). For this study, I noted the following about each participant: Age, gender, time from intervention to interview, the

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relationship between survivor and perpetrator (and whether romantic partners were still involved), whether children lived in the home and the type of violence reported by participants.

The second type of coding was evaluation coding, a specific type of coding used to estimate programs, both in terms of content and impact (Saldana, 2013). This approach was useful to evaluate the second response program to determine whether the program content was carried out as planned (both at the scene and during follow-up). Evaluation codes also captured other important elements, such as satisfaction with the program as well as recommendations for program improvement.

The third coding method was provisional coding, which is a combination of inductive and deductive approaches appropriate for qualitative studies that build on previous research. Provisional coding fits for this study, as the purpose was to examine the process by which second response programs work, which have only been studied with quantitative methods. Provisional coding involves searching the dataset for important concepts (in this case, resources and strategies developed from the literature review). However, the researcher should also remain open to other codes that may emerge from the dataset (Saldana, 2013). Provisional coding was useful for this study because it allowed for the identification of key concepts of interests, while still remaining flexible and allowing codes to develop freely. For example, resources for addiction were not part of the original codes, but were salient in survivors' accounts and therefore were added to the list of codes. Provisional codes therefore served the purpose of documenting the impact of the intervention and the process of how resources can impact safety. I reviewed the transcripts and recoded them multiple times to identify the original codes as well as emergent codes when needed.

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Phase 3: Searching for themes. Once the data was fully coded, I developed themes using pattern coding, a method of grouping material into larger and more parsimonious units (Saldana, 2013). This was a long and iterative process of examining each code, what different codes had in common and what quotations were included in each code. Because this project has an evaluation focus, I decided to prioritize traditional evaluation concepts by putting them (for the most part) in the first two themes. The first theme was intervention components, which is often called process evaluation. The codes included in this theme were what the police and social services did at the scene of the police call and during follow-up. The second theme was intervention impact, also a traditional concept from evaluation research. In an effort to identify the role that the intervention had played, all intervention impact codes refer to the police call or what happened afterwards. The subthemes within intervention impact were a combination of evaluation codes (program satisfaction) and provisional coding (resources, safety strategies and perceived safety). However, in addition to these evaluation focused codes, participants also gave a lot of other information about their experiences with violence before the second response program. The third theme was therefore violence context, which includes history of violence, relationship context, previous involvement with the police and social services as well as the impact of violence. The fourth theme is life context, which contains factors that can influence the survivor before, during and after the second response program. The most important of these is the DV perpetrator, which is an important contextual factor that contributes to future safety. Finally, the fifth theme is recommendations, which was a separate evaluation code for participants. The evaluation codes can therefore be found in the first, second and fifth themes. The remaining codes are provisional codes, the intervention impact theme was based on previous

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research, while most of the codes in the themes violence context and life context emerged from the data.

Phase 4: Reviewing potential themes. Once the themes and codes were identified, I checked inter-rater reliability. The original data were collected and analyzed in Icelandic. To check for reliability, I translated a sample of the data into English and the transcripts were back translated into Icelandic by a bilingual doctoral student with a background in Psychology. I then reviewed the translated transcript and corrected errors (there were no errors in meaning and less than ten errors in individual words). Then, a Community Psychology doctoral student who is experienced in qualitative research coded a sample of the data. This sample was randomly selected from the dataset (5% of the total dataset, 26 pages). A random number generator was used to identify transcript numbers, and then within that transcript, the random number generator was again used to identify exactly which 5 pages from that transcript should be used. I used this approach to ensure that a number of different interviews were coded, and I believed that five pages was enough to give the coder enough context to code accurately. The coded transcripts were entered into Atlas TI and the reliability coefficient (Kappa) was identified using an online program (Coding Analysis Toolkit; <http://cat.texifter.com>). The reliability was 0.68, which previous researchers have identified as either good (Cicchetti, 1994) or substantial (Landis & Koch, 1977).

Phase 5: Defining and naming themes. I defined and named each theme and how it relates to other themes once I was satisfied that themes were both accurate and distinctive. As previously mentioned, the themes for this project were intervention components, intervention impact, violence context, life context and recommendations.

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Phase 6: Producing the report. I have written up my report of the themes and research questions into a narrative summary for this dissertation (Riger & Sigurvinsdottir, 2015).

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Results

The purpose of this study is to examine police second response programs from the viewpoint of survivors. I started this research with nine research questions about second response programs and their impact and present the results here in two parts. The first part answers the first research question: What are important components to survivors' accounts of the second response intervention? The strategy to answer this question was to take a holistic view of the dataset and survivors' experiences with second response programs. Using both deductive and inductive coding approaches, I will explain the five themes that emerged in survivors' accounts of the second response program itself, its impact and other contextual factors. The second part of the results section attempts to answer the other eight questions, that are more specific about resources, strategies and safety. Note that in some cases there is overlap between the first question and some of the later ones. The purpose of presenting two separate parts is to show the whole picture of what survivors talked about and at the same time focusing on the key research questions and findings for this project.

Part 1: Thematic analysis of second response program

Survivors' experiences with the second response program contains five themes: Intervention components, intervention impact, violence context, life context and recommendations. Figure 1 shows a representation of the themes and codes in this study. The theme intervention components contains actions of the police and social workers both at the police call and during subsequent follow-up. This theme can be seen at the center of the figure marked as Second response intervention, containing three subcodes. The next theme, intervention impact aims to map the influence that the intervention on the survivor in terms of

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four subthemes: Satisfaction with police and social services, resource use, safety strategies and current safety. These are represented in the figure as flowing from the second response intervention to satisfaction, resources and strategies, that are then connected to safety. The third theme, violence context, gives valuable information about survivors' situations and the following aspects: Previous involvement with police and social services, violence history, relationship context and violence impact. These can be seen in the left hand side of the figure. Some of the subthemes of intervention impact and violence context are very similar, but violence context takes place before the original police call and intervention impact takes place either during or after the intervention. The fourth theme is life context, which contains factors that can influence all other stages, such as the perpetrator and violence norms. These are therefore represented in the figure as encompassing the three themes already presented. The final theme is recommendations made by survivors based on their experience with the intervention. In this section, I will describe each theme in detail and how it relates to other themes.

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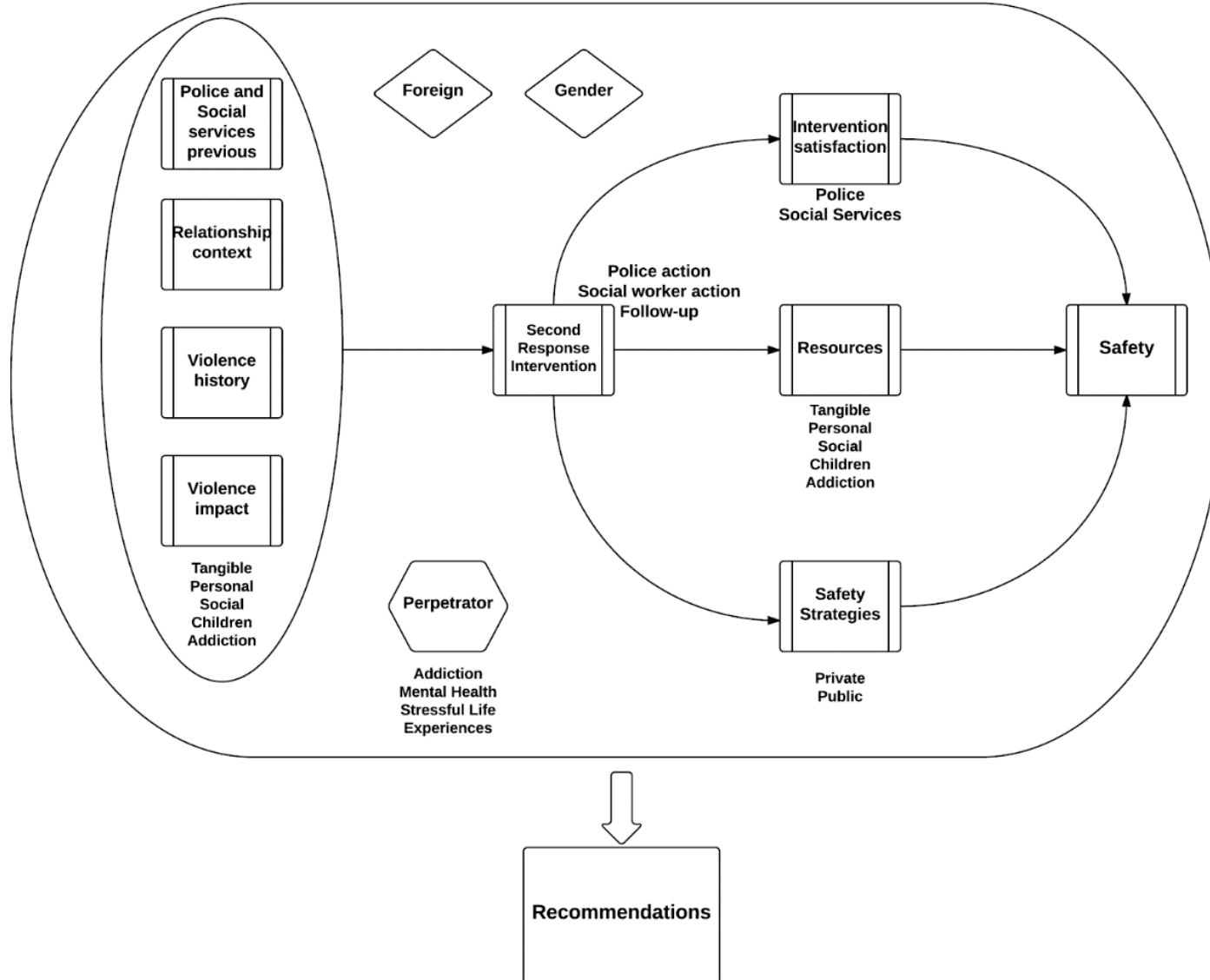


Figure 1. *Thematic analysis of the second response program*

Theme 1: Intervention components

Intervention components describe how the intervention took place and whether it was carried out as planned (intervention fidelity). This theme contains three sub themes: Police actions, social worker actions and follow up. As part of this second response program, police and social services were supposed to do the following: Improve processing at the scene by the police, call a social worker to the scene and go on a follow up visit about a week later. Understanding intervention components is important because they demonstrate intervention fidelity and what effects can reasonably be expected from the intervention.

Police actions. This first sub theme contains everything that the police did at the scene of the original police call and all subsequent calls (other than during follow-up). Police actions includes both uniformed officers who are first responders as well as the detective called to the scene to interview the survivor and perpetrator and collect other evidence. Three survivors had more than one call during the intervention period (a maximum of three calls). Police calls took place at the survivors' homes (sometimes shared with perpetrator), except for one survivor who sought help at the police station.

Police actions were partly focused on perpetrators. Most commonly, perpetrators were arrested at the scene although some were allowed to remain at the scene if they were non-threatening. Police also intervened in other ways, for example by taking one perpetrator to a psychiatric ward. Detectives interviewed the survivor and perpetrator separately (with two exceptions), which survivors appreciated. During the interview, police officers talked to perpetrators and explained the situation. For example, one detective threatened the perpetrator with an order of protection if there is any more violence. Police officers also offered resources, such as a batterer intervention program, or the calling of a translator to the scene. One survivor

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especially liked that the police seemed skilled in determining when the perpetrator was lying. Police actions focused on perpetrators were therefore arresting them, talking to them, explaining available resources and other things, such as calling translators.

Other police actions focused on the survivor. Police offered emotional support and tried to calm survivors (with limited success, according to one survivor). Detectives also discussed legal resources, such as pressing assault charges or getting an order of protection. Police officers also offered survivors help, such as calling a social worker or getting medical care (which happened for three survivors). One survivor said that in her case, no available resources were discussed by the police. Police officers also discussed the perpetrator and his mental health with the survivor when needed. Police officers collected evidence with interviews and photographs (of injuries and the scene). One survivor refused an audio-recorded interview with the detective because he feared that information would later be used against him or the perpetrator, which angered the detective. When children were in the home, police officers tried to help them, by chatting to them, calming them down and keeping them company. Most survivors were told that they would get follow-up.

During the interview for this study, some survivors found it hard to describe what had happened at the scene of the police call. First of all, because an average of four months passed from the police call to the study interview, some survivors struggled to recall exactly what had happened. Second, two survivors had memory problems because they were intoxicated during the police call. Third, several survivors said that shock hindered their memory of the event. For example, one survivor described the memory as foggy and unclear, and that the circumstances as a whole felt ‘unreal’: *“I remember standing in the kitchen looking over and I said to them: ‘This isn’t happening,’ you know?... ‘This kind of stuff doesn’t happen here.’”* Some survivors also felt

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overwhelmed at the scene because so many people were present (police officers, social worker and child protective services). Therefore, some survivors made it clear that their recollection of police actions may not be perfect.

Overall, police actions were focused on both the survivor and perpetrator. Perpetrators were arrested, interviewed and told about batterer intervention programs. Survivors got information about legal options and other resources. However, survivors did struggle with accurately remembering the police call because of the passage of time, shock or intoxication. On the whole, the police seem more engaged with both survivors and perpetrators than they were previously.

Social worker actions. This second subtheme includes what social workers did at the original police call and all subsequent calls. Because participants for this study were recruited through social workers, I lack insight into cases where a social worker was not called to the scene, but should have been. However, determining exactly how social workers behaved at the scene and during follow-up is important to see what role they play and how they can be helpful to survivors. Social workers interviewed the survivor, took notes and audio recorded the interview in collaboration with the detective. During the interview, survivors described both the current incident as well as the history of violence. Some social workers were highly involved in the interview and in general at the scene, but others did little and followed the detective's lead. Twelve survivors talked to a social worker in their home, two talked at the local hospital and one survivor talked to a social worker at the police station.

Social workers provided support and resources at the scene. For example, they listened to survivors, showed concern and understanding, provided emotional support and tried to calm the survivor. Social workers also offered practical help, such as connecting to other social workers

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and telling survivors about available resources, such as going to a Women's shelter or seeing a psychologist. Social workers also told most of the survivors that they would be contacted again for follow-up. However, one survivor was not offered any further assistance or resources by the social worker or the police.

One survivor described that the social worker actually did little at the scene because she seemed to be in shock herself, as the perpetrator had barricaded himself in the survivor's apartment along with all the knives in the household. In addition, as mentioned before, survivors in some cases had problems reporting exactly what had happened at the scene because of the time that had passed, because they were in shock or because they were intoxicated.

In summary, social workers talked to survivors, collected information, provided emotional support and offered resources. Social workers also told most survivors that there would be active follow-up. Compared to the police, social workers seem to have taken an emotional support and resource providing role, which survivors describe as necessary. However, determining exactly what took place at the scene can be complicated because survivors in some cases had a hard time remembering events in detail. Social workers called to the scene therefore mostly seem to be performing the tasks that were asked of them, some of which are quite labor intensive, such as long interviews with a survivor.

Follow-up. The third subtheme was follow-up. The intervention plan specifies that a detective and social worker should make an unannounced visit a week later to each household. This component is a new aspect of police intervention in DV cases and the key part of the second response program. Also, police officers and social workers mentioned follow-up to several survivors. However, only two survivors out of fifteen received a follow-up visit. This

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intervention program therefore has issues with intervention fidelity, as not all of the intervention was carried out as planned.

The first survivor who got a follow-up visit got both a phone call and visit. The visit was delayed according to the intervention plan as it took place three to four weeks after the police call, not one week later. A detective and social worker came to the home and stopped for about 30 to 40 minutes. The survivor and perpetrator were interviewed together about the violence and available resources, such as seeing a doctor or psychologist. Neither one accepted assistance, saying that they preferred working through this together, but that they would seek outside help if they could not stop the violence on their own. The survivor liked the visit because the perpetrator seemed more open to discussing matters than at the scene, which the survivor attributed to the perpetrator getting time to think things over and discuss them with the survivor. This household had seen no violence since the police call. This survivor was therefore satisfied with the follow-up visit and found it to be helpful.

The other survivor who got a follow-up visit had three recent police calls, the last of which was a brutal assault. A detective and social worker came to the house and had a casual chat with the survivor about her safety and well-being, which she liked. They were polite and nice and she did not feel like the visit invaded her privacy too much. However, the survivor did wonder whether they were also checking up on her behavior by showing up unannounced. This household has seen no physical violence between the third police call and the visit, although the perpetrator has shown some controlling behavior. Therefore, the two survivors that did get a follow-up visit were satisfied with them.

Almost half of participants (seven) did not receive a follow-up visit but were contacted by either the police and social worker over the phone. The detective called five survivors, either

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the next day or a few days after the police call. In one case, the detective called the survivor to let her know that the perpetrator was being released from custody. For everyone else, the phone call was to check on the well-being of the survivor. Survivors who received phone calls from the police liked them and appreciated that the police showed an interest in their well-being. However, one survivor stated that the police said they could prosecute the case without the survivor if they wanted to, which the survivor perceived as negative and unnecessary.

Three survivors got a follow-up phone call by a social worker. One survivor said that social services want to provide resources and support, but the process is slow. Another survivor who got a follow-up phone call agreed with this, saying that follow-up and scheduling of appointments took too long (two months). The last survivor called by a social worker could not pick up the phone because she was at work. When she tried calling back she just got the front desk for the whole City of Reykjavik and did not know who had been calling, so they could not help her. The social worker did not leave a message or call back so the survivor was unable to contact her, which the survivor disliked because she needs assistance.

Several survivors said that even though they appreciated a phone call from the police, they really needed follow-up from social services. Survivors and their children need services and do not know how to access them (some perpetrators may also want resources). In fact, one survivor said that being offered resources at the scene without follow up: *“kind of killed the trust I had in these people. Even though they are really nice people and everything but just that they haven’t been doing their job like they are supposed to.”* When the survivor tried to reach out, the social worker was ill and was supposed to call back, but never did. The survivor feels angry about this, especially since her son needs professional help. One survivor remarked on the importance of providing ongoing services but that is lacking: *“I am realizing now that I am not*

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coming from a healthy situation...In terms of being able to work or having energy and just my spirit, somehow. I am maybe at around 60%. So that, so the support system that takes over, in my experience, is nothing.” Several survivors also mentioned that cases involving children should be given special attention.

Four survivors said they wanted follow-up and did not get any. For example, one wanted help from a mental health professional because she felt like she was going crazy, as well as guidance on how to manage contact with the perpetrator. Another survivor said that a visit or a call would have been helpful in showing the perpetrator that the authorities are taking the situation seriously and would take legal action (such as pressing charges or getting an order of protection) if any more violence occurred. One survivor described being disappointed that no one reached out to her and she ended up getting in touch with social services herself. However, if the follow-up had taken place as planned, she would have gotten help faster. One survivor did remark that she would have liked a follow-up visit, as long as the police wore plain clothes, so the neighbors could not see what was going on.

Two survivors said that they would not have minded follow-up, one said that a phone call would have been helpful, but that a visit would have been too much of an intrusion. Finally, only one survivor would not have liked any kind of follow-up. This was because she had a serious drinking problem and would not have wanted the authorities to witness that, because she has small children. In general, however, the survivors said that such a visit could be beneficial to survivors, who are often isolated.

In summary, the follow-up visit that was a key part of the second response intervention program took place in only two of fifteen cases. The purpose of the visit was to provide survivors with resources and support, as well as demonstrate to perpetrators that they are being monitored.

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The survivors who got visits were satisfied with them and were told about available resources, even though they did not use them. One of the survivors mentioned one additional benefit of visiting later, that the perpetrator had been given time to think and was more ready to discuss options and accept help than at the original police call. Even though a follow up visit did not take place for most survivors, about half of them got a subsequent phone call from either the police or social services. These calls were more often from the detective a few days after the police call and centered around asking survivors about how they were doing, rather than directly discussing resources or some practical aspects that could help survivors. Calling the survivor in this way can therefore more be seen as a way of providing emotional support and increasing survivor satisfaction. Even though this is important and worthwhile, it lacks the specific focus of providing survivors with resources, which survivors think should have come more from the social worker. Some survivors specifically discuss needing services for themselves or children, so some kind of follow up from the social worker was needed. In some cases, survivors have reached out to social services themselves because they have lost faith that this process will help them. The last group of survivors got no follow-up at all. All of these (except one) described that follow-up would have been very useful and provided them with much needed help. One survivor would not have wanted a follow-up because of her own addiction issues which she did not want social services to know about. However, it could be argued that the survivor's two children could have benefited from a visit or a phone call to assess the living situations in home. Therefore, the follow-up was not carried out as intended, which survivors felt disappointed about and feel that it could have helped them.

When examining the intervention component theme as a whole, this second response project had a clear problem with intervention fidelity. Operations at the scene, both from police

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officers and social workers, seem to be working well. For example, police officers engage both the perpetrator and survivor and call social workers to the scene. Social workers provide emotional support and discuss available resources for the survivor and children in the home. These actions meet the goals of the intervention. However, the second response component of the intervention, the follow-up, was not carried out as planned. This intervention fidelity issue makes it difficult to evaluate the impact of the second response program, as few survivors got what they were supposed to. On the other hand, the benefit of this situation is that some survivors got the whole intervention (follow-up visit) and others got nothing, with most being in between (phone call). These survivors can therefore be compared in terms of their resources, safety strategies and impact on safety. Even though follow-up was lacking, all survivors except one said that they would have appreciated it. Given that the intervention is supposed to impact survivor safety through resources, the lack of resources offered to survivors by social services is quite problematic. The intervention may therefore not have the intended impact on safety.

Theme 2: Evaluation impact

The second theme is intervention impact, the main focus of this study. This theme is divided into four parts: Satisfaction, resources, safety strategies and current safety. Determining the impact of the second response program on these and how they interact is a key component of understanding survivors' accounts. Satisfaction can be divided into satisfaction with police and social workers.

Police satisfaction. Previous studies of second response programs have focused almost exclusively on this element. Documenting what survivors thought about the police and social services is important as it may shape their view of the intervention as a whole and whether it

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helps survivors. First I will explain the positive comments that survivors made about the police, followed by negative observations.

Police satisfaction. Most survivors mentioned that police officers were nice, polite, joked around and had a positive attitude. Police also tried to provide emotional support at the scene, though not always successfully: *“They’re really nice, you know, always trying to say something funny to try to, you know, lighten the mood but it doesn’t work but they’re still trying, you know? And it is kind of them to try it.”* One survivor said that police provided less emotional support at the scene than the social worker, but that this was understandable because they also had other duties, such as dealing with the perpetrator. One survivor who has had repeated interactions with the police throughout the years explained most police officers are nice, even though some are rude jerks. Another survivor also said that police officers interacted well with her and her children.

Positive reactions from the police could be salient to survivors. For example, one survivor said she got a very positive reaction from one female officer in uniform who had been called three times to her home. When the police officer saw the survivor’s injuries during the third call, the officer got angry and called back-up to track the perpetrator down. This made the survivor feel safe and like the officer understood her. Therefore, even though negative experiences can be memorable, positive support can be as well.

Survivors did not think that the police doubted their story and the police usually wanted to press charges. Police also responded quickly and communicated clearly with both perpetrator and survivor. Survivors were also grateful for how the police treated the perpetrator. For example, several survivors mentioned that some of the police officers were able to accurately assess the situation and see through the perpetrator’s lies. One survivor also appreciated that the

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police made it clear to the perpetrator that there would be serious consequences if violence continued. Police officers were also helpful in practical matters, such as helping survivors collect their belongings to go stay with relatives if they wanted to. Two survivors were intoxicated at the time of the police call and one of them thought the police treated her well and took her seriously, while the other thought the police doubted her story and the severity of the violence. Survivors who got follow-up from the police were mostly satisfied with those interactions because they showed that the police cared about their safety and well-being. For example, one survivor liked that the detective called when the perpetrator was released from custody, which made the survivor feel safer. Two survivors also mentioned that they felt a very clear change in the current police response compared to their previous interactions with the police: *“The response was very clear, which made me feel like something would be done...and I also now felt like everything was going to be okay.”*

Police dissatisfaction. However, survivors were not always satisfied with the police. Survivors who had multiple interactions with the police (before or during the intervention period) said that the demeanor of individual officers varies widely. For example, some officers struggle to comprehend the situation and who is the survivor, which was the case for one survivor who was handcuffed in her home because the perpetrator called the police. Another survivor had gotten two police calls during the intervention period. The first detective had been wonderful but the second detective was annoyed and talked to the survivor like she was an idiot. If this incident had been this survivor’s only interaction with the police, she definitely would not have called for help again. Calling the police is hard enough to begin with, but being treated so badly made everything worse.

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Some survivors only had one interaction with the police and got a negative impression, for example, when a detective called a survivor codependent and tried to get the survivor to allow the perpetrator to come back to the home. Another detective became angry with a survivor for not agreeing to be interviewed at the scene. One survivor also described that because she was intoxicated at the scene, it felt like the police officers believed her less and almost implied that she had deserved what had happened to her.

In some cases, police officers did not react negatively to survivors, but focused only on facts of the case, not how the survivor was feeling: *“They had no idea how to talk to me, they couldn’t somehow say the right things to help me calm down...I wanted someone to hug me or something but they were just like you know: ‘What happened?’, you know, really trying to stay away from it, not being emotional...it did not feel comfortable, they are really lacking in psychological techniques somehow for this kind of situation”* This same survivor remarked that it seemed at the scene like the police were better trained in how to deal with the perpetrator than the survivor. In addition to not providing enough emotional support, the police in some cases gave the impression that they did not trust survivors. For example, one survivor felt uncomfortable that the detective stood over her the whole time at the scene without saying anything.

Two survivors were disappointed with how the police handled orders of protection. For example, one survivor said that one of the detectives had asked for an order of protection, but prosecutors did not find the situation to be serious enough. However, shortly after, the perpetrator brutally attacked the survivor. *“I remember I said to the cop, first when the cops came and he [perpetrator] had threatened to beat me up. I just said: ‘I wished he had beaten me up really bad so we could do something about this.’ ...you know, there was a reason why I called*

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the police when he was threatening to beat me up, you know? Look what happened, some two weeks later, he beat me up.” This brutal attack could therefore possibly have been prevented.

Another survivor had a similar story, where the detective said she could get an order of protection but the prosecutors did not agree. Even though this survivor had countless threats in text messages and a witness to the most recent incident of violence, the prosecutors felt that the threats were too general for an order. The rejection of an order of protection made the survivor very upset and hopeless about the future: *“I think it’s ridiculous. And I think it’s a terrible thing that someone can just take away your sense of safety in your home and that if he is smart enough, then he is allowed to do it.”* The survivor was disappointed and felt that the police were saying that her situation was not dangerous enough for them to help her.

Several survivors agreed that getting so many people in their home was overwhelming. They did not realize that by calling the police there would be several police officers, a social worker and a person from child protective services and that these people would stay there, sometimes for several hours. One survivor said that perhaps some of these people could leave when there was no immediate danger. Finally, one survivor found it tiring to have to tell the whole story every time the police were called (this survivor had three police calls during the study period).

One participant in the study is actually hesitant to label herself as a survivor. The police have been called to her home twice during the intervention period because she and her husband had broken household items during a fight. The reason she and her husband fight is because they have two children with special needs and significant financial struggles. At the scene, most of the police officers were calm and polite, but they were cold and had she felt like they had already made up their mind about what kind of person she was going into the situation. The officers were

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also trying to get her to say that things were much worse than they actually were. She told them that the violence was mutual and not serious in any way, but they kept making it like it should be something bigger. She thinks getting the police to the home makes the neighbors assume that they are abusing each other or the children, which is not the case. She feels like police involvement has actually been detrimental to the situation and made her more anxious.

The police also struggled to interact with people from other countries. For example, one survivor said that officers can be rude, for example if someone at the scene does not speak Icelandic well enough (which the case with her mother, the perpetrator). In cases where someone at the scene does not speak Icelandic, the police are supposed to conduct the interview through a translator. However, in one case the police called a translator for the wrong language, which delayed the interview and annoyed the survivor because the perpetrator spoke good English. The survivor therefore thought the interview could have gone ahead in English without any issues.

Overall, some of the criticism towards the police seems to be focused on them not providing emotional support and being more task-oriented and establishing facts. However, there are a few instances where police officers have been incredibly rude to survivors, which is of course unacceptable. When the positive and negative police experiences are viewed together, survivors describe a mostly positive attitude from officers, with clear exceptions that remain salient to survivors. Even though calling a social worker to the scene may be helpful to provide emotional support, some survivors felt like the number of people at the scene made the whole affair overwhelming. Finally, survivors had clear complaints about how the police (and prosecutors) handled cases, for example in terms of how difficult it is to get an order of protection.

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Social worker satisfaction.

Determining how satisfied survivors were with the social workers is important to understand what role they play at the scene and whether they meet the survivors' needs.

Social worker satisfaction. At the scene, survivors described that they were satisfied with social workers, who provided better emotional support than the police: *“the one from social services I think, she was just, you know, I felt she kind of talked to me like I was just like a person. Just understood everything and it was very simple.”* One survivor even said that the social worker stopped the interview and helped the survivor if the detective was getting too mean. Social workers also listened to survivors, were calm, polite, nice, showed understanding, support, empathy, gave hugs and asked what had happened. Survivors did not feel judged by social workers. Social workers seemed eager to help survivors and sometimes talked to them for a long time. Beyond just emotional support, social workers also discussed available help and resources for survivors to change their situation. One survivor remarked that the social worker was the best person to talk to out of everyone.

Some survivors were satisfied with social worker follow-up. For example, one survivor got a school stipend from social services so she can live on her own. Another survivor liked that she had been given the means to see a psychologist by the social worker (even though the psychologist cancelled their second appointment and never contacted the survivor again, which was a disappointment). Survivors also expressed the importance of follow-up and providing of resources immediately and automatically by social services. For example, one survivor has considered going to social services before but has hesitated before because she does not want others to think she cannot take care of herself. However, if everyone gets this kind of assistance, survivors do not need to swallow their pride to come talk to social services.

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Social worker dissatisfaction. None of the survivors were dissatisfied with social workers at the scene, but some expressed negative feelings about follow-up. For example, one survivor said it took two months to get an interview with a social worker, which was too long. Another survivor said that getting resources from social workers had been difficult and disappointing: *“I’ve been with a social worker and it’s really a joke...I’m not asking for the City to support me but these are special circumstances and I feel ready to, to both you know get myself out of it and I feel that with being as independent as I am, I am realizing right about now, I am not coming from healthy circumstances....So the support system that takes over, in my experience, is nothing.”* Several survivors also mentioned that social workers either did not follow-up, or if survivors reached out themselves, social workers said they would call them later and then never did. This lack of responsiveness has made survivors angry and disappointed, because they got such a good experience with the social worker at the scene. Finally, one survivor said that at the scene she was offered to go to trauma counseling that she initially turned down, but later changed her mind. The social worker said too much time had passed for her to get trauma counseling, which the survivor did not understand: *“Okay, so does that mean I’m not traumatized anymore?”* In summary, survivors were satisfied with emotional support given by social workers, but lack of follow-up and resources were a disappointment.

Overall, in terms of satisfaction, most survivors mention at least some positive aspects when dealing with the police. For example, some police officers are polite, nice and make jokes. However, a few of the survivors had very bad interactions with police officers where they sometimes felt talked down to, that officers were angry with them or blamed them for the violence. Some survivors also expressed dissatisfaction with the police being cold and more task oriented, which does not meet the emotional and support needs of survivors. Social workers do

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step into that role at the scene and seem to be able to do that pretty well. Most of the participants describe positive interactions with social workers and that they are warm and provide them with support and understanding. However, in terms of actually providing necessary resources later on, the social workers are not doing as well as they should. Several survivors describe instances of not receiving follow-up they were told they would get and not actually doing what they said they would, such as calling survivors back or remaining in touch to see whether survivors have the resources to meet their needs and are getting the support that they need. It is possible that this pattern can be caused by an overwhelmed system where workers are only able to meet the biggest and most imminent dangers and demands and that everything else gets put to the side. However, these objectively less dangerous circumstances can make a very big difference for survivors and how well they are able to trust the system at a later time.

Resources

The next subtheme of intervention impact is resources. These are split into tangible, personal, social, child and addiction resources and refer to either at the scene of the original police call or afterwards. The first three types of resources; tangible, personal and social were derived from the literature review of important aspects of survivor safety and violence. The latter two, however, resources associated with children or addiction, emerged directly from the data.

Tangible resources. Tangible resources are practical things that survivors got as part of the intervention or other practical aspects that have happened since the original police call. Only three survivors got some kind of tangible resources from social services. One survivor got a living stipend so that she can go to school full time and live on her own, away from her abusive mother. Two survivors got assistance with paying for daycare for children and one of them got a stipend to supplement her low salary. One of these expressed that she wanted help paying for the

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services of a psychologist. Six survivors said that they got no help with tangible things, and four of these would have needed that. They needed help with housing and psychological services. Six survivors did not discuss tangible aspects. The intervention therefore only resulted in changes in tangible resources for a few of the survivors interviewed here, even though several survivors expressed tangible needs. The intervention could therefore focus more on providing tangible aspects in the future in an effort to promote well-being and safety.

Survivors can be divided into five groups based on their tangible resources: Got tangible help that met needs (one person), got tangible help but not enough to meet needs (two people), got no help but needed it (four people), got no tangible help and did not need it (two people) and finally, survivors who did not mention any tangible resources (six people). These needs are connected to the safety and well-being of survivors.

First is the survivor who got tangible resources that met her needs and contributed to her safety. Social services gave her a living stipend so she can go to school full time and live on her own. Living independently is a key aspect of improving her safety, as she no longer has to live with her abusive mother. The second group did not get enough tangible resources to meet their needs. Both survivors got financial help with daycare, but struggle with other expenses. Tangible factors compromise the safety of one of the survivors because she has to rely on the perpetrator for financial aid. She would like to disengage from the perpetrator completely, but is willing to endure some inappropriate and controlling behavior from him as long as he contributes financially. The other survivor in this group is critical of the lack of mental health services available and thinks she needs help to build herself up after this traumatic experience. For this survivor, the lack of tangible resources was more connected to stress and decreased well-being rather than directly compromising future safety.

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The third group got no tangible resources but needed them. All of these survivors mentioned housing as the key tangible resource that they need help with. For example, one survivor had to move in with her parents because she could not afford housing on her own. Another survivor is an older woman who co-owns an apartment with the perpetrator, she has not left him because she thinks she cannot afford to live independently. A third survivor said that leaving the perpetrator was expensive and stressful. She wants help with housing as well as psychological services (which she thinks the perpetrator should be liable for, since he caused the damage). The last survivor struggles with housing payments and other expenses because the household income is just above the cut-off for getting financial aid. However, she does not make enough money and is falling deeper into debt. Financial assistance would relieve some of the stress this survivor has about money and decrease the tension in the household, contributing to increased safety. Two of these survivors said that when social services did not provide necessary resources, they sought help from their informal support network. For example, one survivor moved in with her parents and another moved in with her ex-boyfriend, who quickly became threatening. The informal support network can therefore be helpful to survivors, but also put survivors at risk for future violence. Not having to rely on the informal support network would probably have been ideal for both of these survivors, and other survivors who lack this kind of informal social support would have no way of getting assistance.

Lastly, there were two survivors who got no tangible resources and did not need them. Both of these survivors talked about financial resources as a form of power. For example, one survivor stated that when she is in charge of the money, she holds more power in the relationship and is able to challenge the perpetrator's controlling behavior. The other survivor who did not need tangible resources said that if the relationship ends, he feels bad for the perpetrator because

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she will have no money. She knows this, which gives the survivor some control in the relationship. This is also an interesting intersection with gender, because when the survivor is female and the relationship ends, the survivor usually suffers more economically. However, in this case, keeping the relationship going (and the survivor satisfied) is in the best interest of the perpetrator, because otherwise she would definitely need financial help.

In summary, only three survivors got some kind of tangible resource as a result of the intervention. These were living stipends, day care costs, salary supplements and a psychological assistance stipend. However, only one survivor reported that she had gotten enough tangible resources to improve her safety and well-being. Out of those that got tangible aid but did not perceive it to be enough, there were implications for their well-being (such as wanting more psychological help) as well as safety, because being financially dependent on the perpetrator may create a risk for survivors. Four survivors reported that they got no tangible resources, but needed them, especially housing. Finally, two survivors did not need tangible resources. One aspect that should be kept in mind is the intersection of tangible resources with other types of resources. For example, one survivor mentioned moving in with family because of housing problems. Therefore, it is possible that in cases when the intervention fails and does not provide enough support, some of that can be picked up by the informal support network, such as friends and family. When survivors are isolated, however, other types of resources may not meet the needs of survivors, which may jeopardize their safety and well-being.

Social resources. Social resources are factors that come from other people. Formal social resources come from institutions, such as doctors, counselors and others (excluding police and social services, who have already been discussed in detail). Informal social resources come from

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the survivor's informal support network, such as friends and family. Both formal and informal social resources can be positive and negative and are explained here.

Formal social resources. Mental health professionals were the most commonly mentioned formal resource among survivors in a positive light. Five survivors started seeing a mental health professional since the intervention, three of which were connected by social services. Out of these three, one did not connect well with the counselor and stopped going, one is currently seeing a psychologist she likes and the third survivor saw a psychologist twice and liked it but the third appointment had been cancelled and was never rescheduled, which she disliked. Therefore, only one of them has ongoing benefits of psychological services. In addition, two survivors sought out psychiatric services on their own, which has been helpful.

Two survivors wanted mental health but did not get any. One has tried dealing with trauma on her own, but at times feels like she is going crazy and that her decision making is impaired. Two survivors also discussed psychological services for others, such as a survivor's parents and for one perpetrator, who went to a batterer intervention program but found it too male centric to be effective for her. The survivor thinks that if the perpetrator had gone to a counselor as originally planned, formal intervention might have been more successful.

Two survivors have interacted with doctors since the intervention. One of these was because of a survivor's injuries (stitches and a tetanus shot) and the other survivor was in touch with a psychiatric ward where the perpetrator had been committed, to ask the staff to let the survivor know when the perpetrator was released.

Finally, six survivors have not used formal resources because they do not need them or because the survivor and perpetrator can stop the violence themselves (although one survivor remarked that they would seek professional help if they were unsuccessful). Therefore, the most

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common experiences that survivors had with formal sources of support were with mental health professionals and doctors. Some survivors want psychological assistance but others think that they do not need help to improve their well-being or safety. There is also an intersection between tangible resources and formal resources, as tangible resources are often needed to be able to seek psychological assistance.

Informal social resources. Survivors also discussed their informal support networks, such as friends, family, neighbors, coworkers and romantic partners (in cases of non-intimate partner violence or new intimate partners). Informal support was important to survivors but the second response program had limited impact on this type of resource. However, it was clear that in many cases the informal support network helped survivors and met their needs when the authorities did not do so. Assessing and understanding informal support could therefore be important when survivors lack it, so authorities may need to play a larger role in helping survivors. The most salient aspects of informal social support were emotional support, negative reactions, selective disclosure, practical support and dealing with the perpetrator.

Emotional support was important to survivors, such as listening, providing love and taking a stand with the survivor: *“If I didn’t have the support that I got, then I would probably, I don’t know, maybe not kill myself, but I don’t know....they helped me a ton. You know, psychologically, and were always calling and checking in, inviting me for dinner, to come do something with them, not letting me be alone, I was almost never alone.”* One survivor mentioned that she did not need professional mental health help because she got such good support from her family. Several survivors mentioned that talking about trauma and its impact has been beneficial to survivors to improve their safety and well-being: *“I get the support and the compliments, I often get to hear that I am a really strong person considering everything that I*

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have been through and that has helped me believe more in myself, that I can do things and of course it's up to me to change things." Positive emotional support can therefore help survivors feel better but may also improve their safety as the survivor may feel strong enough to stay out of the violent relationship. Finally, one survivor mentioned that she worries about survivors without a good support network, because you need it to leave the violent situation.

However, the informal support network also reacted negatively to survivors. For example, some friends and family refuse to discuss the violence because they may think the survivor will return to the perpetrator or do not want to hear that the survivor misses the perpetrator. Another survivor has friends who have sided with the perpetrator, accused her of lying about violence and even threatened her. Social media has also played a role in negative reactions. For example, one survivor has gotten negative reactions and judgment from others because of the perpetrator's lies about their relationship on Facebook. Another survivor has also been publicly shamed on Snapchat which was recorded and disseminated by the perpetrator's friends. In addition, one survivor got negative reactions from her neighbors, who have been judgmental and rude to the family since the police call. Finally, others may not understand how difficult leaving an abusive partner can be: *"I have noticed that people give you a confused look and just: 'Why don't you just leave him?' ...you don't understand anything until this happens to you, then you can finally understand"* Survivors also experience prejudice from others for being victimized in front of their children. These negative reactions have made survivors feel upset, disappointed and isolated.

Survivors selectively disclosed violence to the informal support network. For example, three survivors said that although talking about violence and trauma was useful, they were careful who they disclosed to. They worried about upsetting others or becoming a target for

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gossip and judgment (for themselves and the perpetrator). Understandably, worrying about the reputation of the perpetrator was especially salient when survivors were the parents of perpetrators. Being romantically involved with the perpetrator also factored into disclosure: Two survivors were reluctant to disclose violence when in the relationship because they did not want others to hate or judge their partner. However, after a break-up, both were more willing to be open about violence and their feelings. Finally, two survivors said that their first instinct was to hide the violence, by avoiding disclosure or by hiding bruises with makeup, but over time they have come to see more and more clearly that the violence is not their fault so they refuse to be shamed about it.

Survivors also received practical support, such as help with groceries, going to the emergency room, taking care of children, letting survivors stay in their homes and helping them move. In some cases, other people tried to give the survivor advice about the violence, such as getting resources and help. For example, one survivor's friend tried to convince her to go to therapy but another survivor's mother discouraged her from seeking mental health help. Survivors were grateful for these, although they discussed these aspects less than emotional support.

Finally, some members of the informal support network have tried to deal directly with the perpetrator. This can be pulling the perpetrator off of the survivor during an attack or calling the police. In other cases, friends and family may be reluctant to intervene themselves because they fear the perpetrator. Three survivors tried to get the help of the perpetrator's informal network. For example, one survivor showed the perpetrator's family threatening text messages the perpetrator had been sending her, which was helpful for a few days and then he started harassing her again. Another perpetrator was confronted by his uncle about his violent behavior,

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who tried to reason with him, but things got violent and ended up with the uncle breaking the perpetrator's arm. This was effective, as the perpetrator has not been violent or threatening since.

Informal support networks can therefore significantly impact survivors. Friends and family can meet emotional or practical needs of survivors, both of which can positively contribute to their safety and well-being. In this way, survivors may be able to better recover from trauma and increase their self-efficacy of living independently. On the other hand, negative reactions and lack of understanding from others can be detrimental to survivors. Even though there may be strong connections between informal social support and safety, the second response intervention is not likely to strongly influence informal social support. The second response program could therefore partly evaluate the quantity and quality of survivors' informal social support to know how actively social services need to intervene for each survivor.

Personal resources. Personal resources are directly connected to the well-being of the survivor and are largely internal, such as feeling afraid or depressed (negative personal resources) or confidence in oneself (positive personal resources). Personal resources are less distinct as a category than other resource types, but personal resources featured strongly in survivors' narratives. All of the personal resources discussed in this section refer to what happened during the original police call or after it. Some of these personal resources were directly impacted by the second response program and others were not. In this next section, I will first describe survivors' positive personal resources, followed by negative personal resources.

Positive personal resources were connected with: The intervention, leaving the perpetrator, survivors' coping strategies and informal social support. Three survivors said that the intervention was directly connected with positive personal resources. The first survivor said that social services gave her a stipend to live alone which increased her safety (being away from

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the perpetrator) and her well-being (living in a nice environment and surrounding herself with good friends). Another survivor said he feels better and safer after the intervention because the detective and social worker threatened to put an order of protection in place if the perpetrator were violent again. This worked as the perpetrator has not been violent and the home environment has been better. The last survivor experienced increased positive personal resources as a result of intervention failure. This survivor had wanted support and resources from social services, but did not receive any. The survivor was disappointed but it did inspire her to take control of the situation herself and decide to improve her life on her own. So that resolve, in combination with good informal support, led this survivor to be doing much better. The intervention therefore had positive personal impact on these survivors in quite different ways.

Five survivors said that leaving the perpetrator had caused a positive personal change. For example, one survivor said that now that she and the perpetrator have been broken up for some time, she feels like *'the fog is leaving my head.'* During the relationship, she had a hard time seeing their relationship clearly and doubted what to do: *"There is this 'Things are not so bad' and you know 'It's not, you know, he is a good man.'"* The survivor had worked with a therapist and decided to take a 90-day break from the perpetrator regardless of her feelings. When the interview took place, she was half way through that period and had already decided never to go back because she felt better. She knows that her situation is not perfect, but she has a positive outlook and knows that she will be able to figure things out.

Another survivor described a great improvement in personal resources as a result of breaking up, which happened directly after the police call. The relationship had become toxic to her, she had gained a lot of weight and even had depressive and suicidal thoughts. Since the breakup all of that has changed and she feels much better. She attributes this to both leaving the

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perpetrator and having good informal social support: *“I had become so brainwashed in this relationship because, even despite all of this, I still didn’t want to lose him...my friend often had to come over because I was thinking: I want to send him a message, I want to see him, I want to meet him...that’s how I had been in the past few years, that was why I hadn’t left that relationship. Because I thought I couldn’t do better. I thought this was the relationship I was supposed to be in.”* Other survivors said that other factors, such as the perpetrator asking for forgiveness as well as the time that has passed since the last instance of violence had positive personal impact. Other survivors also mentioned that informal social support was key to improved well-being, such as being able to talk openly about your feelings with friends and family about the violence, or keeping survivors occupied and doing nice things.

Two survivors said that instead of leaving the perpetrator, they had developed some coping strategies to make themselves feel better. For example, one said that having a good sense of humor and being able to laugh at the situation helped. Another survivor tries to focus on other things, such as working on hobbies or daydreaming and clearing the mind. Both of these survivors have been able to feel at least a little better because of these coping strategies.

However, survivors more commonly had negative personal impact. The intervention was negatively connected to personal resources for five survivors. For example, two survivors felt bad for calling the police: *“I took it really hard and just thought that calling the police on my own child, that would be the last thing I would have to do in this life.”* Others experienced negative personal impact because the police were rude or did not take the survivor seriously. One survivor also struggled to explain the long history of violence. One survivor said that the police should not have classified her situation as DV, which has created significant stress and anxiety

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for her. Finally, lack of follow-up had a negative impact and decreased one survivor's trust in social services.

Pressing charges was also connected to negative personal resources. One survivor pressed assault charges, but that memory is in a haze. Another has considered pressing charges but is unsure: *"Should I do it? Will it make me feel any better? And then there are so many things that come to mind that if they [the police] do not press charges, should I press charges and do something that I don't know at all? That will lead to him getting a criminal record and something like that, you know? And I just somehow, am I that kind of a person? Even though, despite him having done all this, do I want to be so incredibly mean to another person?"* A third survivor said that expecting survivors to come press charges is unrealistic because survivors will immediately start to downplay the seriousness of the situation if the process does not start right away at the scene.

The violence itself also had negative personal impact on survivors. Some of this impact is physical, such as bruising and other injuries. However, the psychological impact of violence is the most devastating: *"This has broken me down, you know, I was much happier with life than I am today. And you're the first person I say this to but you know, I just start thinking and get really mad how much he has influenced me because I have always been a very strong person and nothing has made me feel so bad inside, for so long."* Survivors also experienced shock, stress, anxiety, random fits of crying, lack of energy, fear, depression, suicidal thoughts and memory problems (especially for violent incidents). Some survivors also said that the full psychological impact of violence only hit them much later. One survivor said that the relationship has impacted other parts of this life: *"I'm working much worse, you know, that is just normal, you feel bad, you're in some kind of situation, you are not as productive, you just can't...I want to do much*

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more and I feel like I can do much more.” Another survivor said she always thought she was a strong person, but now she is not so sure anymore. One survivor said that the perpetrator had been able to break her down but now she is recovering.

Some survivors also struggled to come to terms with an identity as a DV survivor. For example, one survivor felt ashamed: *“it feels somehow, it’s just humiliating, you know?...I just feel ashamed. Being some kind of victim.”* The psychological impact therefore comes not only directly from trauma, but also from negative ideas connected with being a DV survivor. Another survivor agreed with this difficulty coming to terms with being a DV survivor: *“I just didn’t realize. And I still haven’t realized, just when we were walking in here earlier, I thought: ‘You know, I am not a woman who experienced domestic violence’ you know, but still the police had my home in emergency status at a certain point...I’m really independent you know and I have just taken care of myself and my children, so this is something I have you know, read about. But this doesn’t happen to women like me”* This reluctance to see oneself as a survivor may help explain why women may not seek help for DV.

Even though coping strategies may be beneficial, some survivors have engaged in maladaptive coping to deal with the impact of violence. For example, one survivor focuses on the well-being of everyone around her, making sure that she occupies herself with taking care of them rather than herself. If she stops for a moment or is by herself, she starts thinking negative and depressing things. This is so severe that the survivor sometimes forgets to eat regularly. Another survivor also said that she can never be alone, especially when she sleeps.

Survivors also had negative personal resources connected with the perpetrator. Many of them had complex feelings because they loved the perpetrator or did so in the past. Others had no feelings for the perpetrator anymore. For example, this survivor was unable to see the perpetrator

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in the same way after he assaulted her: *“You look the person in the eyes and you don’t see the person you thought you had, or you know, had always seen. It’s just, this person turns into a devil to you. I just thought, it’s a devil in his body and didn’t see the same person, never again.”*

In some cases, survivors were codependent with the perpetrator, felt guilty for calling the police and one survivor believed he was the cause of the perpetrator’s violence. Other survivors felt upset because the perpetrator did not seem to know or care how hurt the survivor had been by the violence and one survivor even described the perpetrator as a sociopath. However, some perpetrators had apologized for their behavior, which survivors liked. Some of the survivors are single mothers and expressed that ideally they would like to have a romantic partner, but have realized that that is impossible with the perpetrator.

In summary, survivors reported both positive and negative personal impact. Some of these personal resources are directly connected with the second response program. The positive impact of the intervention was connected to tangible resources for one survivor (getting the means to live independently) and to threats of an order of protection by the police and social services. Interestingly, the failure of the intervention to provide resources and help actually motivated one survivor to change her circumstances on her own. Other sources of positive personal impact were leaving the perpetrator and having good informal support. In terms of negative personal resources connected with the intervention, some survivors felt guilty for calling the police or felt that the police was rude and did not take them seriously. The lack of follow-up also had detrimental impact. Survivors were also unsure about whether to press charges against the perpetrator and how that could help them. Other sources of negative personal impact were the violence itself, coming to terms with an identity of being a DV survivor and the perpetrator.

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Children resources. Survivors also discussed resources connected to their children. These were connected with the intervention at the scene, follow-up, the impact of violence and the influence of the perpetrator. Child protective services (CPS) was always called to the scene when children lived in the home (and children lived in all homes except one). On the whole, survivors disliked CPS and thought that the staff members were cold, lacked understanding or did nothing. One male survivor was disappointed because the CPS staff person did not believe his account of what had happened. For one survivor, the involvement of CPS at the scene had significant consequences, as her two small children were taken away from her because of her alcohol addiction and history of violent relationships. By the time of the interview, the children had just been returned to the custody of their mother, but were understandably still confused and upset. Survivors were therefore dissatisfied with CPS at the scene.

Survivors were even less satisfied with follow-up from CPS or social services. Some had been told they would get resources for their children, but only two survivors got the appropriate follow-up and for one of them, that service is going far too slowly. Survivors were upset by the lack of follow-up and resources because their children need help that the parents often cannot provide. Several survivors also worried that in general, children who are exposed to DV get little or no help. One survivor mentioned that a holistic approach to the home and everyone in it is necessary to effectively help address the impact of DV. She has many times asked for help to arrange visitation with the perpetrator and making sure that he is drug free, but has gotten no response from authorities. The survivors were therefore dissatisfied with lack of follow-up and resources that were provided to homes with children.

Violence had an impact on children. Some of the survivors' children witnessed DV in the home, even though survivors tried to avoid this. When children do witness violence, survivors

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usually try to talk to them, encourage them to talk about their feelings and try to do nice things to make the children feel better. In some cases, children had severe emotional problems and negative behaviors as a result of the DV: *“Of course we tried to fight around them as little as possible but it just happened sometimes so they had started feeling really bad, my boy had gotten really, and actually still is, he had gotten that bad, he was very violent and screamed a lot and I think how we were around him had an impact. He of course, was just angry, you could just see that he learned it from us. But after all of this he feels much better.”* Another survivor reported that her one-year-old son was extremely attached to her and could not be cared for by anyone else and would throw a tantrum if she was not around. Now that the survivor and perpetrator are no longer involved and the home is more stable, the child is slowly improving.

Perpetrators could also significantly impact children in positive and negative ways. For example, one perpetrator has felt guilty about the violence and has tried to make up for it by being a good father and helpful to the survivor. Survivors also had complex feelings about this, as one survivor said that the perpetrator could be a great father and the children adored him, but only when he is sober, which is not very often. However, perpetrators could also have negative impact. For example, some survivors also worried about the safety of the children when they were with perpetrator: *“He hadn’t had them for a while and I hadn’t really talked to him or seen him, so I had no idea how his mood was. And the first night, I cried and cried, I was so scared. I was so you know, I seriously felt like I had lost them in a desert and that they were feeling terrible.”* Children can also put survivors at risk because survivors need to manage contact with perpetrators regarding visitation or custody of the children. Survivors may therefore not be able to distance themselves from perpetrators and may be reluctant to use sanctions because they have

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to maintain a relationship regarding the children. The children can therefore act as a motivator to keep the relationship with the perpetrator good, or at least to not anger perpetrators.

On the whole, children can play a significant role in the survivor's experience. Survivors were mostly dissatisfied with CPS at the scene and as part of follow-up (and social services' part of follow-up). Children often had pressing needs, often caused by the violence itself, that were mostly ignored by the authorities which disappointed survivors. Perpetrators also impacted children both in positive and negative ways. Maintaining contact with the perpetrator can put the survivor at risk in the future.

Addiction resources. On the whole, addiction issues were not frequently discussed by survivors, but did form the focus for two survivors. Both saw their alcohol addiction as a contributor to violence and how they coped with it, and therefore shaped the safety and well-being of survivors. For example, one survivor had a long addiction to alcohol and that her partner was only physically violent when she was intoxicated. She had been drinking when the original police call took place. Since that time, she had stopped drinking and there had been no physical violence. When the survivor is sober, the perpetrator is sometimes controlling but she is able to resist him and prevent him from becoming physically violent. Therefore, this survivor sees sobriety as a key aspect of staying safe. When she is under the influence, others can easily take control, which is what the perpetrator has done in the past. After the police call, the survivor was enrolled in a social service alcohol abuse program that has helped her stay sober (she had been a part of this program before but had relapsed, which is what led to this instance of violence). Social services have therefore increased survivor safety by providing addiction resources. However, the second response intervention is not entirely responsible, as the survivor had previously been connected with this resource. The police call did, however, push the survivor

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towards returning to the addiction program. The survivor therefore sees sobriety as the most important component of staying safe in the future.

A second survivor also has a history of alcohol problems and was intoxicated at the time of the original police call. She had been drinking for ten days and thinks that the perpetrator has used her drinking as an excuse to be violent. She has not had a drink since and has managed to quit without formal help. As a result of the violence and her drinking, the survivor's two small children were taken away from her for a few months. The survivor feels like the police officers reacted negatively towards her at the scene and that they almost thought the violence was her fault because she had been drinking. At the time of the interview, addiction was not very salient to her well-being or safety. The perpetrator has not been violent since it happened and she does not know if he would be if she started drinking again. Therefore, in this case, survivor sobriety could potentially shape her future safety, but she is more motivated to stay sober so that she can keep her children.

Finally, a third survivor did mention using alcohol to cope with her experience of violence (which only happened once, when the police were called), but does not identify as an addict. Since the original police call and the end of the intimate relationship, this survivor has increased her consumption of alcohol significantly. She admitted that this is at least in part due to the traumatic effects of violence. This survivor did not see alcohol as playing a role in her current safety. She is the only survivor who disclosed having increased her consumption of alcohol since the original police call.

For these survivors, alcohol and sobriety plays a role in their well-being, either by keeping them safe or by helping them provide a good home for the children. The last survivor

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has used alcohol to cope with her trauma, but did not mention whether this is connected to her future safety and well-being.

Strategies

The next subtheme is safety strategies, which survivors use to promote safety (regardless of whether those efforts are successful). Safety strategies may overlap with resource use, although safety strategies should be more specific and focused on safety promotion. Private strategies are aimed at the perpetrator and public strategies are aimed at the survivor or at others.

Private strategies. The private safety strategies survivors used were to confront the perpetrator, resist the perpetrator or to distance themselves from perpetrators. The most common private strategy was to confront perpetrators about their behavior. For example, two survivors asked the perpetrator to explain the violence, showed disapproval of that behavior and explained its negative effects on the survivor. Other survivors helped perpetrators identify triggers of violence. For example, if either one of them is angry, they should just walk away before the situation escalates. However, one survivor has tried suggesting things like this, but the perpetrator is not receptive to it and mocks him. This perpetrator has also refused to seek help to stop the violence and the survivor is starting to lose patience: *“How long do I have to wait until you stop? You know, how much do I have to endure until this is over?”* Finally, one survivor sees preventing misunderstandings as the best way to promote safety because those could easily blow up into a fight (and violence).

Two survivors said that they had physically resisted perpetrators to increase safety, both of these were male. For one of them, the perpetrator is his girlfriend and the survivor has said that if she were a man he would have fought back. The other survivor is the perpetrator’s father. However, other survivors did resist by threatening to call the police or other authorities if the

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perpetrator became threatening or violent. Other survivors were afraid to resist perpetrators and found that placating survivors was the best way to ensure safety. Another survivor said that her form of safety planning was to placate the perpetrator. For example, she does not go on dates or spend time with male friends, because she thinks the survivor would become jealous and violent. Survivors therefore both resisted and placated perpetrators to ensure safety.

Eight survivors avoided the perpetrator or distanced themselves from the perpetrator as a safety strategy. The most common of these was to leave a romantic relationship with the perpetrator. Most of those who broke up with the perpetrator saw that as a somewhat effective strategy, although this did not always coincide with the intervention. For example, one survivor explained that since the relationship ended she is doing better, but that was not connected with the intervention. One survivor has explicitly threatened breaking up with the perpetrator if violence does not stop, although several survivors mentioned that the threat of breaking up was often present under the surface. When intimate relationships continued, two survivors said they avoided the perpetrator sometimes to prevent fighting and violence. One survivor also mentioned that she has distanced herself from the perpetrator and said she will not talk to him again until he gets professional help. The private strategies used by survivors were therefore most often to talk to the perpetrator, either to explain the impact of violence or to try and get the perpetrator to change. Survivors also improved safety by resisting perpetrators or distancing themselves from perpetrators, either by breaking off the relationship or avoiding the perpetrator.

Public strategies. Survivors promote safety by using public strategies, such as modifying their own behavior, on using formal strategies (such as pressing charges) and using informal strategies (such as getting help from friends). Survivors used safety planning to promote their safety. For example, survivors made sure doors were locked and removed the passcode on a

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smart phone so the survivor could dial 911 faster. One survivor said that she had slept with a hammer under her pillow for a period of time. Also, one survivor collecting evidence against the perpetrator (recording their fights) as a potential way to promote safety.

Formal public safety strategies are seeking help from authorities, either for the survivor or someone else. For example, one survivor got her phone number put on a priority list by the police, so that if she calls 911 the police will be there almost immediately. She has not had to use it but feels good about having this available. Legal strategies factored heavily into survivors' accounts. For example, two survivors have pressed charges for assault, which made one of the perpetrators threatening and defensive, potentially putting the survivor at further risk of violence. Other survivors have considered pressing charges but not done so. One survivor found threatening to press charges effective in improving the perpetrator's behavior. Two survivors also wanted orders of protection because of stalking and ongoing risk of violence but neither was granted. For one of them, the detective pressed for an order but the police prosecutors overturned this decision, which disappointed the survivor. For the other survivor, she was denied an order of protection until the perpetrator brutally assaulted her. The order of protection was then again put into motion, but the perpetrator called the survivor right before she was supposed to be in court and pleaded with her to withdraw it. She became very confused and afraid and finally agreed to withdraw it, which she later regretted because he became threatening again. There are therefore clear barriers to getting an order of protection, some of which are created by the system and others by perpetrators intimidating survivors into changing their minds. It might therefore be useful to issue orders of protection regardless of what survivors want. On the whole, using legal strategies was not very effective in improving safety, perhaps with the exception of threatening to press charges.

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Other survivors have sought psychiatric services for the perpetrator to improve safety. For example, one survivor takes the perpetrator to therapy three times a week since they broke up. The survivor thinks therapy will help him be stable so that he is less likely to be violent and a better father to their children. Another survivor got the perpetrator admitted to a psychiatric ward just after the police call, which has improved his behavior. The formal strategies that survivors use are mostly aimed at the legal and mental health systems.

Informal safety strategies involve getting help from the informal support network to increase the survivor's safety. For example, two survivors got the perpetrator's family to confront the perpetrator about the violence, which was effective in both cases. Survivors' friends have also been successful at increasing safety, for example by letting the survivor stay at their houses or making sure that they do not have to see each other at social gatherings. Survivors also asked their neighbors to call the police if they saw the perpetrator. Finally, one survivor got one of the perpetrator's coworkers to give her the work schedule so that she would know when he was around and can therefore be more careful.

Survivors therefore use a range of different behaviors to keep themselves safe. Some of these strategies clearly overlap with resource categories, such as the formal strategies and the social formal resources. In other cases, the different kinds of strategies also intersect, such as threatening the perpetrator (private strategy) to press charges (public strategy).

Current safety

Out of fifteen participants, six had not experienced any violence since the police call. From this group of six, four identified the intervention itself (at the scene or during follow-up) as the key factor in preventing violence but two said that this positive impact had passed through resources. For example, one survivor said that the arrest of the perpetrator made him stop being

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violent and threatening because he was humiliated and does not want that to happen again. The survivor feels safer in her home than before and thinks the police should continue on this path. The police had come to this home multiple times over a long period of time, but this was the first time that the perpetrator was arrested. Even though the second response program does not mandate changes in arrest, in this case, police officers arrested more often than they had before. Another survivor also said that threatening the perpetrator with calling the police again had been successful in preventing further violence.

Two survivors also attributed positive impact on safety to interactions between the perpetrator, detective and social worker. For one of these, the detective and social worker made it clear at the scene that if the perpetrator were violent again, they would put an order of protection in place, regardless of what the survivor wanted. Since that time, the perpetrator has not been violent and the survivor feels safer in the home. For the other survivor, the detective and social worker came to the home for a follow-up visit. At that time, the perpetrator had been more willing to talk about violence and its effects than at the scene. As a result, safety in the home has improved. These interactions, either at the scene or during follow-up therefore had a positive impact on safety. The intervention was therefore directly connected to increased safety for four survivors.

Positive impact on safety can also pass through other factors, such as resources. For example, one survivor has been able to increase her safety because social services gave her the means to live on her own. Therefore, the tangible resources provided by social services following the police call have made a clear impact on the survivor's safety. Another survivor has experienced increased safety since the police call, which she mostly attributes to getting help with her alcohol addiction. The social worker (re)connected her with an alcohol treatment

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program, which she sees as mostly successful in reducing violence against her and improving her condition. So for both of these survivors, the intervention had the intended impact of improving survivors' safety through increasing their resources.

However, not everyone experienced increased safety. Four survivors had been physically victimized since the original police call and for two of these, the police was called again. One of these survivors has had to call the police twice, once when the perpetrator broke into her apartment while she was sleeping and threatened her and the other call was a brutal assault. The assault could maybe have been prevented because the survivor had asked for an order of protection which was turned down. This survivor would also be safer if she got more tangible support, because she is still financially dependent on the perpetrator which puts her at ongoing risk. The survivor is afraid of the perpetrator who continues to stalk and threaten her.

The other survivor who has had the police called because of physical violence ran into the perpetrator at a bar while he was there with another woman. She had been drinking and became angry and so she slapped the perpetrator who responded with severe violence (choking) and others intervened and called the police. In this case the survivor was the first person to become physically violent, but the perpetrator's violence was extremely serious. The survivor said that her negative feelings and the impact of violence made her react to seeing the perpetrator in this way. Had the survivor been given help processing her feelings, such as with a psychologist, this could have been prevented.

One survivor has experienced violence since the police call without calling the police. The perpetrator attacked the survivor in front of the perpetrator's family, who stopped him. The survivor wants to distance herself from the perpetrator, even if they remain a couple. The perpetrator has gone to a batterer intervention program since the police call and the perpetrator

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and survivor have talked about ways to manage their feelings and decrease violence. The intervention may have decreased violence, but not prevented it completely. The last survivor who has experienced physical violence since the police call says that the violence has not been serious, but has happened repeatedly, which the survivor is sick of. This perpetrator has used calling the police against the survivor, saying that that is more serious than the violence. If anything, the intervention has therefore increased the violence in this relationship.

Five survivors had not experienced physical violence since the intervention, but instead have seen threats or property damage. For example, one perpetrator caused a lot of property damage to the survivor's apartment, broke the lock on the front door and tried to blow the apartment up with a gas tank. The intervention was not successful in preventing this incident but directly following it, the perpetrator was checked into a psychiatric ward and has since been non-violent. From that time point, the intervention worked by providing the perpetrator with appropriate mental health services.

Another survivor reports that the perpetrator feels much better today and has only once since threatened violence, during a family discussion. The perpetrator became angry, threatened violence and physically fought his uncle, who broke the perpetrator's arm. Since then, the perpetrator has made no threats. The survivor attributes this positive impact on safety to having called the police, which also triggered the informal reaction which helped end all threats of violence. The positive impact of the intervention on safety therefore took place through the survivor's informal support network.

For another survivor, the perpetrator has been loud and threatening outside the survivor's home and sent daily threats by text message. The survivor wants an order of protection to stop him from following her and texting her, but was told by the prosecutors that the threats were too

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vague to get an order of protection. This was very upsetting to her. However, since she broke up with him and put distance between them, the texts have continued but other threats have stopped. The survivor is still at some risk because they have a child together, so the survivor has to see the perpetrator sometimes. For this survivor, the intervention did not work at all because she still experiences threats and stalking from him, and any positive effects have come from her own actions, such as breaking up with him. This survivor could have benefited from an order of protection.

One survivor has experienced threats of violence and stalking, not from the original perpetrator but from her ex-boyfriend, who she moved in with to get away from the perpetrator. This shows we need to think about safety more broadly than just in terms of the original perpetrator. The survivor could also have been helped by getting tangible resources, and then she would not have had to move in with an unstable ex-boyfriend.

Lastly, one survivor explained that since the police call, the survivor and perpetrator have gotten into fights and the neighbors have called the police again. Social workers have been working with the home to try and help, but the survivor thinks they desperately need more help, especially with finances and the children. It is possible that more help with this could help relieve stress and improve the situation for them. In this case, social services did follow-up, but actually getting resources is moving so slowly that it has not had an impact on the relationship yet.

In summary, the intervention had positive effects for six out of fifteen survivors. These positive effects were either a direct result of action taken at the scene, or the impact has passed through other factors, such as tangible resources. However, that means that nine survivors still experienced some kind of physical violence, threats or property damage, some of which is quite

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dangerous. In some cases, survivors clearly explain what they would have needed to keep themselves safe, such as orders of protection, financial help or psychological help. These are issues that need to be addressed moving forward with the intervention.

Theme 3: Violence context

The third theme is violence context, which includes information given by participants about their life which may influence them and intervention effectiveness. Everything here took place before the police call. For example, this includes previous involvement with the police and social services, the impact that violence has had on survivors (tangible, personal, social, children and addiction), the history of violence and the relationship context.

Previous involvement with police. Two survivors had previous involvement with the police in a different relationship and nine survivors had previous involvement with the police in the current relationship. For violence in previous relationships, one had been seriously victimized by a former partner. The survivor was mostly content with the police then and felt a clear difference now, when she thought the police blamed her for being intoxicated during the violence. The other survivor had called the police before because the current perpetrator had been victimized by his girlfriend at the time. This survivor had a positive view of police interactions, both in the past and currently.

Nine survivors had previous involvement with the police in their current relationships. Some had been physically attacked or threatened by the perpetrator but others called the police to try and stop the perpetrator from driving drunk. One survivor also contacted the police to press charges against the perpetrator. Overall survivors were satisfied with previous involvement with the police, although some mentioned feeling a much better response now. One survivor

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explained that the police had come countless times before and not done anything, so the survivor feels like only this year was something done about the violence.

In general, survivors have had multiple involvements with the police before the intervention police call. They mostly think the police is all right, although two mentioned that there was a clear difference between how the case was handled now compared to before. However, one survivor did mention that the police reacted more negatively to her at the current police call than before, and she attributed that to her being intoxicated.

Previous involvement with a social worker. Three survivors talked about previous involvement with social workers, one had gotten advice on how to deal with the violent behavior of the perpetrator and another had gotten help with substance abuse treatment. The third said that social services had been trying to help the family for years but the perpetrator refuses to change or get help.

Violence history. Most survivors had a history of violence. Eleven survivors had experienced violence in their current relationship (intimate or family relationship). Two survivors had a long history of verbal abuse, threats, stalking and property damage without any physical violence. The other nine survivors had experienced physical abuse from the perpetrator (in addition to verbal abuse and threats). Physical violence involved pushing, kicking, choking, punching, slapping, or even the use of household items as weapons. One survivor remarked that the physical violence was so serious that she was surprised the perpetrator had not killed her. Some perpetrators were also controlling and constantly monitored the survivor. For example, one perpetrator had an application on his smart phone that constantly tracked the survivor's movements. One perpetrator had also been sexually coercive. Two survivors talked about financial abuse, for example where a perpetrator would deliberately leave the survivor and their

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children without money for extended periods of time. Three survivors said that the violence had escalated over time. Survivors therefore experienced a variety of different types of violent behavior from perpetrators.

Three survivors explained that they had been victimized in previous intimate relationships. All of them had experienced serious physical violence, two of them over an extended period of time. For two of these survivors, having been victimized in the past contributed to their current reactions. For example, one survivor is not so worried about the current violence because her previous experience was so much more dangerous and intense. The other survivor had the exact opposite experience, where her previous victimization made her resist the perpetrator and stop the violence immediately. She had promised herself she would never let herself be a victim again so that shaped her reaction to the current violence. Only one perpetrator had a history of fighting others when drunk which had escalated over time.

Relationship context. Out of fifteen survivors, twelve were in romantic relationships and three were that of a parent and child (parent was the survivor in two cases). Six survivors were still romantically involved with the perpetrator. Children lived in eleven homes and the perpetrator was a parent to the children in seven cases. Several survivors mentioned that they had wanted to leave the relationship but were unable to do because of children or a pregnancy.

Unsurprisingly, most survivors said that there had been a lot of fighting in the relationship. For two survivors, cheating and lying had caused significant strain. Three survivors had broken up more than once with the perpetrator. Survivors usually had complex feelings towards the perpetrator, sometimes relationships were loving and wonderful which also made it difficult to leave when things got difficult. One perpetrator also took care of the survivor when she was incapacitated by her alcohol addiction which had made the feelings of the survivor

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complex. However, one survivor has no feelings for the perpetrator anymore because she had beaten them out of her.

Three survivors also were in the same family as the perpetrator, two of which were sons of survivors. One of them had a mostly good relationship until recently but the other perpetrator has significant long-standing mental health and addiction issues that contribute to violence. The last survivor is the perpetrator's daughter, where the mother has been physically and verbally abusive for a long time. This survivor also had mixed feelings towards the perpetrator who can be mean and violent, but is still the survivor's mother and so she loves her.

Violence impact. Violence impact refers to how the violence has affected the survivor in various ways, as well as how other dimensions have impacted or contributed to violence. These dimensions refer to addiction, children, personal, tangible and social resources. Note that as with the rest within the theme Violence context, all of these events have taken place before the second response intervention took place.

Violence impact addiction. Three survivors talked about their own addiction; two of them see their addiction as having created a vulnerability to be victimized. For example, one survivor is a gambling addict which made her vulnerable when she first met the perpetrator. Without the addiction, she might have realized sooner how abnormal the relationship was and ended it. Another survivor was only physically victimized when she had been drinking and the perpetrator used her drinking problem to humiliate her in front of others. The survivor had previously gone to rehab and was sober for a few months, but then relapsed, which is what she sees as the catalyst to the violence that led to the police call. The alcohol and the violence had a bad effect on her and she found it hard to think clearly.

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The third survivor has used alcohol to self-medicate because of negative emotions connected to the violence. She thinks that others judge survivors with addiction issues and has in the past been turned away from a women's shelter because of her drinking. This history has shaped her view of the police, who she perceived as being negative towards her at the scene because she had been drinking. Addiction can therefore both create a vulnerability among survivors and prevent them from seeking help.

Violence impact children. Children can serve as anchors to dysfunctional relationships. Four survivors said that they had wanted to leave the perpetrator but children or pregnancy had stopped them. Three of these relationships have now ended. In two cases pregnancy happened early in the relationship, before the survivor realized how violent the perpetrator was. Pregnancy also acted a trigger for violence in three out of the four relationships (in the fourth relationship violence began before the pregnancy). One survivor who does not have children wants to leave the perpetrator now because breaking up is more complicated with children. Finally, one survivor sees the children not as an anchor to a violent relationship, but rather as a stressor that acts as a catalyst for fighting and violence.

Violence also impacts children, one child has been physically victimized by the perpetrator. One survivor said that the perpetrator is unnecessarily rough with their children, especially when he thinks she cannot see it. Other children have witnessed violence or its impact on survivors. For example, violence has had a detrimental effect on the attachment of one survivor's son, he could only be cared for by his mother or he would throw a tantrum. However, since the relationship ended the child seems more calm and happy. The violence also had an effect on the survivor's teenage children, who had stopped coming for visits and constantly

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worried about their mother. Finally, one survivor said that her own crying about the violence had upset her son.

Perpetrators may also use children as an excuse to stalk and harass survivors. Two survivors said that the perpetrator will say that they want to spend time with the children but show them limited interest when they have them. These survivors therefore suspect that the perpetrators are more motivated by wanting to stalk survivors. On the other hand, perpetrators may be good to the children despite being violent towards the survivor, which made three survivors have mixed feelings. In summary, children play a role in violent relationships, both in the sense that children can restrain the choices that survivors have, and children can be impacted by violence as well. Children are therefore an important part of context of survivors.

Violence impact personal. Violence had both physical and psychological impact on survivors. Examples of physical impact are bites, bruises and cuts, but all survivors agreed that the psychological impact of violence was more detrimental and long lasting. For example, survivors reported fear, depressive symptoms, stress, anxiety, post-traumatic stress disorder symptoms, loneliness, self-harm, suicidal ideation, lack of energy and trouble sleeping. One survivor said that violence has had an impact on him: *“It has a huge impact on your soul to have to, you know, practically fight for your life against your own child.”* Another survivor said that the relationship broke her spirit and she did not eat or sleep normally for months. Slowly the relationship took over her life, which was connected with her psychological decline.

Shame was important for three survivors. One of them felt humiliated for being a DV survivor. Another said that other people judge her for being a survivor: *“There is just so much shame that comes along with this. Sometimes I have been very depressed and have barely wanted to have people, have not wanted for people to see me, I just think it’s so terrible...I’m ashamed*

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for somehow having not gotten myself out of these circumstances.” She has suicidal thoughts and feels like her life has lost all humor and joy. Finally, one survivor feels ashamed for having to call the police on his son, but sometimes it is unfortunately necessary.

Personal and social impact intersected for some survivors. For example, one survivor found the most hurtful thing the perpetrator did was when the perpetrator called the survivor’s friends and family and said that she was a bad mother. Another survivor explained that over time, the perpetrator managed to isolate the survivor psychologically: *“The thing is that I’m definitely not you know, stupid, I have never been stupid but it’s just somehow you know, he has just played so much with you know, my brain and everything...I just isolated myself? You know, in this little world that he wanted me to be in, you understand? He just wanted me to be in this little part and not talk to anyone...he just closed me in this bubble and that’s where I lived for quite some time.”* Another survivor said that the perpetrator has been saying negative things about her on Facebook and humiliating her, which she has found difficult. The social impact has therefore had a negative psychological impact.

Overall, survivors say that the violence has had significant personal impact on them, the most serious of which is psychological. Survivors had experienced a wide variety of symptomatology and some described a steady psychological decline. For others, their mental health issues were also connected not just with violence itself, but with social aspects as well, such as shame and fear of judgment from others.

Violence impact tangible. Some perpetrators were financially abusive. For example, one perpetrator is a fisherman who made sure he spent all his income when he was in town, leaving the survivor and their children with nothing to live on for several weeks. Another perpetrator refused to pay necessary household expenses and instead went on trips abroad with his friends.

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That same perpetrator refuses to sell the apartment that they co-own, so the survivor feels like she cannot leave. One survivor also said that she feels financially exploited because she had to pay all expenses throughout their relationship, such as housing and living expenses, which has left the survivor in debt. Other perpetrators are also financially abusive by destroying property, which has cost survivors a significant amount.

Five survivors also experienced significant financial trouble in the relationship, but not directly as part of the violence. For example, two survivors were addicts and spent their money on that. Also, one perpetrator liked an expensive lifestyle, which left them in debt. Money problems could be a catalyst to violence, one survivor explained that the perpetrator was more likely to get angry if they had no money. Financial abuse and money troubles could cause significant stress in relationships.

Violence impact social formal. Survivors have in the past sought help from multiple sources. For example, survivors have seen doctors to treat injuries and document them. Two survivors have seen a psychologist and found that helpful. One survivor also went to a rehabilitation facility for alcohol addiction, which she liked and was able to be sober for a few months, but then relapsed. Survivors had mixed experiences about the local women's shelter. One survivor went there for an interview, which she really liked. Another survivor went to the same shelter to stay, and was there for a day, but was then asked to leave. She does not know why, but this broke her spirit and she has not sought help since. Another survivor also sought help at the same shelter but was turned away because she told them that she had started drinking in the evenings to cope with violence. One survivor heavily criticized child protective services, who seem to expect children to disclose violence in front of their parents which is not realistic. Child protective services should also make decisions and in some cases remove children from

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their parents. Overall, survivors' experiences with sources of formal social support are somewhat mixed.

Violence impact social informal. Some have gotten good social support from the informal support network, such as friends, family and romantic partners (when the perpetrator is a non-intimate partner). For example, one survivor said that knowing that other people have your back is invaluable and that her parents have complete faith in her and her ability to make herself a good life, even when she has not believed that herself. Survivors also get tangible support from their informal support network, such as money for groceries. Another survivor also said that the neighbors have been vigilant about watching out for the perpetrator and calling the police when needed. One survivor said that he has a few close friends that have followed him from childhood which have been a great source of support.

However, informal social support could also have negative effects. For example, several survivors said that perpetrators had isolated survivors. One survivor has also lost friends because she has a hard time talking about anything but her difficult situation and therefore cannot carry a normal conversation. Survivors may also intentionally isolate themselves because they feel ashamed or because they do not want others to be negatively impacted by the violence.

Friends and family may also not understand the violence or what to about it. Survivors said that you cannot fully understand what being a survivor is like until it happens to you. One survivor said that her friends constantly told her to leave the perpetrator but they had no idea how brainwashed the relationship had made her and how difficult leaving was. Finally, one survivor said that in her experience, others only want to help you if you leave the relationship immediately and if you do not, friends and family become tired and do not want to hear more about it. In addition to lack of understanding, friends and family may react negatively to

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survivors. For example, one survivor said that because her mother seems so nice, the survivor's friends did not believe her when she disclosed the violence.

Theme 4: Life context

The fourth theme is life context, which contains two important components: The perpetrator (including information about mental health, addiction and stressful life events) and norms about violence (gender and foreign norms). This theme is unique because these factors can influence what happened before the intervention, during and after it.

Perpetrator. The first three subthemes in Life context are connected to the perpetrator of the violence.

Perpetrator stressful life experiences. Perpetrators have had a variety of stressful life experiences which may contribute to violence. Examples of stressful events are witnessing DV as children, being survivors of domestic violence and sexual assault, addiction problems in the family, having experienced death or illness of family members or major physical trauma because of an accident. These stressful events were mentioned by survivors as potential catalysts or explanations for why perpetrators' violence. However, these are survivors' accounts, who may not have the whole picture of the life experiences of perpetrators. They may also be searching for explanations for violence that will clear perpetrators of guilt or stigma for having been violent. It is nevertheless true that trauma and stress can play an important role in priming for mental health issues and substance abuse problems, that seem to intersect with perpetrators and their violent behavior.

Perpetrator mental health. Overall, survivors think perpetrators need help with mental health issues, but have not gotten that help. Five survivors said that the perpetrator refuses to seek necessary mental health help. Survivors were disappointed by this, as they often saw mental

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health as the perpetrator's main issue that needs to be addressed. In two cases, perpetrators had mental health issues that were insufficiently addressed. For example, one female perpetrator went to a batterer intervention group three times but then quit because it was too male centered. Another perpetrator fell on his head as a child and ever since had struggled with violent behavior, emotion regulation and anxiety. This perpetrator has not been given enough mental health assistance and has begun self-medicating with illicit drugs. Finally, only one survivor said that the perpetrator had gotten adequate help with mental health, when he was committed to a psychiatric ward directly after the police call and has since been to therapy three times a week. Survivors see mental health as an important component that contributes to their safety.

Perpetrators have a range of mental health problems, the most common one was anger (nine perpetrators) which survivors saw as an immediate catalyst to violence. Other mental health issues were mood swings, low self-esteem, paranoia, self-harm and suicidal behavior. However, one survivor explained that the perpetrator is not serious when he threatens self-harm but uses that to control others. Six survivors also said that perpetrators can seem nice and normal to outsiders, but are completely different at home. This may make it difficult for survivors to seek help as others may be reluctant to believe that perpetrators are capable of such behavior. Some survivors were also tricked at the beginning of the relationship and did not realize what the perpetrator was really like. Survivors disagree on whether to blame perpetrators for their behavior. For example, one survivor said that she fears the perpetrator, but that the mental health problems are not his fault and he is just sick. Another survivor disagrees and thinks that the perpetrator is calculating and cruel, which can be seen in his ability to do horrific things to his partner but appear normal and kind to others. Perpetrators therefore face a range of different mental health issues but have usually not gotten enough help addressing those.

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Perpetrator addiction. Several perpetrators were addicted to alcohol, drugs or gambling. For some of them addiction is the main issue, but two perpetrators use drugs to self-medicate because of their mental health issues. In both of these cases, addiction has developed and gotten serious over a long period of time. Addiction can also trigger violence either when the perpetrator is under the influence of drugs or when in withdrawal. One survivor even remarked that that the perpetrator is a completely different person on drugs. Another survivor thinks that the perpetrator might have taken steroids which might explain his recent change from being mild mannered to volatile and dangerous. Another survivor also worries that even though the perpetrator is currently sober, there would be significant risk of violence if he relapsed. Survivors therefore see DV as closely connected with addiction issues and think that help with addiction should result in less violence. Keeping survivors safe can therefore mean providing better access to addiction resources for survivors. There is also an intersection with mental health, as some of the perpetrators appear to be self-medicating psychological problems with alcohol and substances. In the next section, I will explain norms around violence connected to gender and foreign status.

Gender. Gender factored into survivors' accounts in a few different ways. First of all, gender impacts how survivors react to violence. Two of the survivors are male who have been victimized by their female romantic partners. Both of them said that the gender aspect has made things more complicated and that they would have resisted if the perpetrator were male. They do not want to hurt their partners, but more importantly, they do not want others to see them as violent: *"I could have hit back if I mean and she is not stronger than me physically, but I scream at her when she does it: 'Wait, I love you, what are you doing?'"* Both of these survivors were satisfied with the police and social services and felt that they were not discriminated against

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based on their gender. However, one of them thought that the child protective staff person did not believe his account of what had happened, which he did not like.

Second, gendered issues can act as an immediate catalyst to violence. For example, one male perpetrator had posted a partially naked picture of himself on social media, which got a lot of positive attention and laughs. The couple discussed the photo and the perpetrator said she had to accept that they live in a patriarchy so he can do what she wants. She did not agree and posted an identical picture of herself with a comment referencing their conversation. This led to the perpetrator becoming angry and physically attacking the survivor. The survivor was therefore not allowed to post pictures of herself because she was his, even though the perpetrator had done the exact same thing himself. She was also not allowed to challenge his dominant position in the relationship without being victimized.

Third, one male perpetrator became jealous and angry when a female survivor had a bruise on her body. She had gotten the bruise by being clumsy and bumping into something but the perpetrator immediately assumed that the survivor was cheating and that the bruise was caused by new her lover. This shows the jealousy and paranoia of the perpetrator as well as what kind of behavior he perceives as normal in romantic relationships.

Finally, one female survivor explained that a male perpetrator has serious contempt for women and thinks they should cook, clean and be quiet. The survivor sees this as a direct extension of patriarchy in Iceland and that traditionally authorities have not reacted strongly to violence against women. The survivor thinks that Icelandic women have been very oppressed and had to take care of men who were very violent and dangerous. Thankfully this looks like it might be changing. Overall, gender has played a small role in survivors' accounts, but the category emerged from the data, even though there was no specific question about gender in the

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original coding scheme. Gender therefore seems to be salient to the few survivors who mentioned it as an important factor of their experiences.

Foreign. The experiences of survivors or perpetrators who are have a non-Icelandic background may be different from others for various reasons. Three of the perpetrators were not born in Iceland. One is a woman who has been violent towards her daughter (whose father is Icelandic). The survivor says that DV is very common in the perpetrator's country of origin and that the perpetrator was victimized herself as a child. On the whole, the police have treated the perpetrator well, although it does happen that police officers are not very patient with her mother because she does not speak the language perfectly. The perpetrator also experiences these kinds of negative attitudes in general in Iceland, for example at the grocery store, which annoys the survivor. The survivor therefore explains the violence at least in part with the perpetrator's background (as well as gambling and anger issues).

The next foreign born perpetrator is a woman who has been violent towards her Icelandic husband. The couple initially met online and the perpetrator has struggled with making a home in Iceland and connecting with the community. The perpetrator has struggled since the police call because she has mutual friends with the translator that was called to the scene. She worries that because the community is so small, the translator will disclose the violence to others and humiliate her. The survivor was very critical of this and said that an intervention like this might work better in a larger city or country than Iceland.

The third foreign born perpetrator is a man who has been violent towards his Icelandic wife. This perpetrator has been financially taking advantage of the survivor for a long time and has now left her in considerable debt. The survivor would like the perpetrator to be deported so

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she does not have to see him, but she is unclear whether that could happen and is not sure if she would want to make any moves in that direction herself.

Finally, one of the survivors was not born in Iceland but speaks Icelandic perfectly. She does not think that the police or anyone else has treated her with prejudice because of her immigrant status, perhaps because of her language skills. There were therefore a handful of foreign survivors and perpetrators who took part in this study, and they have some unique factors, such as the size of their language communities in Iceland, as well as prejudice against foreigners. Keeping this group in mind may be necessary to ensure that they are given adequate services to improve their safety and well-being.

Theme 5: Evaluation recommendations

The fifth and last theme in this study is evaluation recommendations given by participants. These recommendations are an important part of the study, as the participants may have key insights into the intervention as a whole and how it can be improved. Participants gave a wide variety of recommendations about the police, social services, follow-up after the police call and child protective services. I will now explain these in detail.

Police. Eight participants had recommendations for the police. Two survivors mentioned that when the police are at the scene, the officers need to be careful to correctly classify the situation. For example, one survivor said that the police had been called to her house multiple times and that she had often been interrogated as a perpetrator because her mother (the actual perpetrator) had called the police. The other survivor thinks that the label DV is too serious for her situation, which is an argument (sometimes with property damage as well). This survivor was

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grateful to get help from social services, but now feels that there is stigma attached to the home because of the DV label.

Other survivors also mentioned that getting multiple police officers, a social worker and a person from child protective services could be overwhelming and that the police call could take a long time. Having all these people in the home also makes the situation more visible to the neighbors, who have been negative and judgmental to one survivor since the police call. One survivor suggested that perhaps staff at the scene could share duties (for example, social workers could share the CPS duties) so fewer people come to the home. Several survivors also mentioned that police officers stood over them the whole time at the scene, which made them feel uncomfortable. The officers could perhaps stop doing this, or make it less obvious if the police feel that it is necessary to constantly monitor survivors.

Survivors disagreed about when they wanted to be interviewed by the detective and social worker. For example, one survivor said she would have preferred doing the interview the next day because at the scene, she was completely exhausted because it was the middle of the night and the whole process took a long time. Another survivor disagreed with this, saying that it is crucial to begin collecting evidence straight away and have the process of pressing charges or applying for an order of protection start immediately and automatically. She knows from personal experience that whenever violence occurred, the next day she would convince herself that things were not so bad and minimize the violence. This survivor thinks getting an order of protection should be easier and when the system is so reluctant to grant orders, the rights of the perpetrator are being prioritized over that of the survivor.

Two survivors also discussed the arrest of the perpetrator, both of them were strongly in favor of perpetrators always being removed from the home and arrested. Survivors also wanted

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to know when perpetrators were released. Arrests are more common as part of this intervention and survivors are grateful for that, one of them specifically mentioning that the arrest has deterred the perpetrator from being violent again.

Finally, one survivor mentioned that the police need to be more aware of the complexities of foreign survivors and perpetrators. For example, they should be allowed to choose whether they get an interpreter or not (provided that they can speak Icelandic or English well enough), because some language communities in Iceland are so small that they might know the translator. Being more aware of issues like this could make sure that the police provide a better service to this group.

Social Services. Recommendations for social services at the scene were twofold: First, to give the survivor support and resources straight away. This can be done by referring survivors directly to the battered women's shelter for an interview or getting a counselor from the shelter to the scene. Assistance should start immediately and automatically, without survivors having to ask for it. Second, one survivor suggested that social services leave pamphlets and written materials when they leave so that survivors can look through them later. Having information available is helpful once you have been able to calm down and think about what happened. Social services were therefore encouraged to make their services start immediately and to provide survivors with written materials.

Follow-up. Survivors agreed that more active and immediate follow-up of cases is needed. Follow-up can be crucial in connecting survivors to resources that they need, such as financial assistance or mental health aid. Having ongoing contact with survivors also allows them to change their minds regarding services and resources, for example one survivor initially declined trauma counseling but later realized that she needed it. Chatting to social workers can

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also help survivors feel supported and help them make other decisions, such as how to manage contact with the perpetrator. Support is especially important for survivors who have less informal social support, such as immigrants. When follow-up took place, survivors found it too slow and that faster appointments and referrals would be more effective. Social workers also need to make sure they connect with survivors and visit, call or email several times if that is necessary.

Follow-up is not just important to survivor, but also to their children and even perpetrators. Children may be at risk of violence themselves or need professional help addressing the serious consequences of violence. One survivor said that the social worker at the scene had mentioned several resources for the children that sounded good but they need to follow through. Perpetrators may also need follow-up because they often have stressors in their lives such as mental health problems, addiction and stressful life experiences. Addressing these may be helpful in improving the safety and well-being of everyone in the home. One survivor mentioned the possibility of mandating therapy or psychological services for perpetrators as a safety strategy that would benefit the whole community.

Child protective services. Two survivors had particular issues concerning child protective services. One of them is a survivor who has recently turned 18, but has been victimized by her mother for as long as she can remember. CPS had always been involved with the home but were unhelpful. They knew her mother was violent and the survivor thinks they should have removed her and the other siblings from the home. The other survivor wants help from CPS managing the relationship of the perpetrator to their son as well as resources for her other children who were impacted by violence, even if they did not witness it. Survivors who had experience with CPS were quite critical of their response to DV.

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General recommendations. Survivors also had general recommendations about DV. For example, one survivor wants others to know that being a victim of domestic violence is fundamentally different from other types of violence. DV is not just physical, but also mental, and the survivor carries the effects around forever. She also worries that the experience of being of a survivor will impact her whole life and future relationships and she does not want to give the perpetrator that power. The survivor also thinks that there should be special laws in Iceland that take the seriousness and special circumstances of DV into account.

Several survivors also mentioned that you cannot know what the DV survivor experience is like until you have been through it yourself. Survivors do not mean to get stuck in violent relationships, but that getting out of one can be extremely difficult. One survivor even mentioned that she remembered judging other women when she was younger for not leaving a DV situation and that she had no understanding for what that was like until she went through it herself. Leaving is difficult because you have strong feelings for the perpetrator and many survivors may be isolated, which prevents them from seeing the situation clearly and what needs to be done about it.

Survivors also had opinions about perpetrators and their behavior. Some survivors think that perpetrators are not evil and that there are other underlying issues that cause violence or trigger it. However, not everyone agreed, one survivor stated that perpetrators can be very cruel and calculating because they may become violent without any provocation and are only violent to some people and not others. Finally, several survivors agreed that perpetrators can appear normal on the outside which is one reason why DV is so hidden.

Two survivors have perpetrators who are their sons. This experience was especially difficult for them, one said that she felt terrible having to call the police on her own son. The

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other said that fighting your own child felt absurd. These complex feelings were also echoed by the survivor whose perpetrator is her mother. She knows that despite the violence, her mother loves her dearly. This survivor also thinks that in general, survivors end up either completely hating or defending the perpetrator and try to explain the violence, for example with the perpetrator's background or experiences. Having non-intimate perpetrators may therefore contribute to even more complex feelings than when the perpetrator is a romantic partner.

Two survivors also mentioned that stigma factors into their experiences. For example, one survivor said that she has struggled with going to social services for help because she does not want to be one of 'those women' that just live off of the system. To her, going to social services herself means identifying as that kind of person, which she wanted to avoid. However, when the police came to her house and she was immediately put into a social services program, that felt very different to her. Coming out to the world as a DV survivor can be hard enough without having to also face the perceived stigma of getting assistance from social services. The other survivor thinks that survivors are judged as being weak and not standing up for themselves. However, the DV perpetrator label is also stigmatizing and negative. Anyone can lose control under the right circumstances and that does not mean that you are a disgusting person or inherently mean. Stigma therefore factors into survivors' experiences. In summary, survivors had a range of different recommendations for police, social services and child protective services. Some of these are simple, such as leaving pamphlets with survivors, but others are more complex and labor intensive, such as ensuring active follow-up and resource provision.

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Part 2: How well did the intervention work?

In the second part of the results section, I briefly answer each of the remaining research questions. These are about resources, safety strategies, current safety, satisfaction and other factors that are important to survivors. The information presented here can also be found in the previous section, but has been summarized to clearly answer each of these questions.

What resources do survivors use following a second response intervention?

Survivors use tangible, social, personal and addiction resources following the second response program. Resources for children will be addressed separately. Tangible resources are practical things that survivors got as part of the intervention or after the police call. Survivors have significant tangible needs that were often unmet, as only three survivors got tangible resources from social services. The most common types of tangible assistance were financial stipends for costs associated with housing, day care and mental health help. Out of those that received tangible help, only one person said she got enough resources to meet her needs and improve her safety. Four people said that they had tangible needs that were unmet, all of these were connected with housing. Lack of resources can put survivors at risk, for example by preventing them from leaving perpetrators or by creating severe stress regarding moving out and securing new housing. Survivors' informal support networks sometimes stepped in to meet these needs, for example by letting the survivor move in with friends or family. Survivors without a strong informal support network would therefore lack this kind of support. Eight survivors said that they either did not need tangible resources or did not mention them. Survivors therefore have significant tangible needs that were often unmet by the second response program.

Social resources were formal (from institutions or professionals) or informal (such as friends and family). Mental health services were the type of formal support most commonly

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sought by survivors following the second response intervention (five sought this in total, three had been connected by social services). Three of these survivors have found ongoing psychological assistance to be helpful to them. Four survivors also said that they had wanted mental health assistance for themselves or others but did not receive it, which was disappointing. Survivors also reported an intersection between psychological help and tangible resources, as survivors often expressed wanting funds to seek mental health services. Survivors also saw doctors, who either treated survivors' injuries or advised on the perpetrator's mental health. The rest of the survivors have not used formal resources because they do not need them.

In terms of informal social support, survivors mostly said that friends and family provide good support that meets their emotional and practical needs and helps them increase both their well-being and safety. However, some survivors got negative reactions and a lack of understanding from others. The second response intervention itself is not likely to have a strong impact on social support, as it is difficult for the police and social services to build informal networks for others. However, social services might want to consider evaluating the quantity and quality of survivors' informal support and try to target more services and follow-up specifically for survivors who lack support.

Personal resources are factors internal to survivors and the second response intervention had both positive and negative impact on this. Three survivors reported positive personal impact of the intervention, two of these were connected with greater safety (one got tangible resources to move away from the perpetrator, and for the other, the perpetrator was threatened with an order of protection). Interestingly enough, the failure of the intervention to follow-up and provide resources motivated one survivor to improve her situation by herself. The negative impact of the intervention was connected to the police being rude at the scene as well as the lack

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of follow-up. Other factors could also impact the personal resources of survivors. For example, good informal support was connected to positive personal resources but the violence and perpetrator as well as stigma connected with the identity of a DV survivor had negative personal impact. The intervention itself and other factors connected to it could therefore have significant personal impact on survivors, some of which was connected to safety.

The last resource category is connected to addiction, which was salient for three survivors. Two of them had long standing problems with alcohol, one of them had been connected to an alcohol treatment program by social services. Both of these survivors see sobriety as a way of keeping themselves safe and providing a good home for their children. The third survivor last survivor has used alcohol to cope with her trauma but has not gotten any resources to address this. Survivors' experiences of resource use following the intervention were therefore quite diverse. However, even though some survivors got helpful resources, many expressed unmet needs. These may have been addressed with more active follow-up and case management by social services.

What safety strategies do survivors use following a second response intervention?

Survivors used a range of different private and public safety strategies. The most common private strategies were talking to the perpetrator about the violence, resisting the perpetrator or distancing oneself from the perpetrator, by breaking up or avoiding the perpetrator. On the whole, these were not affected by the second response intervention. One exception is to threaten calling the police again which may be helpful if the police shows that these cases are taken seriously. Public strategies that survivors used were safety planning, getting legal help, mental health assistance and informal strategies. Safety planning and informal strategies were not connected with the intervention. However, the formal strategy of getting legal help was

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connected with the intervention, such as pressing charges or getting an order of protection. The other formal strategy of getting mental health help was in some cases also facilitated by social services. These formal strategies somewhat overlap with formal social support. Survivors therefore used a range of safety strategies, some of which were not directly influenced by the intervention.

How is current safety influenced by the intervention, resources and strategies?

Out of fifteen participants, only six had experienced no violence since the police call. Survivors attributed these effects on safety either to the intervention components or said that these effects on safety had passed through resources. For example, these could be arresting the perpetrator or the detective and social worker interviewing the perpetrator at the scene or during follow-up. For two survivors, positive effects on safety had passed through either getting a tangible resource or an addiction resource (for the survivor).

However, two thirds of participants had been revictimized since the intervention. Four participants had been physically victimized since the police call (the police was called in two cases). Survivors believe that these could have been prevented with more tangible, psychological or legal resources. Five survivors experienced threats, verbal abuse or property damage. These survivors think that providing perpetrators with mental health help, giving the survivor more tangible resources and legal help (such as an order of protection) may have prevented this.

When survivors were asked about safety strategies, the most effective one was to distance oneself from the perpetrator (for example, by breaking up or avoiding the perpetrator). Perhaps social workers could advise survivors to use this strategy in the future. The limited safety effects need to be addressed moving forward with this intervention.

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Are survivors satisfied with the police and social worker?

Overall, survivors were more satisfied than not with the police and social worker. Police officers were usually nice and polite even though they were more task oriented at the scene. However, there were some instances where police officers were rude and talked down to survivors. At the scene, survivors were very satisfied with social workers, who were warm and provided support and understanding. Social workers may therefore be able to better meet the emotional needs of survivors. However, the biggest source of dissatisfaction among survivors was because of lack of follow-up. Survivors said that in several cases, social workers had said they would get follow-up but that did not happen. Lack of follow-up may come from social workers being overwhelmed but it has very negative effects on survivors' satisfaction.

Does satisfaction with police influence other resources, strategies and perceived risk of violence?

Dissatisfaction with police and social services was in some cases connected to lack of follow-up. Survivors see follow-up as the key to getting resources and several of them expressed having unmet needs. This problem with intervention fidelity is therefore connected to satisfaction and resources. Perceived future risk of violence can also be impacted because survivors have unmet needs and cannot take steps to increase their safety and well-being.

Do survivors think this type of intervention is effective in preventing future violence?

Survivors think that the second response intervention is a good idea to prevent future violence. They were mostly satisfied with how their case was handled at the scene, both by police and social workers. The resources offered and discussed at the scene made sense and were all things that could be useful to them or others in a similar situation. However, the biggest problem that survivors saw with this intervention was that it was not fully implemented as

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planned. Survivors wanted follow-up to ensure that they and their children actually got the resources that had been discussed. When that did not happen, many of them became disappointed and disillusioned with the intervention program. These reactions show the importance of fully implementing the intervention as planned, or at the very least, not to tell survivors that they will receive something which they ultimately will not.

Do survivors think the abuser's control over the survivor has changed as a result of the intervention?

Some survivors may have been able to remove themselves from the perpetrator's control. This question may be difficult to fully answer, as some perpetrators may be somewhat controlling even though they are not violent anymore. However, only three survivors directly identified the intervention as helping them remove themselves from the perpetrator's control. Others said that breaking up with the perpetrator or getting the perpetrator into treatment for addiction and mental health problems have played a larger role. A few survivors mentioned that the perpetrator is still controlling, even though the violence has stopped. For example, one survivor said that going to alcohol rehabilitation has helped her stay sober so she can resist the physical violence, but the perpetrator is still controlling. Unfortunately, some survivors are still controlled by the perpetrator.

What role does the presence of children in the household play in survivor's resources, strategies and future violence?

On the whole, children can play a significant role in the survivor's experience. Survivors were mostly dissatisfied with CPS at the scene and as part of follow-up. Children often had pressing needs, often caused by the violence itself, that were mostly ignored by the authorities, which disappointed survivors. Perpetrators also impacted children both in positive and negative

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ways. Maintaining contact with the perpetrator can put the survivor at risk in the future. Children were therefore a significant factor in most survivors' experienced, that can both impact the safety and well-being of survivors.

As a result of analyzing the data, I also decided to add one more question for this study:

How do survivors differ depending on which intervention components they received?

Theme 1, intervention components, shows that the fidelity for this intervention was lacking. All participants were supposed to get changed processing at scene, a follow-up phone call and a follow-up visit. However, only seven people got a follow-up call and only two got a follow-up visit. This can be problematic as it limits what we can say about the effects of the second response program. On the other hand, these subgroups make it possible to compare and contrast their experiences with the different intervention components.

All survivors got changed processing at the scene. Most of them were positive about the police and social service response at the scene, with a few exceptions. The police also more commonly arrested perpetrators than before, which survivors appreciated. One survivor even remarked that the police response was completely different now, which made her feel like everything was going to be okay.

The two survivors who got a follow-up visit were satisfied with it. One said that the visit was especially helpful because the perpetrator had been given time to think about violence and her behavior in general. This survivor has not experienced any violence or used any resources, which were offered both at the scene and during the visit. The other survivor who got a follow-up visit has also not experienced violence since the visit took place (which was after the third police call). This survivor has gotten tangible resources from social services, but not enough to

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meet her needs so she is dependent on the perpetrator which can put her in danger. The follow-up may therefore have been helpful to at least one of these survivors. The other survivor could be helped more in the future by social services if she were given more tangible help so she could distance herself from the perpetrator.

For those that got a phone call, five got a phone call from the detective and three from social services (one got both, so the total number is seven people). Most calls from the detective were made shortly after the police call to check on the safety and well-being of the survivor, which survivors liked. Three survivors got a follow-up phone call by a social worker who offered support and resources, although survivors felt that the process of getting help was too slow. Because that process was so slow, it is difficult to say whether getting resources would contribute to increased long term safety. Even though survivors appreciated the police checking up on the short term safety of survivors, they needed more active follow-up from social services to ensure their long term safety through resource provision. Two of these survivors have been revictimized since the original police call.

The rest of the survivors did not get any kind of follow-up but all except one said that they had wanted it. Survivors had a range of different needs, such as tangible needs, psychological needs and services for children. In some cases, survivors had reached out to social services themselves when they got no follow-up. Most of these survivors believe that more active follow-up and resources could have been beneficial to them, both in terms of safety and well-being.

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Discussion

The purpose of this study was to examine how a second response intervention for domestic violence can impact survivor safety. Survivors gave detailed descriptions about their experiences with the second response program, its impact on safety and how other contextual factors can impact survivor safety. A thematic analysis of survivors' accounts revealed five themes in the data: Intervention components, intervention impact, violence context, life context and recommendations. This analysis revealed that survivors used a variety of resources and safety strategies but in many cases had unmet needs.

The first theme was intervention components, how well the second response program was implemented. Intervention components are important to see how the intervention was carried out and therefore what effects can be expected to take place. This theme showed that intervention fidelity was a major issue in this study. Intervention fidelity involves making sure that all the components of the intervention are administered to each participant and in a similar way. Fidelity is a key component of intervention research to ensure that conclusions that are drawn about the participants stem from the intervention itself (Dumas, Lynch, Laughlin, Smith & Prinz, 2001). In this study, all participants received changed processing at the scene, which they were mostly satisfied with and some identified as having a clear impact on their safety. However, the follow-up component of the study was seriously limited, as only two people got a follow-up visit and only seven got a follow-up phone call. These findings show how difficult it can be when communities implement interventions themselves and not as part of official research programs. Problems with implementation fidelity have also been described as a possible causal factor for why effects established in randomized controlled trials disappear when implemented in real-life

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contexts (Breitenstein et al., 2010). Communities may not have the capacity to implement all components of the intervention, which is what happened in this study.

On the other hand, having parts of the study implemented for some participants and not others creates subgroups that can be compared. For example, the two survivors that got a follow-up visit were satisfied with it and had not experienced violence since the visit. One had not used resources to increase safety but felt that the visit had positive impact on the perpetrator who had gotten some time to think about the violence and was now given an opportunity to discuss it with professionals in a supportive and non-judgmental atmosphere. The other survivor had gotten some tangible services from social services, but that she needs more to be completely independent from the perpetrator, which she identified as the best safety strategy. On the whole, these are positive views of the follow-up visit.

Other survivors were only given a phone call from either the police or social services. Survivors appreciated getting calls from the police to ensure their immediate safety. However, they saw follow-up calls from social services as the better strategy for them to get resources that could increase their long term safety. When social services did call, mobilizing resources often took too long to be helpful. The rest of the survivors did not get any kind of follow-up but all except one said that they had wanted it. They also had a range of needs for themselves, their children and sometimes the perpetrator that mostly were unmet. These results show that survivors are positive towards this kind of program in general and think it might help them meet their needs and improve their safety.

The second theme was intervention impact, which can be broken into the following: Satisfaction, resources, safety strategies and current safety. Previous work on second response programs has reported survivor satisfaction as an outcome and found increased satisfaction

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among survivors in second response programs (Davis et al., 2010; Greenspan et al., 2005; Stover et al., 2010). Survivors in this study were most often satisfied with the police and social service response at the scene (with a few notable exceptions), especially in terms of emotional support provided by social workers. However, survivors were dissatisfied with the lack of follow-up and service provision and described that they and their children still have a number of unmet needs that would improve their safety and well-being. Satisfaction and resources are not independent concepts, because lack of resources was the biggest source of dissatisfaction. Satisfaction with resources may play an especially large role for this group, as they may lose faith that social services can help them and decide not to seek further help there in the future. Satisfaction can lead to increased safety, not on its own, but indirectly, through resources. It therefore remains unclear whether assessing satisfaction is helpful, because it may be more useful to directly assess resources, which can be connected to survivor safety. Directly assessing resources may therefore be more useful. This is confirmed with one quantitative second response study that found that survivor satisfaction with resources was connected with less violence six months later (Greenspan et al., 2005).

Resources were the next part of intervention impact and can be broken down into the following types of resources: Tangible, social, personal, children and addiction. Despite the focus of second response programs on resources, only two previous studies have measured resources. One of these found that survivors who used more resources and were satisfied with them were at lower risk of revictimization (Greenspan et al., 2005), and the other study found that the resource-safety relationship depended on type of resource (Stover et al., 2010). In this study, tangible resources had the clearest impact on safety. For example, one survivor was given a stipend so she can live on her own, which has dramatically improved her safety. Several

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survivors also mentioned that if follow-up were improved, the services that would be most helpful would be tangible ones. This is true both for survivors being able to live independently from perpetrators and providing the means for psychological services. Survivors saw tangible resources as their clearest path to safety, and that their faith in the authorities would increase significantly if they were given adequate tangible resources. Of course, follow-up and tangible resources demand an increase in funding for social services, which may not be feasible.

However, considering how central tangible resources were in survivors' accounts, this needs to be examined closely. This relationship between tangible resources and safety is not surprising, considering that previous research has found that revictimization is connected to a lower socio-economic status (Cattaneo & Goodman, 2005) and that survivors leaving shelters are more likely to be revictimized if they have fewer financial resources (Bybee & Sullivan, 2002; Sullivan, 1991, 1997; Sullivan, Tan, Basta & Davidson, 1995). This study therefore confirms previous work on the importance of tangible resources on survivor safety.

Social resources also played a significant role for survivors, especially informal social support. Survivors said talking with friends and family made a large difference on their safety and well-being. However, people in the informal network could also be judgmental and some survivors said that you cannot fully understand the viewpoint of a DV survivor if you have not been through this experience yourself. This impact is not surprising, as previous literature has suggested that social support can influence survivor well-being (Sylaska & Edwards, 2014). However, influencing informal social support among survivors is difficult to do with a second response program. For survivors with good informal support networks, when formal means of assistance and resources failed them, the informal network stepped in and helped, both in tangible and emotional ways. Therefore, social services could try to assess survivors' informal

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support networks (for example, with questionnaires such as the Social Support Questionnaire (Sarason, Levine, Basham & Sarason, 1983 or the Interpersonal Support Evaluation List (Cohen, Hoberman, Kamarck & Mermelstein, 1983)) and make sure that those with limited support networks are specifically targeted for help.

Personal resources, such as negative impact of violence and difficult interactions with the perpetrator, played a central role in survivors' accounts. However, personal resources in some cases can be seen as an outcome, rather than a connection between the second response intervention and safety. Survivors expressed having clear mental health needs following violence. Domestic violence survivors in general experience a wide range of psychological issues, such as symptoms of depression and post-traumatic stress disorder, anxiety and self-harm (Coker et al., 2002; Dillon, Hussain, Loxton & Rahman, 2013; Ellsberg, Jansen, Heise & Watts, 2008; Golding, 1999). For this sample, addressing mental health most commonly involved providing tangible resources for therapy and counseling. Therefore, assessing the personal resources of survivors may be useful to estimate how much tangible assistance needs to be invested.

Resources for children was a category central to many survivors and clearly impacted their safety. On the whole, survivors were not satisfied with the services provided for their children at the scene or during follow-up. Children had a significant impact on survivor safety. For example, children can be seen as anchors to violent relationships that prevent survivors from leaving and can also be a trigger of violence during pregnancy. Also, children play an ongoing role in survivor safety, as survivors need to communicate with perpetrators about shared children. Difficulties with children and their well-being can also significantly impact survivors.

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Even though social services and child protective services are currently separate entities, they need to find a way to improve their collaboration around children and families as a whole.

Resources for addiction also emerged from the data and played a large role for two survivors. Addiction can serve as a catalyst to violence or a coping mechanism from it. Addressing addiction needs of survivors can play a large role in survivor safety, one survivor explained that her improved safety can be explained with her own sobriety since the second response program. This is consistent with previous literature, which has found elevated addiction issues among domestic violence survivors (Abramsky et al., 2011; Devries et al., 2013). Resources can therefore play a large role in determining safety and well-being of survivors.

Safety strategies are behaviors survivors use to increase their safety. Private strategies are aimed at perpetrators and public strategies are aimed either at the survivor or other people. The most useful private strategy was for survivors to distance themselves from perpetrators, either by ending relationships or by avoiding the perpetrator. Previous literature has shown that survivors are more likely to use private strategies than public strategies, although the private strategies may be less helpful in preventing later abuse (Goodman et al., 2003, 2005; Riddell et al., 2009). In this study, two male survivors mentioned that they have tried to physically resist perpetrators, putting an interesting gender component into this equation. Previous work has found that survivors who resist may risk an escalation of violence (Goodman et al., 2005) and avoid resisting because the perpetrator could easily overpower the survivor (Riddell et al., 2009). However, in this study, survivors on the whole were unlikely to physically resist, except male survivors who were confident that they could overpower the perpetrator. Survivors are therefore not putting themselves at risk by resisting perpetrators who are physically dangerous. Survivors also used a variety of public strategies, such as safety planning, getting legal services or getting

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informal support. The public strategies significantly overlap with resources, such as the use of formal resources. Therefore, assessing this category separately may not be very useful.

The last part of intervention impact was survivor safety, the main outcome of this study. For this study, only six out of fifteen survivors said that they had not experienced any violence since they took part in the second response program. This is worrying considering that on average, only four months has passed between the second response intervention and the interview. It is therefore possible that the safety of some of these survivors may have been compromised later. Three of those who had not experienced violence attributed improvement in safety directly to the actions of police or social services, such as the arrest of the perpetrator, a follow-up visit or an interview with the perpetrator by detective and social worker threatening further action if needed. Another two survivors attributed improved safety as an indirect effect passing from the program to safety through resources. For example, these survivors had gotten assistance from social services (tangible and addiction resources) that had helped survivors improve their safety. Finally, one survivor used a private safety strategy of threatening to call the police again to ensure that the perpetrator was not violent again. The intervention can therefore directly impact safety or that impact can pass through resource use, confirming previous work that connected safety with resource use and satisfaction with resources (Greenspan et al., 2005).

For others, however, survivors did not report benefits of the second response program on safety. Four survivors had been physically victimized in the time period between the second response program and the interview for this study. Some of this violence resulted in serious injuries and put survivors in danger. Furthermore, survivors pointed out clear opportunities where their safety could have been improved, such as orders of protection or tangible resources so that they did not have to depend on perpetrators anymore. Five survivors had experienced

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threats, psychological violence or stalking since the second response program. In sum, only about one third of the survivors interviewed for this study reported that violence had stopped completely after the second response program.

The third theme in this study was violence context, such as previous involvement of the police and social services, history of violence and the impact of that violence. Survivors in this study often reported being in tumultuous relationships with multiple stressors. Unsurprisingly, this context influenced survivors and their safety. For example, previous failure of authorities to assist survivors in the past made some of them reluctant to trust that they would get help in the second response program. For other survivors, longstanding financial exploitation by the perpetrator had made the survivor financially insecure and stressed as a result. However, there was no one factor that emerged in this theme that consistently was connected to improved or limited safety.

The fourth theme was life context, the most important of which is the perpetrator. Survivors frequently mentioned stressors in the lives of perpetrators, such as issues with addiction, mental health and stressful life experiences. Survivors saw these as strongly factoring into their safety, for example that keeping perpetrators sober or going to therapy could be the best way to stay safe. This shows that perpetrators are also a population that could significantly benefit from resources and assistance, and social services needs to keep that in mind and target them. A systematic review of how survivors view perpetrator intervention programs confirmed what survivors said in this study, that perpetrators had major issues with alcohol and mental health problems. However, survivors believed that perpetrator interventions could be effective if perpetrators were held accountable and taught methods of non-violent communication (McGinn, Taylor, McColgan & Lagdon, 2015). So far the second response programs have mostly focused

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on survivors and resources, but addressing the needs of perpetrators may also lead to improvements in safety.

The last theme was recommendations and survivors gave a variety of these. One of the biggest recommendations was to increase follow-up and the provision of resources. In fact, this is one of the biggest takeaways from this study, that social services need to be involved with survivors and their families on an ongoing basis to fully ensure that appropriate resources are provided and used to promote safety in the future. At the beginning of this intervention, authorities expressed concerns that if the police or social services reached out to people, that could be seen as an invasion of privacy. However, in the accounts of survivors, almost all of them appreciated staff getting in touch with them. In addition to specific intervention recommendations, survivors also said that they wanted others to know that being a survivor is a difficult position which most people cannot understand very well. Survivors experience stigma and shame for being in violent relationships and that others should not judge, because no one can really know what this is like until it happens to you.

The main outcome of this study was survivor reported safety. Previous evaluations of second response programs have used recidivism to assess safety, such as the number of calls to the police following the intervention. However, these studies have had inconsistent findings (Casey et al., 2007; Davis et al., 2006; Davis & Taylor, 1997; Hovell et al., 2006; Stover et al., 2010). Also, one review study of second response programs found that when survivor reports of revictimization were examined instead of official recidivism, second response programs increased likelihood of calling the police, but was not connected to risk of violence. The survivors interviewed for this study show how limited recidivism in official records can be as a measure of future violence, as the police had been called again for only two survivors, even

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though nine had experienced some kind of violence or threatening behavior. Recidivism in official records may therefore underestimate survivors' risk of violence.

This study had a number of limitations. For example, limited intervention fidelity has made it difficult to draw conclusions about the impact of second response interventions. The second response program was not implemented as rigorously as it could have been (and should have been, according to survivors). Police and social services improved processing at the scene, but follow-up visits and phone calls did not take place as planned. Other work has shown that police officers in Reykjavik are overworked and that no additional funds were allocated with the implementation of the second response program. Furthermore, the original instructions stated that the follow-up visit should take place during work hours (between nine and five on weekdays), so it is possible that police and social services actually tried to go on more visits but that no one was home (Sigurvinsdottir et al., 2015).

In addition to fidelity issues, general conclusions about second response programs as a whole should not be drawn only from these data because of the qualitative nature of this study. Only fifteen survivors were interviewed and the sample was drawn from survivors who had interacted with a social worker at the scene. These results should therefore not be generalized to all survivors in this second response program or to other programs like these. Another limitation of qualitative research is that as part of the analysis, I have paid more attention to data that confirms my ideas than refutes them, although I have made an effort to avoid this. One strategy to ensure the correct analysis of data is to establish acceptable inter-rater reliability.

Also, second response programs were initially set up for intimate partner violence, but the population served by the Reykjavik police (and therefore included in this study) is broader, with some perpetrators being children or parents of survivors. However, these relationships were

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not often different than intimate partner relationships, with the exception that when perpetrators were the children of survivors, the well-being of perpetrators and their needs were more important to survivors.

The recruitment strategy may also have resulted in an overrepresentation of survivors with children or survivors who are willing to talk to social workers. This needs to be kept in mind when reviewing the results. However, within the sample of survivors who interacted with social workers, a random sample was taken, but survivors had to agree to be part of the study. Survivors who feel uncomfortable participating in research or have other stressors in their lives may therefore opt out of the study. These survivors were therefore more likely to have children or to be willing to seek help from a social worker than other survivors. In addition, survivors had to agree to be interviewed, making it possible that those who live in difficult conditions may not have wanted to participate. These narratives may therefore not be representative of those who participated in this second response intervention, or those that participate in those programs in general.

Accurate recall of events is a concern in all studies with a retrospective focus. In this study, several survivors admitted they struggled to remember events at the scene, for example due to shock or intoxication. In addition to this, survivors may not be comfortable voicing critical opinions to me. Before and during the interview, I tried to make it clear to that I was an independent researcher and asked for their honesty, but it is still possible that participants were not put at ease. That being said, several participants were quite critical. Survivors may also have become upset during the interview or afterwards, I tried to provide emotional support during the interview and encouraged them to be in touch if they felt upset or needed help, but none of them

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did. Assessing iatrogenic effects of interview projects like these can be challenging without contacting participants again.

However, the in-depth nature of the study allowed for survivors to articulate how the program impacted them, their needs and how the second response program had influenced them, a level of detail often difficult to reach in quantitative work. The survivors clearly expressed that they appreciated getting more involvement from the police and social services regarding domestic violence. In fact, the biggest complaint was lack of follow-up and lack of resources provided by social services, suggesting that the second response program may be an appropriate type of intervention for this group.

The findings from this project show that second response programs have the potential to make a difference for survivor safety. In order to do that, first of all, the second response program needs to properly implemented, with either a visit or a phone call. Social services should also consider multiple points of follow-up over a longer period of time, perhaps once a month over a six-month period, to address needs of survivors and their children. Connected to this, both police and social services need to ensure that if they say to survivors that they will do something (like follow-up with them, or provide resources), that needs to be done. Failure to follow through can have detrimental effects on survivors' faith in authorities and their ability to help survivors.

These results also show that future quantitative evaluations of second response programs need to broaden the outcomes that they examine. For example, safety should be assessed by asking survivors, not with official recidivism records. Safety assessments should also include threats and psychological abuse, as these impact survivor well-being and are often precursors to physical violence. Also, if researchers are interested in the process of how resources are

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connected to safety, the most direct connection in this study was for tangible resources (including for mental health costs). Other kinds of resources may be interesting, but tangible resources may be the most informative type in terms of predicting future safety. Future work also needs to expand the focus on survivor resources to include risk factors and resource needs among perpetrators and children. As shown in this study, both perpetrators and children can put survivors at risk for future violence.

These findings reveal that the relationship between the second response program and safety can be complex. However, providing ongoing support can make a real difference for survivor safety and well-being. Survivors are committed to building safer and better lives for them and their children, and second response programs can be a useful way of doing that, provided that they are carried out correctly and that social services remain involved and provide necessary and timely services.

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Appendix 1- Coding schemeTheme 1: Intervention components

Police actions: Anything that the police does. Examples include interviewing a survivor, arresting a perpetrator, talking to children etc. This code only applies to police actions during or after the original police call and includes all of those actions, even if there are multiple different police call. The term original police call refers to the first police reported instance of domestic violence after this new intervention started. Any behavior from the police before the intervention should be coded as Violence context- Police Previous. Any police behavior that falls under follow-up should be coded as Follow-up.

Social worker actions: Anything that social workers do, this code mirrors the previous police code. If there are multiple calls after the original call, all social worker behavior falls under this code. Any contact with social services before the original call should be coded as Violence context- Social Worker Previous. Any contact from social services after the police call should be coded as Follow-up.

Follow-up: Any contact with the survivor following the police reported call that has been initiated by a police officer or social worker. Can be meeting in person or on the phone for example. Use this code for any mention of follow-up, regardless of whether it took place or not, as well as any type of follow-up appraisal or what could have happened if follow up had happened. Does not refer to new police calls after the original call.

Theme 2: Intervention impact

Police Satisfaction: Satisfaction with the police during or after the original police call, all subsequent calls and follow-up. Appraisal of the police before the original call should be coded as Violence context- Police Previous.

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Social Worker Satisfaction: Satisfaction with a social worker during or after the police call, all subsequent calls and follow-up. Appraisal of a social worker should be coded as Violence context- Social Worker Previous.

Tangible resources: Any mention of tangible things during or following the original police call, such as money troubles, borrowing things from others. Tangible aspects before the police call should be coded as Violence impact tangible.

Informal Social Resources: Any mention of the survivor's informal network or impact from them during or following the police call. Examples are people like friends, family and neighbors. Includes things like reactions to survivors, help to survivors etc. Informal social resources before the police call should be coded as Violence context- Violence impact social informal.

Formal Social Resources: Any mention of any formal support, such as doctors, during or following the police call (excluding police and social service actions and satisfaction, which are coded under those codes). This can be seeking help from these institutions, for example. Formal resources before the police call should be coded as Violence context- Violence impact social formal, except for when police or social services are involved, which should be coded as Police Previous or Social Worker Previous.

Personal Resources: Any mention of a survivor's personal capabilities, beliefs, strength, religion, fear, emotions and other factors internal to the survivor during or following the original police call. Can also include things like quality of life or injuries. Personal resources before the police call should be coded as Violence context- Violence impact personal.

Personal Resources Addiction: Any mention of a survivors' addiction during or following the original police call. Survivor addiction before the police call should be coded as

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Violence context- Violence impact addiction. Perpetrator addiction at any time point should be coded as Life context- Perpetrator Addiction.

Child resources: Any mention of children during or after the police call. This can include general observations, services that they were given, impact of violence on them etc. Anything regarding children before the police call should be coded as Violence context- Violence impact children.

Private safety strategies: Behavior shown from the survivor to promote safety that is focused on the perpetrator, such as resisting, placating, putting distance between them. Use only during or after the original police call.

Public safety strategies: Behavior shown from the survivor to promote safety that are either focused only on the survivor (such as safety planning) or on others, such as getting help from the police, from friends and family, etc. Some overlap between this category and social resources is to be expected. Use only after the police related call.

Current safety: Any mention of safety after the police call. Any violence or threat that takes place after the first police call should be coded as this (such as subsequent police calls). Can also include fear of safety, safety appraisals and other connected factors.

Theme 3: Violence Context

Violence impact tangible: Any mention of practical aspects before the police call. Use only for current relationship.

Violence impact personal: Any mention of internal factors of survivors before the police call. Use only for current relationship.

Violence impact social formal: Any mention of formal support systems before the police call. Use only for current relationship.

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Violence impact social informal: Any mention of informal support before the police call. Use only for current relationship.

Violence history: Any violence that has taken place at any time point and is connected to either survivor or perpetrator. Includes previous relationships as well as current ones.

Event: The chain of events that led up to the police call.

Police Previous: Any involvement with the police before the police call for any reason. Also includes appraisal of the police at that time.

Social Worker Previous: Any involvement with social services before the police call for any reason. Also includes appraisal of social services at that time.

Theme 4: Life context

Perpetrator Addiction: Any mention of addiction for the perpetrator at any time point.

Perpetrator Mental Health: Any mental health issues for the perpetrator at any time point. Includes any mention of perpetrators being able to disguise their true self from others.

Perpetrator Stressful Life Experience: Any mention of a stressful life experience for a perpetrator at any time point, such as getting into an accident, being victim of violence, sick family members etc.

Gender: Any mention of anything gendered, such as not resisting because the perpetrator is a woman, gender norms and other things.

Foreign: Any mention of other countries, immigrants, other cultures or anything like that connected to any person.

Theme 5: Recommendations

Recommendations: Any kind of recommendation offered by survivors.

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Appendix 2- Interview protocol

Section 1: Introduction

Thank you for agreeing to speak with me today. I know it's been a little while since you got the home visit from the police and social worker, but I would like to ask you some questions about that experience and what has happened since then. I want to understand more about your experience with the home visit. Getting your viewpoint is very important to me, because the information can be used to help survivors of intimate partner violence by improving services for them. I understand that the topic of violence may be very sensitive, but I am grateful for you taking the time to share your experiences with me. If you feel uncomfortable answering a question, we can skip it, take a break or stop the interview entirely. I am a researcher who specializes in working with survivors of intimate partner violence. I do not work for The City of Reykjavik or The Reykjavik Police. I want to encourage you to speak freely about your experience, and anything that you tell me will not be shared with anyone else. Your relationship with the City of Reykjavik or The Reykjavik Police will not be impacted by anything you tell me here today. If you are interested, I can share the findings from this research project with you when I finish.

Before we start talking about the home visit, I would like to give you an opportunity to talk a little bit about your relationship with your intimate partner at the time of the home visit.

1. How long have you been with your partner?

PROBES: Do you have any children together? How old are your children? Do they live with you?

Are you currently romantically involved with the same partner?

If not together, do you share custody of the children?

Would you say that you have had a good relationship or not so good?

Has intimate partner violence happened between you and your partner before the incident that led to the home visit?

Have you ever told other people in your life about intimate partner violence?

Section 2: Intervention

2. Please tell me about the incident that led to the home visit.

PROBES: What had happened?

Who called the police? Did you agree with the police being called?

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What did the police do at the scene?

Was the police helpful to you? What did they do that was helpful? Did they do anything that was not helpful?

How did you think the police treated you?

How did you think the police treated your partner?

Was there anyone else at the scene besides the police?

Have you had other interactions with the police in the past?

Would you call the police again in the future?

Would you ask social workers for help in the future?

3. Did you get a home visit from the police?

PROBES: How long after the incident was that?

Who visited?

What happened during the home visit?

Was your partner home?

If yes, how did your partner react?

Do you remember what you and the police/social worker talked about?

Was the visit helpful to you or not so helpful?

Was personal safety discussed during the visit?

Were you satisfied with the police/social worker?

Has there been any contact with the police or social worker since the home visit?

Has the home visit only happened once?

Did the police say they were planning to take any further action following the home visit?

What are some ways the home visit can be improved?

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Section 3: Resources4. During the home visit, were you offered any help?

PROBES: What kinds of help were you offered?

Were you offered help with housing?

Were you offered help with transportation?

Were you offered help with education?

Were you offered help with employment?

Were you offered help with finances?

Were you offered help with child care?

Were you offered help with health care?

Were you offered help with legal issues?

Were you encouraged to tell others about the violence?

Did you feel like the social worker was supportive?

Were you offered referrals to get help elsewhere?

Can you think of anything you wanted help with but were not offered?

5. During the home visit, were you offered help with your children? (if participant has children)

PROBES: What kinds of help?

Were you offered referrals to get help with your children elsewhere?

Can you think of anything you needed help with regarding your children but did not get?

6. Were you able to use any of the help that was offered to you?

PROBES: Why/why not?

Was help offered at the right time?

Were there any difficulties getting services through referrals?

Have you tried getting help in this way in the past?

RESOURCES, STRATEGIES AND REVICTIMIZATION

Did you think that you needed these kinds of help before the home visit?

Have you told others about the intimate partner violence since the home visit? Who? What did that person say? Did you find it helpful to talk about it?

Have you tried to get help in new ways since the home visit?

Do you feel like you have more help available to you since the home visit than before?

How comfortable do you feel seeking help for IPV? If you don't feel comfortable, What are some reasons why you do not feel comfortable? Has this changed since the home visit?

How much contact has there been between you and official agencies about IPV after the home visit?

How much contact has there been between you and people in your personal life about IPV after the home visit?

7. Was any help offered to your partner?

PROBES: What kind of help?

Did your partner get referrals for help elsewhere?

Did your partner use any of the help offered?

If your partner was offered help but didn't use it, Do you know why/why not your partner did not use help that was offered?

Can you think of anything your partner needed but was not offered help with?

Section 4: Safety

8. Have you experienced any violence from your partner since the home visit?

PROBES: If yes, when was that?

How long was it from the home visit until the violence?

Has it happened more than once?

If you have not experienced violence, have you been afraid of violence?

Do you think you are at risk of violence in the future?

RESOURCES, STRATEGIES AND REVICTIMIZATION

Do you think your children are at risk of violence in the future?

9. Do you think this kind of home visit program is an effective way of preventing future violence?

PROBES: Why/why not?

What could be improved?

Was it helpful for the social worker to return to your home?

What about the visit was helpful to you?

10. What are some ways that you have tried to stay safe?

PROBES: Have you told others about the violence?

Have you talked to your partner about the violence?

How do you respond when your partner becomes violent?

What kind of response to your partner do you think is most helpful?

Have you made any kind of safety plan?

If you are no longer romantically involved with your partner, have you experienced any problems from your partner since the relationship ended?

Has anyone connected to you (children, other family members, friends, pets) experienced any problems from your partner since the home visit?

How have your safety efforts have changed over time?

How has the home visit changed your safety efforts?

11. Is there anything you want to add or that you think is important for me to know about your experiences?

PROBES: How can we better help IPV survivors?

How can we stop IPV from happening in the future?

How can the system be improved to stop IPV?

12. Do you have any questions?

RANNVEIG SIGURVINSDOTTIR

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EDUCATION

University of Illinois at Chicago (Chicago, IL)

Ph.D. in Community Psychology

2016

Thesis: "Resources, Strategies and Revictimization:

The Effects of a Police Second Response Program on Intimate Partner Violence Survivors" Advisor: Dr. Stephanie Riger.

Minor: Statistics, Methods and Measurement

Certificate in Gender and Women's Studies

University of Illinois at Chicago (Chicago, IL)

M. A. in Community Psychology

2013

Thesis: "The Impact of Intimate Partner Violence on Friends of Survivors" Advisor: Dr. Stephanie Riger

University of Iceland (Reykjavik, Iceland)

B.Sc. in Psychology

2011

Thesis: "Attitudes of Icelandic Police Officers towards Intimate Partner Violence"

RESEARCH INTERESTS

Intimate partner violence; sexual assault; violence prevention; trauma recovery; radiating impact of violence; ecological factors contributing to psychological outcomes and substance abuse; sexual minority trauma survivors; community research and evaluation.

PUBLICATIONS

Riger, S. & **Sigurvinsdottir**, R. (2015). Thematic analysis. In L. A. Jason & D. S. Glenwick (Eds). *Handbook of methodological approaches to community-based research: Qualitative, quantitative, and mixed methods*. New York, N.Y.: Oxford University Press.

Sigurvinsdottir, R., & Ullman, S. E. (2015). The role of sexual orientation in the victimization and recovery of sexual assault survivors. *Violence and victims*, 30(4), 636-648.

Sigurvinsdottir, R., Riger, S., & Ullman, S. E. (2015). The impact of disclosure of intimate partner violence on friends. *Journal of Interpersonal Violence*, online publication ahead of print.

Ullman, S. E. & **Sigurvinsdottir**, R. (2015). Intimate partner violence and drinking among victims of sexual assault. *Journal of Aggression, Maltreatment and Trauma*, 24, 117-130.

RESOURCES, STRATEGIES AND REVICTIMIZATION

Sigurvinsdottir, R. & Ullman, S. E. (2015). Social reactions, self-blame and problem drinking in adult sexual assault survivors. *Psychology of Violence*, 5(2), 192-198.

Riger, S., Bennett, L. W., & **Sigurvinsdottir, R. (2014).** Barriers to addressing substance abuse in domestic violence court. *American Journal of Community Psychology*, 53(1-2), 1-10.

Sigurvinsdottir, R. & Ullman, S. E. (In press). Sexual orientation, race and trauma as predictors of sexual assault recovery. *Journal of Family Violence*.

Sigurvinsdottir, R. & Ullman, S. E. (Accepted). Sexual assault in bisexual and heterosexual women survivors. *Journal of Bisexuality*.

Releya, M., Ullman, S. E., **Sigurvinsdottir, R. & Bennett, S. (Under review).** The short version of the social reactions questionnaire.

Sigurvinsdottir, R., Ullman, S. E. & Canetto, S. S. (In preparation). Risk and protective factors for suicidal ideation and behavior among female sexual assault survivors.

Riger, S., George, C. & **Sigurvinsdottir, R. (In preparation).** Outcomes of domestic violence survivors six months after receiving services.

CONFERENCE PRESENTATIONS

Sigurvinsdottir, R., Ullman, S. E. & Canetto, S. S. (April, 2015). *Psychosocial mediators of suicidality among African American sexual assault survivors: A longitudinal study.* Presented at the American Association of Suicidality's Annual Meeting in Chicago, IL.

Sigurvinsdottir, R. & Dill, E. (November, 2015). *Goals and utilization focused evaluation.* Presented at American Evaluation Association's Annual Meeting in Chicago, IL.

Sigurvinsdottir, R. & Ullman, S. E. (November, 2015). *Problem drinking trajectories of sexual assault survivors by sexual orientation and race.* Presented at American Public Health Association's Annual Meeting in Chicago, IL.

Sigurvinsdottir, R. & Ullman, S. E. (June, 2015). *Sexual orientation, social support and psychological outcomes of sexual assault survivors.* Presented at The Biennial Conference of the Society for Community Research and Action, Lowell, MA.

Sigurvinsdottir, R. Ullman, S. E. (October, 2014). *Sexual assault, sexual orientation and social support.* Presented at the Midwest Eco Community Psychology Conference, Chicago, IL.

Sigurvinsdottir, R. Ullman, S. E. (July, 2014). *Sexual orientation, trauma histories & recovery from sexual assault.* Presented at the International Family Violence and Child Victimization Research, Portsmouth, NH.

Sigurvinsdottir, R. Ullman, S. E. (May, 2014). *Revictimization of sexual assault survivors and sexual orientation.* Presented at the 86th Annual Meeting of the Midwestern Psychological Association, Chicago, IL.

RESOURCES, STRATEGIES AND REVICTIMIZATION

Sigurvinsdottir, R. Ullman, S. E. (November, 2013). *Differences in sexual risk behavior of lesbian, bisexual and heterosexual sexual assault victims*. Presented at the Annual Meeting of the American Society for Criminology, Atlanta, GA.

Sigurvinsdottir, R., Riger, S. & Bennett, L. W. (November, 2013). *Domestic violence and substance abuse: Attitudes towards victims in domestic violence court*. Presented at the Midwest Eco Community Psychology Conference, Chicago, IL.

Tolar, B., Ullman, S. E. & **Sigurvinsdottir, R.** (November, 2013). *Depression, child sexual abuse and adult revictimization in sexual assault survivors*. Presented at the Midwest Eco Community Psychology Conference, Chicago, IL.

Sigurvinsdottir, R. (June, 2013). *Dating violence: The impact on Friends*. Presented at The Biennial Conference of the Society for Community Research and Action, Miami, FL.

Sigurvinsdottir, R. & Ullman, S. E. (May, 2013). *Social Reactions, Self-Blame and Problem Drinking for Sexual Assault Survivors*. Presented at the Midwestern Psychological Association Conference in Chicago, IL.

Sigurvinsdottir, R. & Ullman, S. E. (April, 2013). *Post-assault adjustment differences of sexual assault survivors by sexual orientation*. Presented at the Chicago Graduate Student Research Symposium in Chicago, IL.

Sigurvinsdottir, R. & Ullman, S. E. (October, 2012). *Self-Blame, Negative Social Reactions and Problem Drinking for Female Survivors of Sexual Assault*. Presented at the Midwest Ecological-Community Psychology Conference in Chicago, IL.

Sigurvinsdottir, R. (March, 2011). *Attitudes of Icelandic Policemen Towards Interpersonal Violence*. Presented at the 12th Conference of the International Academy of Investigative Psychology in Amsterdam, the Netherlands.

RESEARCH EXPERIENCE

Evaluator and domestic violence research expert	2015 – present
Reykjavik Metropolitan Police and City of Reykjavik	
Responsibilities:	
<ul style="list-style-type: none"> • Evaluating a domestic violence intervention program. • Designing and planning the research project • Data analysis • Synthesis of findings to inform future policy and decision making. • Communication of evaluation findings to stakeholders (community, governmental and academic audiences). 	
Evaluator	2014 – 2015
City of Chicago, Division on Domestic Violence in the Department of Family and Support Services.	

RESOURCES, STRATEGIES AND REVICTIMIZATION

Responsibilities:

- Data analysis
- Writing of evaluation reports
- Advising on future data collection and policy directions
- Participating in the Chicago Domestic Violence Coordinating Response Council, where major stakeholders in the Chicago domestic violence community come together to discuss and share their work.

Research assistant

2012 – 2016

University of Illinois at Chicago; The Women's Stress and Support Study, a longitudinal NIAAA funded community study of sexual assault survivors

Responsibilities:

- Data collection and analysis(quantitative and qualitative)
- Writing of academic papers
- Presentations at professional conferences
- Mentoring undergraduate students
- Collaborating with other members of the research team

Research assistant

2013 - 2016

University of Illinois at Chicago; The Women's Outcomes Project, a large scale collaboration between the Chicago Metropolitan Battered Women's Network, the University of Illinois at Chicago and Loyola University.

Responsibilities:

- Advising on data collection strategies
- Coordination of community partners and researchers
- Data analysis
- Communication of results to community audiences and in academic journals

Research assistant

2013 – 2014

University of Illinois at Chicago; Evaluation of Cure Violence, a violence prevention program with the UIC Public Health team

Responsibilities:

- Analyzing crime data
- Presenting results in reports and academic papers
- Collaborating with the research team

TEACHING EXPERIENCE

University of Illinois at Chicago

RESOURCES, STRATEGIES AND REVICTIMIZATION

Teaching assistant- Research methods in Psychology Directed discussion sections, graded papers and met with students.	2012
Teaching assistant- Introduction to Psychology Directed discussion sections, graded papers and met with students.	2011-2012
University of Iceland Teaching assistant- Introduction to Psychology Directed discussion sections and assisted students.	2009-2010

AWARDS AND GRANTS

Gender equality research grant from the Icelandic Prime Minister's office to study domestic violence perpetrators. Role: Key personnel; \$26,000	2015
Community Mini Grant from Society for Community Research and Action. Role: Principal Investigator; \$870.	2015
Community and Prevention Research Summer Fellowship, University of Illinois at Chicago; \$3600.	2015
Psychology Department Research Grant, University of Illinois at Chicago; \$300.	2012
Fulbright scholar grant from the United States Department of State; \$15,000	2011

ASSOCIATION MEMBERSHIPS

Current member of the following:

- Society for the Psychology of Women (American Psychological Association, Division 35)
- Society for Community Research and Action
- American Evaluation Association
- American Public Health Association

DATA ANALYSIS SKILLS

Excellent skills in SPSS, Stata, Mplus, R and Atlas.ti.