



REPORT TO THE WASHINGTON STATE LEGISLATURE

Planning Report  
for the

University of Washington  
Center on Intimate Partner Violence Research, Policy and Practice

Per Chapter 462, Section 602  
Laws of 2023 68th Washington State Legislature, 2023 Regular Session

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Plan submitted by Mary A. Kernic, PhD, MPH on behalf of the  
Center on Intimate Partner Violence Research, Policy and Practice Planning Group

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## Acknowledgements

The University of Washington and the Center on Intimate Partner Violence Research, Policy and Practice acknowledge the Coast Salish peoples of these lands, waters, and skies where all tribes and bands within the Suquamish, Tulalip and Muckleshoot nations have lived and thrived since time immemorial. We acknowledge the history of colonization that removed the original peoples from and denied their access to these lands where they once flourished in close relationship to the earth. Our Center honors the Coast Salish women ancestors who have perpetuated generations of their people to preserve and carry forward their cultural values, traditions, and practices, and we mourn those who are still missing and murdered. We pledge to always remember those Indigenous victims and survivors of colonial genocide and violence by holding their spirits close at heart. And we pledge to be mindful and conscientious stewards of this place where we are privileged to study, learn, and teach.

The Planning Group offers our thanks, respect and appreciation to all those involved in the development of this planning report.

## Focus Group Participants

First and foremost, we sincerely and respectfully thank the survivors of intimate partner violence who bravely shared their histories and experiences with us during the focus groups. Their insights into how the Center can better serve survivors and their children is instrumental to our priorities moving forward.

With the same due respect, we thank the direct service providers who work directly with intimate partner violence survivors, many of whom share a common history, and nevertheless show profound, seemingly tireless commitment in their dedication to survivors and their children.

## Consultants and Assistants

We also thank the work of community-based participatory, qualitative researchers:

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Dr. Dana Cuomo, Assistant Professor, Lafayette University,

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Jenn Ozawa, MSW,

And for their assistance with data collection and research overviews, and project coordination, respectively:

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### Key to Acronyms

BIPOC:	Black, indigenous and other persons of color
CEGBV:	Center for Ending Gender-Based Violence
DV:	Domestic violence
ESHB 1715:	Engrossed House Substitute Bill 1715 (2023)
GBV:	Gender-based violence
IPG:	Internal planning group
IPV:	Intimate partner violence
UW:	University of Washington
WSCADV:	Washington State Coalition Against Domestic Violence

## Executive Summary

### Legislative Mandate

This report is respectfully submitted to fulfill the legislative mandate pursuant to Section 602 of Engrossed Second Substitute House Bill 1715 (2023) to generate a plan for the establishment of a University of Washington (UW) center on intimate partner violence (IPV) research, policy and practice. The goals of the center are to conduct IPV research, widely disseminate evidence-based and other high-quality research to best inform policy and practice-based efforts in IPV prevention and harm reduction, and to ensure these efforts are informed and responsive to the needs of survivors and others impacted by IPV in Washington State.

We thank the state legislature for their thoughtful consideration of this plan.

### Intimate Partner Violence

IPV is violence or abuse (e.g., physical abuse, sexual abuse, stalking, psychological abuse, financial abuse, and coercive control) committed by a current or former intimate partner.<sup>1,2</sup> The National Intimate Partner and Sexual Violence Survey, in its most recent statewide report found that 9.0% of women and 5.3% of men in Washington State experienced physical violence, sexual violence and/or stalking by an intimate partner in the previous 12 months. Further, approximately 1.7 million adult Washingtonians have experienced physical IPV, 2.4 million have experienced psychological IPV, and 700,000 have experienced sexual IPV during their lifetime.<sup>2</sup> These experiences have enormous consequences on the health and well-being of our populace—adults, youth and children alike; and also have profound impacts to our health systems; our civil, family and criminal legal systems; and our social services and educational systems. National estimates of the costs of IPV are conservatively estimated at \$4.7 trillion dollars (adjusted to 2023 dollars) over victims' lifetimes.<sup>3</sup> Although prevention and intervention science in IPV is in its early stages, promising and evidence-based prevention programs and interventions do exist, and the evidence and potential for impact is most pronounced for early prevention and intervention strategies (e.g., primary prevention of dating violence among youth, interventions with survivors and child witnesses and survivor parents to mitigate harm and prevent further exposure and revictimization). These strategies interrupt the multitude of downstream harms and risks that perpetuate intergenerational cycles of violence.

### Planning Phase

Center planning was accomplished over a six-month period by an Internal Planning Group (IPG) comprised of a multidisciplinary team of 13 IPV and gender-based violence experts at the UW. The IPG convened six times as a full group, and an additional 14 times across the three workgroups created to attend to the objectives of the three arms of the Center: 1) engagement with IPV survivors and other relevant community partners; 2) research-related activities to inform policy and practice in Washington State and training efforts to build and diversify the field of IPV researchers in the state; and 3) dissemination and promotion of Center analyses, research summaries and other informational

materials to support greater adoption and implementation of evidence-based IPV practices and policies.

Planning efforts resulted in the development of: the Center's overall mission, priorities, primary objectives, and vision (see Inset 1: Mission Statement); and detailed early implementation plans for the three arms of the Center (engagement with external partners; research and training; and dissemination and promotion). Early implementation plans were informed by input from a statewide group of IPV survivors and direct service providers gathered during four focus groups (for the full report, see Inset 2: Focus Group Report).

## Center Early Implementation Plan (2024-2025)

The proposed early implementation plan described below represents Center initial goals and objectives based on a potential start date of approximately March 1, 2024 and ending on June 30, 2025 in line with biennial funding.

### Center Leadership and Associates

Center leadership will be comprised of the Director, Dr. Mary A. Kernic, who will provide overall leadership and leadership oversight and planning of Research activities; and two faculty Associate Directors (to be named) who will provide leadership oversight and planning for: 1) Training efforts; and 2) Dissemination and Promotion efforts.

### Center Associate Members

During the first months of the Early Implementation Phase, we will develop formal guidelines on the eligibility, roles, responsibilities, and benefits of UW faculty and staff who are interested in becoming Center Associates. In lieu of having established formal guidelines in place at the writing of this report, all 13 IPG members expressed interest in becoming Associate Members of the Center. Concise professional biographies, and accompanying information on publications, research grants, ongoing research and other relevant projects and activities of IPG members are provided in Appendix A as evidence of Center Associates' capacity, capability and expertise.

### Continued Engagement with External Partners and Community Advisory Committee

Engagement with external statewide partners in the early implementation phase will focus on building and strengthening relationships with Directors of Domestic Violence/Gender-Based Violence agencies and coalitions to improve Center understanding of current regional and statewide efforts; identify potential areas for collaboration; and ensure our work is complementary, non-duplicative and well-integrated. Additionally, a Community Advisory Committee will be created with composition informed by continued engagement with external partners. The Community Advisory Committee will meet regularly with Center leadership to remain informed of Center progress and provide input and recommendations to ensure the Center remains responsive to the needs of those impacted by IPV and to assist with and advise on programmatic objectives, reach and impact.

## Research and Training Implementation Plan: Early Implementation Phase

Guided in part by the insights from the focus groups, the Research and Training Workgroup detailed a number of specific activities for the early implementation phase that focuses on building infrastructure for the Center to sustainably engage in research and training activities. Research and training priorities during the early implementation phase will include efforts to:

1) conduct data analysis and research projects to provide practical, more immediate findings to inform gaps in services and other community-informed prioritized areas of concern; 2) develop a system for synthesizing data and existing evidence to inform practice and policy recommendations; 3) foster collaboration among Center Associates and with national colleagues; 4) facilitate opportunities for IPV research training; and 5) build competitive research grants program to be implemented in 2026 (if ongoing funding is awarded).

## Dissemination and Promotion Implementation Plan: Early Implementation Phase

A priority of Center early dissemination and promotion activities will be to increase access to high-quality IPV-related research conducted by investigators here and across the nation by providing practical, scientifically vetted research summary reports in formats accessible to a broad range of audiences across Washington State and beyond. The aim of this objective is to improve direct public access to IPV-related research, as well as critical reviews and summaries of the research on prioritized topics to facilitate greater awareness and adoption of the best evidence-based practices and policies.

Although the Center will engage in a number of different theoretical and methodological research approaches, a commitment to the principles of community-based participatory research will serve as a foundational value. These principles, in brief, include an emphasis on community-defined problems, embarking on research that is actionable and of benefit to communities and science, engages community members as active and equal research partners, and disseminates research findings and knowledge gained back to the community.<sup>4</sup> Thus, as we partner with communities across Washington State, we will hold ourselves responsible to efforts that are collaborative, respectful and responsive, and neither extractive nor harmful. We will also actively work against historical barriers, harmful norms and traditions that hinder IPV prevention and response strategies from being implemented ethically, equitably and effectively.

Dissemination and promotion priorities during the early implementation phase will include efforts to: 1) continue to build trust with communities across Washington, particularly those most impacted by IPV; 2) hire professional staffing for dissemination and promotion efforts; 3) design and implement a website and media strategy for effective and wide dissemination; and 4) develop plain language research summaries and other products for effectively communicating findings, particularly those most actionable and relevant to practice and policy.

## Looking Forward beyond Early Implementation

The plans proposed are consistent with a long-term approach commensurate with the complexity of

the causal, consequential, multi-generational and broad societal impacts of IPV. On-going support for the Center from the state legislature is crucial to furthering the Center's ability to contribute to real-world impact on IPV prevention and mitigation of the wide-ranging adverse consequences to IPV survivors, children exposed to IPV, and others impacted by IPV in Washington State.

## Summary

The proposed Center offers a unique opportunity for our state to build a stronger alliance between IPV research scientists, IPV survivors and others impacted by IPV, direct service providers and other professionals who interact with those impacted by IPV. The Center will serve as a trusted source for the general public, practitioners and policymakers to have direct access to critical, informative, plain language summaries on promising and evidence-based approaches to IPV prevention and state-level analyses on high priority IPV issues via the Center website, presentations and through other dissemination formats. An integral value of and commitment by the Center is acting in concert with the principles of community-based participatory research-- an emphasis on community-defined problems; embarking on research that is actionable and of benefit to communities and scientific advancement alike; engaging community members as active and equal research partners; and disseminating research findings and knowledge gained back to the community.<sup>4</sup>

## Legislative Mandate

On April 22, 2023, Engrossed Second Substitute House Bill 1715 (ESHB 1715) was passed by the Washington State legislature, and shortly afterward signed into law by Governor Jay Inslee. ESHB 1715 enacted a number of reforms to improve legal protections for survivors of domestic violence (DV), and specifically survivors of intimate partner violence (IPV).

One innovative mandate in ESHB 1715 was the proposal for establishing a Center of Excellence in Domestic Violence Research, Policy and Practice based at the University of Washington (UW) and comprised of research- and practice-based experts in IPV. The overarching goals of the center are to conduct IPV research, widely disseminate findings from evidence-based and other high-quality research to best inform IPV policy and practice, and to ensure these efforts are informed and responsive to the needs of survivors and others impacted by IPV. Given that the legislative intent was for the center to focus exclusively on IPV, specifically, we respectfully request its name be changed to the Center on Intimate Partner Violence Research, Policy and Practice (referred to throughout as the “Center”). The term “domestic violence” (DV), although sometimes used interchangeably with IPV, is also used and legally defined more broadly to include violence between any family and/or household member (see Revised Code of Washington 10.99.020).

The statutory authority for the generation of this planning report is codified by Engrossed Second Substitute House Bill 1715, Chapter 462, Laws of 2023, which reads as follows:

*NEW SECTION. Sec. 602. A new section is added to chapter 28B.20 RCW to read as follows:*

- (1) Subject to funds appropriated for this specific purpose, the University of Washington shall develop a plan to establish a center of excellence in research, policy, and practice to reduce domestic violence.*
- (2) The plan must be developed with relevant disciplines across the schools of the University of Washington. The school of public health shall lead the development of the plan. The development of the plan must include, but not be limited to, the schools of social work, law, medicine, and nursing, and the Alene Moris women’s center.*
- (3) The University of Washington must develop a report summarizing the plan, which must evaluate, but not be limited to, the following topics:*
  - (a) Conducting scientifically rigorous intimate partner violence research that informs policy and practice in Washington;*
  - (b) Disseminating existing research findings and best practices in order to proliferate evidence-based intimate partner violence policy and practice;*
  - (c) Promoting effective strategies to reduce the incidence of domestic violence and domestic violence homicide; and*
  - (d) Engaging in strategic planning efforts with relevant stakeholders to develop policy recommendations to improve the state’s response to domestic violence.*



(4) *In developing the plan, the University of Washington shall establish an external stakeholder group that shall ensure that all work conducted by the center is informed by survivors of domestic violence, including Black, indigenous, and survivors of color, and LGBTQ survivors, to ensure that research interventions are holistic, trauma-informed, and antiracist and policy recommendations are appropriate and effective for Washington's diverse communities.*

*The University of Washington shall include, but not be limited to, survivors of intimate partner violence, including low-income communities, immigrants, refugee communities, people with religious diversity, people with physical disabilities, children and other family members of survivors, representatives from systems that interact with survivors and perpetrators, and representatives from communities disproportionately impacted by intimate partner violence in order to guide development of the plan's overarching goals and strategic vision.*

*The University of Washington shall provide stipends to stakeholder participants to the extent necessary to maximize participation.*

(5) *The University of Washington shall provide a report to the relevant committees of the legislature with its findings and recommendations as soon as practicable, but no later than January 15, 2024.*

(6) *Subject to funds appropriated for this specific purpose, the University of Washington shall begin implementation of the plan by July 1, 2024.*

In response to the legislative mandate above, the Center Director, Dr. Mary A. Kernic, and internal planning group (IPG) leadership team, comprised of Drs. Avanti Adhia and Alice M. Ellyson, received formal support from UW School of Public Health Dean Hilary Godwin to proceed with planning efforts to house the Center within the UW School of Public Health. The planning leadership team invited faculty and staff with broad expertise in IPV and gender-based violence (GBV) to participate as members of the Center Internal Planning Group (IPG). All those in attendance at an initial meeting organized by UW State Relations on behalf of Representative Lauren Davis, and who continued to express interest in Center planning efforts were invited, and those who accepted and had capacity to engage in the planning effort became active members of the IPG. Responsive to the mandate in Section 602(2), active membership of the IPG included 11 faculty from the Schools of Public Health, Nursing, Medicine, Social Work, and Law, and two professional staff members from UW Safe Campus and the Office of the Title IX Coordinator. While leadership of the UW Alene Morris Women's Center expressed strong interest in involvement with the Center, pandemic-related staff losses precluded their ability to participate in Center planning activities. Center leadership will provide updates to the Women's Center following the planning phase and welcome their involvement at a time when they are able.

This planning report provides an overview of the process involved in defining the overall vision for the Center, its mission, priorities and objectives, and goals for the early implementation phase. It represents contributions and input from a diverse group of IPV survivors and advocates from across the state, an interdisciplinary team of IPV and GBV experts, and state and regional coalition leadership. The goals and objectives of this plan and the investments made understandably require a long-term approach in

order to effect meaningful change in the occurrence and consequences of the complex issue of IPV. We have received positive and supportive responses from coalition leaders and focus group participants regarding the direction the Center will take in synthesizing high-quality research evidence, disseminating research summaries to a wide variety of audiences; collating, standardizing and analyzing regional data to inform needs and gaps in services; and conducting both short-term and long-term research projects to identify problems and solutions in our current approach to IPV. A research center tasked with identifying solutions to preventing IPV and mitigating its harms, even in partnership with coalitions and service providers, calls for a sustained investment. Accordingly, we respectfully request the legislature to commit to ongoing state funding to support these efforts. The Center will offer a unique role in the state and nation in scientific content expertise, advanced research methods, data expertise and will serve as a scientific hub acting in partnership and collaboration with IPV survivors and others impacted by IPV, state and regional coalitions, DV and GBV agencies, and the wide breadth of non-profits and governmental agencies serving those affected by IPV and those who cause IPV-related harm.

We respectfully submit this document to meet the legislative mandate for provision of a final Center planning report with findings and recommendations for the Center's implementation plan. We thank the state legislature for their thoughtful consideration of this plan and for consideration of ongoing funding.

## Introduction

IPV is violence or abuse (e.g., physical abuse, sexual abuse, stalking, psychological abuse, financial abuse, and coercive control) committed by a current or former intimate partner.<sup>1,2</sup> The National Intimate Partner and Sexual Violence Survey, in its most recent statewide report found that 9.0% of women and 5.3% of men in Washington State experienced physical violence, sexual violence and/or stalking by an intimate partner in the previous 12 months. Further, approximately 1.7 million adult Washingtonians have experienced physical IPV, 2.4 million have experienced psychological IPV, and 700,000 have experienced sexual IPV during their lifetime.<sup>2</sup> These experiences have enormous consequences on the health and well-being of our populace—adults, youth and children alike; and also have profound impacts to our health systems; our civil, family and criminal legal systems; and our social services and educational systems. National estimates of the costs of IPV are conservatively estimated at \$4.7 trillion dollars (adjusted to 2023 dollars) over victims' lifetimes.<sup>3</sup>

IPV is a pervasive phenomenon, affecting both youth and adults from all demographic groups and identities, yet not all are at equal risk of victimization.<sup>5-7</sup> IPV is also a highly complex social phenomenon, with an equally complex set of risk and protective factors associated with perpetration and victimization.<sup>6</sup> Risk factors found to be consistently and strongly associated with IPV perpetration and victimization include having: experienced child abuse, witnessed parental IPV, any one of a number of mental health disorders (with strongest effects for personality disorders), and substance abuse disorders. Risk factors for perpetration only include: anger, traditional gender roles, perpetration of child abuse, and use of violence outside of IPV and DV relationships.<sup>6,8,9</sup> It is critical to appreciate that several of these and other identified risk factors are well-established consequences of early life trauma (e.g., child abuse, witnessing IPV and other adverse childhood experiences).<sup>10</sup> Therefore, and consistent with public health principles, prevention and early mitigation of harms due to childhood trauma hold the greatest potential

for prevention of both IPV perpetration and victimization.<sup>11</sup> Risk of IPV is also far greater among those impacted by socioeconomic disadvantages (poverty, inadequate educational opportunities, and inadequate access to necessary and supportive community resources), issues that disproportionately overburden communities of color.<sup>6</sup>

Those who have experienced harm due to IPV are at greater risk of a multitude of physical health consequences including injuries, chronic pain, multiple adverse perinatal outcomes (including fetal and neonatal death), sexually transmitted infections, and homicide relative to those who have not experienced IPV.<sup>12-14</sup> Several studies have noted potential impacts and increased risk due to IPV victimization on chronic illnesses including cardiovascular, gastrointestinal and neoplastic diseases, however, definitive, solid conclusions on these risks require further inquiry.<sup>12</sup> The impact of IPV on survivors' psychological health is also striking, placing them at increased risk of depression, anxiety, post-traumatic stress disorder, psychological distress, and suicidal ideation.<sup>15</sup>

Children exposed to parental IPV are at greater risk of a number of adverse outcomes relative to their peers. In addition to being at increased risk of IPV perpetration and victimization in adulthood<sup>16</sup>, children exposed to parental IPV are at increased risk of a wide range of additional adverse consequences that set them up for a trajectory of escalating harms and risks extending well into adulthood. Children require sufficiently stable, safe environments and responsive and present caretaking to develop healthfully and reach critical developmental milestones. Children exposed to parental IPV experience unstable, unsafe, disruptive environments in which their primary caretaker (most typically) is at ongoing risk of continued physical harm—even death or threats consistent with fear of impending death. These forms of early life disruptions and trauma create strong and lasting impacts on children's physiological, psychological, and social and cognitive development. Children exposed to parental IPV are more likely than their non-exposed peers to: experience and sustain higher baseline levels of stress hormones and exhibit greater physiological reactivity to environmental stressors; show lower levels of social-emotional competence and emotional regulation; exhibit internalizing and externalizing behavioral problems; present with greater nutritional deficiencies, obesity, inadequate immunization coverage; experience higher prevalence of victimization and perpetration of bullying, poorer academic functioning, greater likelihood of academic suspension, high-risk precocious entries into adulthood (early engagement in sex, dropping out of high school, entering full-time employment and early marriage); and report greater acceptance of the use of violence in intimate relationships.<sup>17-25</sup>

Although we have learned a great deal about the risk factors, consequences and costs of IPV through research, we know far less about effective prevention and intervention strategies, and how to promote uptake of evidence-based solutions. Prevention strategies, including those for IPV, occur across a spectrum, and include primary prevention strategies (prevention of IPV before it ever happens), intervention (for individuals experiencing or using IPV), and healing (for follow-up care and support for affected individuals). Building knowledge about prevention strategies, including those that are culturally specific and those focused on preventing intergenerational violence, is needed.<sup>26-28</sup>

Prevention  
Spectrum



Research is needed that examines interventions to support individuals and families affected by IPV, including those who use harm, to reduce the incidence of IPV and promote health and well-being following IPV.<sup>29,30,31-33,34</sup> Research is also needed to examine how systems (e.g., criminal, civil and family legal systems; and health care systems) interfacing with survivors can better serve them and their families and what resources would best support IPV service providers and agencies in their work.<sup>35-37</sup>

Although IPV intervention research is in its early stages, there are a growing number of promising interventions. Research has found that full civil protection orders are effective in reducing risk of both police-reported physical IPV and survivor-reported physical and non-physical abuse and greater protection with increasing duration of the protective order.<sup>38,39</sup> Studies have found that housing interventions for IPV survivors have a positive impact, including improved survivor mental and emotional health, increased social connection, and reduced risk of subsequent abuse.<sup>40-42</sup> A recent meta-analysis of research on the efficacy of perpetrator intervention programs found no significant reductions in survivor-reported recidivism in rigorously conducted trials.<sup>43</sup> The authors noted that there are some promising new directions of this line of research, however, these new approaches are suggestive of the need for more tailored approaches for distinct subpopulations of perpetrators (e.g., those with co-occurring substance abuse, post-traumatic stress disorder, other mental health concerns, additional risk factors associated with higher risk of recidivism). Accordingly, this area of research will require concerted efforts across multiple investigative trials to arrive at effective and safe policies. Coordinated approaches that will allow for homogeneous comparisons across studies and sufficient federal funding streams are warranted given that several hundred thousand participate in court-mandated perpetrator interventions in the U.S. annually, and despite no evidence of effectiveness, those who complete these programs are afforded legal benefits (e.g. deferred prosecution, greater child custodial benefits).<sup>44</sup>

Early evidence suggests cognitive behavioral therapy and trauma-focused cognitive behavioral therapy approaches have led to significant improvements in depression, post-traumatic stress disorder, overall health and lowered rates of revictimization among survivors.<sup>45</sup> Despite the strong potential for interventions with children exposed to parental IPV in mitigating adverse psychosocial consequences that contribute to greater future harms well into adulthood, far less research has been conducted in this area, and is greatly needed. The results of the most recent rigorously conducted systematic review of psychosocial interventions with children exposed to parental IPV found that there is insufficient evidence of program effectiveness on emotional, behavioral and cognitive outcomes.<sup>46</sup> Further, we know that of adults who have ever experienced IPV, 27.1% of women and 20.5% of men report that their first experience of physical and sexual IPV or stalking occurred prior to age 18.<sup>7</sup> Across the United States, approximately 1 in 12 adolescents report past year physical or sexual dating violence.<sup>47</sup> A multi-state study of homicides among U.S. adolescents found that 6.9% were committed by an intimate partner.<sup>48</sup> Thus, primary and secondary prevention strategies for youth is another high priority research area with promise of strong impacts across the life course. A recent systematic review of primary prevention interventions with youth and young adults concluded that interventions that taught healthy relationship skills, promoted social norms consistent with protection from violence and created protective environments resulted in significant reductions in IPV perpetration.<sup>49</sup>

## How existing IPV research and priorities fit with Center priorities

Scholars grappling with the state of IPV prevention research and important next steps recognize and have highlighted the importance of several of the key issues that will advance the science and significantly reduce IPV and its harms. These key issues align with those we have proposed as overarching themes for the Center's work: multidisciplinary scientific collaboration; demand for high standards in scientific rigor; adoption of community-based participatory research values and approaches; a need to ensure survivors' and children's basic needs are met and readiness for intervention is appreciated and respected as a necessary prerequisite to intervention; and recognition of the critical role trauma education and trauma-informed approaches must take for all who work with survivors and their children.<sup>45,50,51</sup>

Center researchers currently engage in many of the research areas mentioned above and will continue their pursuit of extramural funding from federal agencies and other funders to continue this important long-term, costly research. The state support for the Center is not intended to serve this role; instead state support for the Center will focus on efforts described in detail below in the implementation plan section. Briefly, the goals of this plan focus on: 1) data analysis and research projects to provide practical, more immediate findings to inform gaps in services relative to need and other community-informed prioritized areas of concern; 2) synthesizing existing research evidence to inform practice and policy recommendations on priority issues; 3) expanding efforts to seek on-going input from statewide communities to inform our research priorities and approaches, and recruit members to serve on a Community Advisory Committee for regular oversight and feedback; and 4) disseminating research summaries and other findings in formats accessible to distinct audiences via the Center website, presentations and other dissemination mechanisms.

## Center Planning Phase

### Overview

Following passage of ESHB 1715, a panel of UW representatives with expertise in IPV, GBV and/or other relevant expertise were invited by UW State Relations Associate Director Morgan Hickel to a meeting with ESHB 1715 sponsor, Representative Lauren Davis, on 6/12/2023 to discuss the post-legislative directive for planning the establishment of the Center. Participants in that meeting were asked by Associate Director Hickel if they wished to engage in future meetings regarding Center planning efforts. The planning leadership team, Drs. Kernic, Adhia and Ellyson welcomed all who expressed interest and had capacity to engage in the planning effort as active members of the IPG. IPG members, along their title and affiliations, are listed in Table 1.

## Convenings and Progress Made by the UW Internal Planning Group

The IPG held five full group meetings from August to December 2023. Initial meetings involved introduction of IPG members, affiliations and areas of expertise and focus; review and discussion of the

legislative mandate; discussion on hiring strategic planning and community-based participatory qualitative research consultants to assist in planning efforts; development of workgroups; and discussion of external partner input.

At the 8/21/2023 IPG meeting, three workgroups were formed to develop targeted plans to attend to the unique and specific demands of the following legislative mandates for the Center: a) engagement and input from external partners; b) research and training; and c) dissemination and promotion. The goals of the workgroups and their composition are described more fully below.

**Table 1. Internal Planning Group Members**

Name	Title	School/Department
Avanti Adhia, ScD	Assistant Professor	Nursing/Child, Family, and Population Health Nursing
Anna E. Bender, PhD	Post-Doctoral Scholar	Medicine/Pediatrics
Natalie Dolci, LICSW	Senior Violence Prevention and Response Specialist	Safe Campus
Alice M. Ellyson, PhD	Assistant Professor	Medicine/Pediatrics
Mary D. Fan, JD, PhDc	Professor, Chair	Law
V. Kalei Kanuha, PhD	Teaching Professor, Associate Dean	Social Work
Mary A. Kernic, PhD, MPH	Research Associate Professor	Public Health/Epidemiology
Jennifer Piel, MD, JD	Associate Professor	Medicine/Psychiatry and Behavioral Sciences
Dana Raigrodski, LLM, SJD	Associate Teaching Professor	Law
Ali Rowhani-Rahbar, MD, PhD	Professor	Public Health/Epidemiology
Kiana Swearingen, BA	Deputy Title IX Coordinator for Education & Prevention	Office of the Title IX Coordinator
Denise Walker, PhD	Research Professor	Social Work
Carolyn West, PhD	Professor	Interdisciplinary Arts and Sciences/Social, Behavioral and Human Sciences

**The External Partner Engagement and Input Workgroup** was tasked with gathering input from community partners to ensure the Center’s plan is informed by and responsive to the experiences of survivors and others impacted by IPV (per Sec. 602 (3)(d) and (4)). Dr. Kernic led this workgroup and was joined by six IPG members (Dolci, Kanuha, Piel, Raigrodski, Swearingen), Jenn Ozawa (strategic planner and project manager), and Drs. Dana Cuomo and Anindita Bhattacharya (community-based participatory qualitative researchers).

**The Research and Training Workgroup** was tasked with Center planning efforts to conduct scientifically rigorous IPV research to inform IPV policy and practice in Washington State (per Sec. 602 (3)(a)). In addition, the IPG identified training as a key need to build and diversify the field of IPV researchers. Dr. Adhia led this workgroup, Dr. Ellyson served as Co-Lead, and they were joined by five IPG members (Bender, Dolci, Fan, Raigrodski, Rowhani-Rahbar), Jenn Ozawa, and Dr. Kernic.

**The Dissemination and Promotion Workgroup** was tasked with Center planning efforts to disseminate existing research findings and best practices to support the incorporation and uptake of evidence-based IPV policies and practices (per Sec. 602 (3)(b)) with the overarching goal of contributing to the reduction of IPV in Washington State (per Sec. 602 (3)(c)). Dr. Ellyson led this workgroup, Dr. Adhia served as Co-Lead, and they were joined by five IPG members (Bender, Fan, Piel, Swearingen, West), Jenn Ozawa, and Dr. Kernic.

IPG meetings from 9/12/23 forward involved strategic planning efforts; decision-making on external partner input with qualitative researcher consultants; progress reports to the full IPG from each workgroup; implementation phase planning; and review of focus group findings and integration of those findings into the planning report.

## Strategic Planning

The planning leadership team hired Jenn Ozawa, MSW in late August 2023. Ms. Ozawa was hired based on experience in GBV prevention and policy efforts in Washington State, group facilitation with members of diverse perspectives, and project management skills. Strategic planning efforts led to the development of the Center's Mission, priorities, values, short- and long-term goals as well as decision-making on scope and key definitions. Ms. Ozawa led strategic planning, assisted and led group facilitation, and served as project manager to help facilitate timely completion of the ambitious, multi-faceted planning process on a challenging timeline.

The full Center Mission Statement outlining our overarching mission and articulating our priorities, primary objectives and vision is provided in Inset 1.

Briefly stated, the Center will focus on research, policy, and practice on the social problem of IPV, defined as any form of violence intentionally inflicted upon another person (including physical and sexual abuse, psychological abuse, and coercive control) committed by a current or former intimate partner. We adopt an inclusive definition of intimate partner to include romantic, dating, spousal, marital and non-domestic relationships. IPV can occur between persons of any sex or gender identity and among relationships involving youth or adults.

We recognize that IPV is grounded in social and historical contexts that create and maintain deeply rooted power disparities including those based on sex, gender, race, ethnicity, indigeneity, sexual identity, disability, social class, and citizenship. We also recognize that childhood exposure to IPV has profound impacts on children's health and well-being, and places them at increased risk of IPV perpetration and victimization in the future, therefore, interventions that support survivor parents and their children hold a unique and critically important role in IPV prevention.

## Inset 1: Mission Statement for the Center

### **Mission**

The mission of the University of Washington Center of Excellence on Intimate Partner Violence is to engage in, advance, and disseminate research, policy, and practice on intimate partner violence in Washington State and serve as a national model.

### **Our Priorities**

We prioritize research, policy, and practice on the social problem of intimate partner violence (IPV), defined as any form of violence intentionally inflicted upon another person, (including physical and sexual abuse, psychological abuse, and coercive control) committed by a current or former intimate partner. We adopt an inclusive definition of intimate partner to include romantic, dating, spousal, marital and non-domestic relationships. IPV can occur between persons of any sex or gender identity and among relationships involving youth or adults.

We recognize that IPV is grounded in social and historical contexts that create and maintain deeply rooted power disparities including those based on sex, gender, race, ethnicity, indigeneity, sexual identity, disability, social class, and citizenship. We also recognize that childhood exposure to IPV has profound impacts on children's health and well-being, and places them at increased risk of IPV perpetration and victimization in the future, therefore, interventions that support survivor parents and their children hold a unique and critically important role in IPV prevention.

We are committed to conducting rigorous and innovative research on IPV and other forms of gender-based violence (GBV) to inform policy and practice; disseminating research summaries from our core investigators and others to a broad audience; and promoting policy recommendations and evidence-based solutions to combat IPV and its far-reaching impacts on individuals, families, and communities. Of critical importance, we do so in recognition that historically and currently marginalized communities are disproportionately impacted by IPV, therefore we prioritize research, dissemination and policies that recognize and seek to address these disparities.

Our center recognizes the invaluable contributions of state and local IPV and GBV coalitions and strives to complement their critically important work.

### **Our primary objectives are:**

**Amplifying the Voices of Survivors:** We are committed to survivors of IPV and acknowledge their resilience, lived experiences, and insight on the complexities of IPV as a social and public health problem. We will advocate for practice- and evidence-based research that supports innovative scholarship, identifies gaps and reforms in social policy; and promote strategies and services that contribute to the development and implementation of survivor-centered practices that are culturally appropriate, trauma-informed, and grounded in racial and social justice principles.

**Research Excellence:** We strive to conduct cutting-edge, informed, and collaborative research that deepens our understanding of the complex dynamics of IPV, including its root causes, prevention, intervention, and long-term effects, from a multidisciplinary and community-informed perspective. We are committed to conducting scientifically rigorous research that will provide a reliable evidence base for informed recommendations on policy and practice. The Center's research will, first and foremost, be translatable and focused on direct application to informing prevention, intervention practice and policy.

**Broadly Disseminating Research Findings:** We are dedicated to equipping survivors, advocates, policymakers, and organizations with updates on our research and other high quality IPV research findings and applicable insights to inform evidence- and practice-based strategies for preventing and addressing IPV. We aim to bridge the gap between research and practice, facilitating collaboration and knowledge-sharing to prevent IPV and mitigate the adverse impacts of experiencing and witnessing IPV in individual relationships, families and communities.

**Education and Training:** We prioritize quality education and training to enhance the capacity of scholars, students, service professionals, community leaders, and the public in recognizing, responding to, and preventing IPV. We will develop opportunities for student scholars to engage in high-quality research with UW faculty and community collaborators. Our training programs will emanate from our scholarly endeavors, with a goal to foster cultures of inclusion, diversity, equity, and access.

**Our vision is a society where all our relationships, families and communities are based on mutual respect, care, trust and empathy; free from violence abuse and trauma. Through our research, policy, practice and collaborative initiatives, we strive to make this vision a reality in service to safe and healthy communities throughout Washington State and beyond.**



## Center Early Implementation Phase (2024-2025)

This section describes the proposed overall infrastructure for the Center. The early implementation phase plan we propose is based on a presumed start date of approximately March 1, 2024 and an end date of June 30, 2025. As mentioned earlier in this planning report, the plans proposed are consistent with a long-term approach commensurate with the complexity of the causal, consequential, multi-generational and broad societal impacts of IPV. On-going support for the Center from the state legislature is crucial to furthering the Center's ability to contribute to real-world impact on IPV prevention and mitigation of the wide-ranging adverse consequences to IPV survivors, children exposed to IPV and others impacted by IPV. Continued funding will allow for stable support of staff time and partial support for faculty (affording release from other academic responsibilities) to pursue our goals. It will also allow dedicated time and ability to forge, strengthen, and sustain meaningful alliances with external community partners to ensure Center work is integrally aligned with and responsive to the needs of IPV survivors, their children and others impacted by IPV.

### Center Infrastructure

The section below provides an overview of the plans for Center infrastructure during the early implementation phase and potential longer-term goals should ongoing funding be made available.

#### Center Leadership

Center leadership will be comprised of the Director, Dr. Kernic, who will provide overall leadership and leadership oversight and planning of Center Research activities; and two faculty Associate Directors (to be named) who will provide leadership oversight and planning for: 1) Center Training efforts; and 2) Dissemination and Promotion efforts.

#### Center Associate Members

During the first months of the early implementation phase, we will develop formal guidelines on the eligibility, roles, responsibilities, and benefits of Center Associates. Recruitment of additional Associates to advance Center aims and accomplishments will also be discussed during these meetings. In lieu of having established formal guidelines in place at the writing of this report, we queried IPG members regarding their interest in continued involvement with the Center based on expertise and commitment to IPV and GBV research, practice and policy (a requirement of IPG membership); an openness to collaboration with other members and trainees; and potential opportunities in Center leadership. All 13 IPG members expressed interest in becoming Associate Members of the Center. Concise professional biographies, and accompanying information on publications, research grants, ongoing research and other relevant projects and activities of IPG members are provided in Appendix A as evidence of Center Associates' capacity, capability and expertise in serving as responsible stewards of the Center and as expert advisors in development of a responsive, scientifically informed statewide approach to IPV prevention and as informed statewide approach to IPV prevention and as informed by key external partners.

## Center Staffing

Actualizing Center implementation plans will be made possible, in part, through partial support for faculty leadership, and full support for staff, community input sessions (e.g., focus groups, surveys), and stipends for Community Advisory Committee members drawn from the Center funds provided by the state legislature. The budget summaries for the planning period and the implementation period are provided in Appendix B. As we proceed, implementation will be augmented financially and substantively by faculty extramurally funded research, training grant awards and other identified funding mechanisms including those sponsored through the National Institutes of Health, National Institute of Justice, Centers for Disease Control, and private philanthropy to broaden Center impact and reach. We will also engage in wide networking efforts to further advance state and national recognition of what is required to meet the need for IPV-related essential resources, services and other practice-based efforts, and research funding lines that are commensurate with the substantial societal impact and costs of IPV.

Provided below is a summary of new staff and trainee hires we propose for the Implementation Phase:

<b>Position</b>	<b>FTE</b>	<b>Fit with Center</b>
Program and Community Engagement Lead	100%	Leadership, Community Engagement
Research Dissemination Lead	100%	Dissemination and Promotion
Research Scientist	100%	Research and training
Data Manager/Analyst	100%	Research and training
Graduate Research Assistants (2)	50%	Research and training
Financial administrator	50%	Administration
Administrative Assistant	100%	Administration

## Center Location

On-campus space at the UW for the Center is not yet an option, though current university-wide efforts are underway to free up underutilized on-campus office space given the expansive transition to part-time and full-time remote work environments. For the early implementation phase, we propose continuing with the hybrid format we used during the planning phase. This involved use of physical meeting space available in the new UW Hans Rosling Center for Population Health, conveniently located on UW main campus and appointed with numerous meeting spaces suitable for small to large gatherings with state-of-the-art conferencing equipment, ensuring a successful and productive work in a hybrid format. Because our work is statewide, we plan to continue offering hybrid meeting options (and explore and pursue alternative options to allow for participation by those without access to online video- and audio-conferencing technology) to ensure greater accessibility for survivors, practitioners, researchers, policymakers, and community members across Washington State.

## Overview of Costing During the Implementation Phase

Given the complexity of this undertaking, the number of activities and projects proposed, some of which require further, more involved research to arrive at the most precise budget estimates, it is expected that some adjustments will be required to our early implementation phase budget as we proceed. The estimates provided in this report are our best current cost projections, and regular updates to these projections will be made to ensure that any material upward cost adjustments not offset sufficiently by other cost savings will be carefully and regularly tracked and reviewed for impact on meeting Center objectives. Center leadership will work closely with project supervisors and the financial administrator to regularly track project progress and financial projections for completion. Any necessary adjustments to Center objectives will be weighed carefully to best align with the Center Mission and potential impact on goals.

## Workgroup Planning and Early Implementation Phase Plans

The following section describes the convenings and planning phase activities followed by the early implementation phase plans for each of the distinct three arms of the Center (external partner engagement and input; research and training; and dissemination and promotion).

### External Partner Engagement and Input Workgroup: Convenings and Planning

The External Partner Engagement and Input Workgroup convened four times from October to December 2023. At each of these meetings, we were joined by the community-based participatory qualitative researcher consultants, Drs. Cuomo and Bhattacharya, hired to assist us with collection and analysis of focus group content to guide the Center plan.

This workgroup was tasked with formulating an approach for gathering statewide community partner input into initial Center planning efforts, and for ensuring the successful implementation of that approach and the integration of the resultant community feedback into Center planning. To this aim, we identified and interviewed expert consultants who could assist with designing a sound scientific approach, and the facilitate focus groups and analyze the focus group content for incorporation into the Center plan. We partnered with two community-based participatory qualitative researchers with expertise in IPV and experience conducting qualitative IPV research in Washington State, Dana Cuomo, PhD and Aninidita Bhattacharya, PhD. Dr. Cuomo is an Assistant Professor of Women's, Gender and Sexuality Studies at Lafayette College (Easton, Pennsylvania) with research interests in legal responses to GBV and technology-enabled coercive control. She also served for five years as a legal advocate serving IPV and sexual assault survivors. Dr. Bhattacharya is an Assistant Professor of Social Work and Criminal Justice at the UW-Tacoma with research interests in community-engaged research with women from minoritized communities experiencing IPV, mental health issues and the development of culturally and contextually adapted interventions. Drs. Cuomo and Bhattacharya have been instrumental in assisting workgroup members and the entire IPG by leading the scientific approach for focus group

recruitment, facilitation, and analysis to ensure the Center's objectives, goals, and approaches are responsive to survivors' experiences.

The focus group approach decided upon by the workgroup, under the expert guidance of Drs. Cuomo and Bhattacharya, and given the short timeframe of the planning period was to seek input from survivors and advocates sampled from agencies serving IPV survivors from Black, Indigenous and other Persons of Color (BIPOC) and immigrant/refugee communities given the disproportional impact of IPV on these communities. Dr. Kernic personally sent invitations to agency directors of the 27 statewide BIPOC- and immigrant/refugee-serving agencies describing the Center and respectfully requesting the identification of 1-2 advocates with preferably three or more years of experience who might be willing to participate in a focus group assisting with our planning efforts. Drs. Cuomo and Bhattacharya conducted four focus groups were conducted, two with advocates from BIPOC- and immigrant/refugee-serving DV/GBV agencies and two with survivors recruited through these agencies.

The full report from this work is provided in the Inset 2 beginning on page 33.

## Engagement with State and Regional Coalitions

Additional efforts were made during the planning phase to generate new and renew existing professional relationships with key community partners statewide. The Center planning leadership team met with leadership from the Coalition Ending Gender-Based Violence (CEGBV) and Washington State Coalition Against Domestic Violence (WSCADV) on 10/04/2023 and 10/20/2023, respectively. In these meetings, the Center planning leadership team shared preliminary intentions for the Center and articulated the goal of complementing and supporting the long-standing, critically important work of the coalitions that has led to critical advancements in Washington State's approach to IPV. The Center is committed to strengthening relationships with state and regional coalitions and other community partners across the state to further ensure that the Center's work is aligned with the needs of IPV survivors, their children, and others impacted by IPV and is relevant to the organizations serving them.

The Center's short- and long-term plans to regularly engage with and seek input from external partners are described in the Implementation Section below.

## External Partner Engagement and Input: Early Implementation Phase Plan

### Engagement with DV/GBV Leaders

Engagement with external statewide partners in the early implementation phase will largely focus on two overarching objectives: 1) to build relationships with Directors of DV/GBV agencies and other organizations across the state that serve those impacted by IPV and engage in various efforts (e.g., focus groups, surveys) to ensure Center efforts are informed not only by IPV survivors and advocates, but also by DV/GBV agency leadership's knowledge, insights and experiences from a broadly-based agency level perspective; and 2) to similarly further efforts to build and strengthen

relationships with state and regional DV/GBV coalitions and commissions to improve Center understanding of regional and statewide efforts; identify potential areas for collaboration; and ensure our work is complementary, non-duplicative and well-integrated.

### Continued Engagement with External Partners and Recruitment of a Community Advisory Committee

To best inform Center plans moving forward, the Center external partner engagement team will develop plans for gathering further input from communities and service providers not reached during the planning stage. Additionally, a Community Advisory Committee will be created with composition informed by continued engagement with external partners. The Community Advisory Committee will meet regularly with Center leadership to remain informed of Center progress and provide input and recommendations to ensure the Center remains responsive to the needs of those impacted by IPV and to assist with and advise on programmatic objectives, reach and impact.

### Preliminary Engagement with Systems that Interact with Survivors, Perpetrators and Children exposed to household IPV

External partner engagement efforts during the early implementation phase will largely focus on the efforts described above. However, we will also identify and make concerted efforts to connect with a broad range of system-level partners (e.g., social services agencies, legal system, and medical professionals). The Center dissemination team will widely broadcast the Center's establishment, its mission, objectives and goals; its projects, activities and progress; and opportunities for keeping abreast of Center updates, presentations and other of forms educational outreach, and mechanisms for providing input.

## Research and Training Workgroup: Convenings and Planning

The Research and Training Workgroup convened to discuss Center plans to conduct scientifically rigorous IPV research that informs policy and practice in Washington, as mandated in the legislation, and to build the field of IPV researchers in the state. The workgroup convened five times between October and December 2023 to develop and prioritize activities.

Guided, in part, by input from focus group participants on priority areas the Center should address and the values and approaches the Center should consider, and further informed by research expertise of the IPG, the Research and Training Workgroup focused on the Center's plan for: (1) conducting scientifically rigorous IPV research that informs policy and practice and (2) training scholars interested in conducting IPV research to build and diversify the field of IPV researchers. Specifically, the workgroup developed and refined plans to:

1. Conduct needs assessment analyses on IPV services data and small research projects capable of providing short-term findings on prioritized areas of concern;

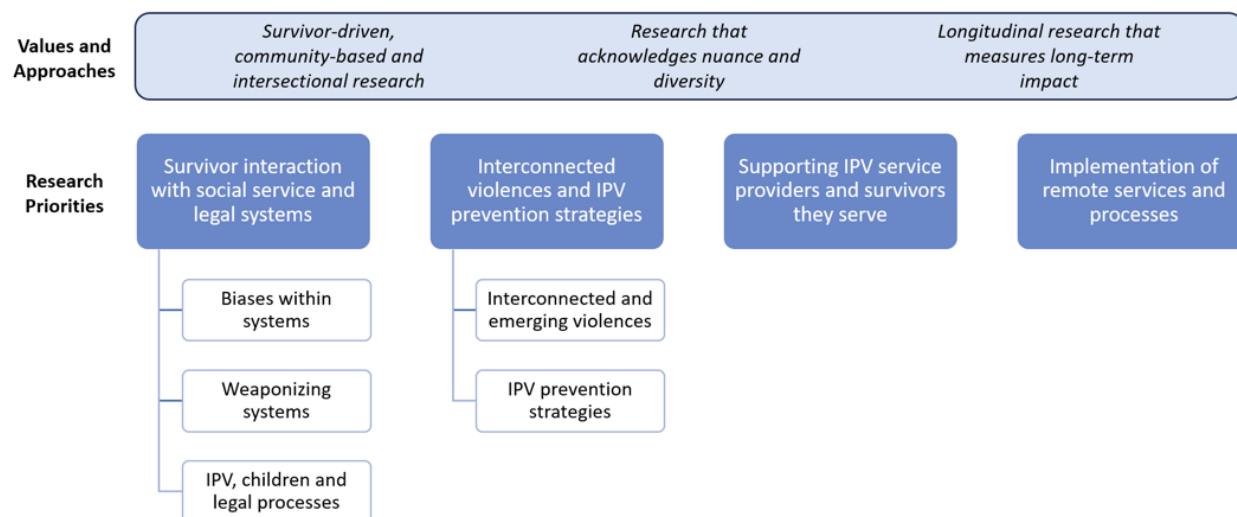
2. Develop a system for synthesizing data and existing evidence to inform practice and policy recommendations;
3. Foster collaboration among Center Associates and with national colleagues;
4. Facilitate opportunities for IPV research training; and
5. Build a competitive research grants program to support IPV research aligned with the Center’s mission and research priorities identified in the focus groups.

## Research and Training: Early Implementation Phase Plan

Guided in part by the insights from the focus groups, the Research and Training Workgroup detailed a number of specific activities for the early implementation phase that focus on building infrastructure for the Center to sustainably engage in research and training activities. These activities will be overseen by the Center Director (Kernic) and supported by a staff Research Scientist, Data Manager/Analyst, and graduate student research assistants.

As detailed in the Focus Group report, the survivor and direct service provider participants identified four broad priority areas (with related subareas) for research (Figure 1). In addition, focus group participants offered perspectives on the values and approaches the Center should use to address these research priorities. Participants recognized and offered suggestions consistent with the use of multiple methodological approaches – including qualitative, quantitative, mixed methods research – to capture the complexity, nuance, and diversity of IPV. Specific examples of important research areas from focus group participants included how to facilitate and garner support for legal representation (particularly for family law cases and civil protection orders), perpetrators’ weaponizing of court and other systems, lack of sufficient basic resources (e.g., emergency and transitional housing), accessible services (e.g., emergency hotline and court translators), and the role of implicit bias and oppression in survivors’ interactions with systems.

**Figure 1. Focus Group Participant Priority Areas for the Center**



The five priorities for the Research and Training arm of the Center during the early implementation phase will include efforts to: 1) conduct needs assessment analyses on IPV services data and small research projects capable of providing short-term findings on prioritized areas of concern (e.g., biases and lack of access within courts, perpetrators weaponizing of court systems); 2) develop a system for synthesizing data and existing evidence to inform practice and policy recommendations; 3) concurrent with other efforts, foster collaboration among Center Associates and with national colleagues; 4) facilitate opportunities for IPV research training; and 5) build a competitive research grants program to be implemented in 2026 (if ongoing funding is awarded). These initiatives are described more fully below.

### Conduct needs assessments

The Center will research and document critical needs of IPV agencies and service providers to inform and enumerate resource availability for survivors and their children (e.g., emergency and transitional housing; agency staffing, fair and equitable pay) relative to data on established need. Building from focus group recommendations, one of our goals is to pursue negotiations for access to state funded IPV service data to conduct targeted analyses that can be completed with short-turnaround times to inform these issues.

To accomplish these aims, we will:

- a. Pursue Center access to existing statewide IPV service data (with necessary protections and data agreements in place) to generate full, publicly available reports on the status of unmet needs and available resources to address critical and essential IPV services. Solicit feedback from agency personnel on problems and the real-world limitations of this system and areas for potential improvements;
- b. Seek regular input from coalitions and agencies serving those impacted by IPV on data analysis and research needs; and
- c. Conduct a survey and/or focus groups with IPV agency directors across the state about current critical needs and gaps (e.g., workforce issues/turnover) in IPV practice to inform recommendations about resource allocation, data needs and other critical issues.

### Develop a system for synthesizing data and existing evidence to inform practice and policy recommendations

For key areas of concern identified in focus groups (e.g., housing, legal representation, mental health and select IPV prevention strategies), the Center will develop a system to begin to conduct scoping and/or systematic reviews of existing evidence and best practices from Washington State and nationally, prioritizing the order and topics based on a number of criteria including: focus group priorities, Community Advisory Committee input, consideration of the current state of research, and potential impacts for IPV prevention and harm reduction. The Center will:

- a. Develop a system for regular and ongoing review of existing research literature on priority areas, and type of formal review process required, followed by compilation of briefs/reports

- for use by practitioners and IPV agencies;
- b. Further inform these efforts via continued assessment current national, regional, and state resources and clearinghouses for IPV data and evidence; and
- c. Partner with policy analysts and social/health economists to ensure recommendations made are aligned with sound, ethical public policy.

## Foster collaboration among Center Associates and with national colleagues

Concurrent with the targeted actions above to develop practical, informative, scientifically-informed, and economically sound efforts to best effect improvements to Washington State's approach to IPV prevention and harm reduction, we will foster collaboration among Center Associates, and with Washington State agencies and coalitions focused on IPV/GBV and others who serve and work with these communities. The Center will also foster collaborative relationships with national colleagues to further support and elevate IPV research on the national agenda. We will encourage collaboration across faculty, staff, trainees, and external partners through:

- a. Regular Center meetings to update on ongoing research and present works in progress to get feedback from Center Associates and interested others;
- b. Creating a system to provide updates with information about new, scientifically sound research publications, relevant events, funding opportunities; and
- c. Quarterly seminars with invited guest speakers to build local, state, and national connections (e.g., with those from the UW and other Washington universities, national IPV/GBV centers, and community partners).

## Facilitate opportunities for IPV research training

We will create an infrastructure and culture to successfully recruit and train IPV researchers, prioritizing recruitment efforts that identify a diverse pool of applicants from a wide range of relevant disciplines consistent with the interdisciplinary intent of the Center (e.g., public health, medicine, nursing, law, social work, public policy, sociology, psychology, criminology). Research opportunities for trainees will include projects best aligned with the Center's mission and research priorities and as informed by external partners, including input from focus groups. Specifically, we will:

- a. Create a mentorship structure and team, including interested Center Associates and other faculty mentors;
- b. Identify channels for promoting research training opportunities to ensure widespread visibility and recruitment;
- c. Hire graduate student research assistants to assist with Center projects including needs assessments, small research projects, and evidence synthesis projects; and
- d. Build the infrastructure for a future postdoctoral scholar program.



## Build a competitive research grants program

We will establish a small grants program to support statewide IPV research efforts aligned with the Center's mission and research priorities and as informed by external partners, including input from focus groups, prioritizing community-engaged research that is responsive to community practice and policy needs. To build the infrastructure for this program, we will:

- a. Define and finalize grant categories, areas of interest, eligibility of applicants, and maximum number of awards by category. Proposed categories of awards include: doctoral-level grants for dissertation research costs: \$10,000-20,000; grants to generate preliminary data for larger grant proposals by those eligible to serve as principal investigators: \$25,000-\$50,000; community partner grants to support development of research-practice partnerships: \$25,000-\$50,000;
- b. Seek and incorporate input from Center Associates and the Community Advisory Committee to determine eligibility and review criteria for each grant category;
- c. Create an approach for review committee composition for each grant category, specific review criteria and a rubric for evaluation, and compensation scheme for application reviewers;
- d. Identify channels for promoting the request for proposals to ensure widespread visibility to practice partners, particularly those serving minoritized and other underserved/under-resourced communities to develop impactful research-practice partnerships; and
- e. Finalize the competitive grant process by spring of 2025 to ensure timely release of the request for proposals during July-August 2025, contingent upon receipt of ongoing funding for the Center by the state legislature.

## Research and Training: Implementation beyond Fiscal Year 2025

In addition to continuing and refining the above efforts from the early implementation phase, the workgroup discussed expanding research and training efforts as the Center builds capacity in the long term. Potential priorities for later stage capacity building include the following:

### Expand collaborations within and outside of UW

- a. Recruit additional interested individuals (e.g., UW faculty/staff, advocates/service providers, community members, practitioners) to engage in informing Center research and training activities; and
- b. Collaborate with national colleagues and other university IPV and GBV centers to create a national network and/or national conference focused on IPV.

### Identify opportunities for improving IPV data

- a. Advocate for more frequent nationally representative survey data on IPV at national and state level; advocate for critical appraisal of validity and reliability of survey methodology and questionnaire design;
- b. Collaborate with other UW entities engaging in extensive data collection activities to identify

- opportunities for greater, ready access to data relevant to IPV research projects; and
- c. Create a Center database to serve as a resource on available data sources relevant to IPV research.

### Regularly synthesize research evidence

- a. Use the system developed in the first biennium to continue conducting regular reviews of existing evidence and compile briefs/reports for accessible, up to date information about the latest IPV research and best practices in practice and policy.

### Create additional research training opportunities

- a. Expand types of IPV research training opportunities (e.g., fellowships, internship programs, practicum opportunities) for scholars and future scholars (e.g., high school, undergraduate, Master's level, and doctoral students); and seek out diverse funding mechanisms to support training efforts.

### Elevate the national agenda and research funding streams for IPV research

- a. As the Center expands collaborations with other IPV scholars, research centers, and associations across the U.S., we will explore and promote collaborative efforts to elevate national awareness of IPV and its societal impacts and advocate for broadening funding mechanisms and supports more in alignment with the societal impacts and costs of IPV.

## Dissemination and Promotion: Convenings and Planning

The Dissemination and Promotion Workgroup convened to discuss Center plans to disseminate existing and new research findings and best practices, as mandated in the legislation. The workgroup convened five times between October and December 2023 to develop and prioritize activities. As with the research and training priorities, the proposed Dissemination and Promotion activities are guided by focus group feedback. The Dissemination and Promotion Workgroup focused on Center plans for: (1) disseminating existing research findings and best practices to proliferate evidence-based IPV policy and practice; and (2) promoting effective strategies to prevent IPV. During the planning period, this Workgroup developed and refined plans to:

1. Continue to build trust with communities across Washington, particularly those most impacted by IPV;
2. Hire professional staffing for dissemination and promotion efforts;
3. Design a website and media strategy; and
4. Create research summaries and other products for effectively communicating findings, particularly those most actionable and relevant to practice and policy.

## Dissemination and Promotion: Early Implementation Phase

A priority of Center early dissemination and promotion activities will be to increase access to high-quality IPV-related research by providing practical, scientifically vetted research summary reports in formats accessible to a broad range of audiences across Washington State and beyond. The aim of this objective is to improve direct public access to IPV-related research, as well as critical reviews and summaries of the research on prioritized topics. Our dissemination and promotion strategies and activities will be focused on three broad audiences: community members, practitioners, and policymakers (Figure 2).

**Figure 2. Dissemination and Promotion Audiences**

Community Members	Practitioners	Policymakers
Survivors Child witnesses Families of those impacted by IPV Social supports Non-profit organizations Schools/higher education Employers and unions Tribes	IPV/GBV agencies Advocates IPV/GBV coalitions Social service agencies and other support services Medical professionals Legal system professionals Prevention educators Social workers	City, state and federal legislators and officials Funding agencies School boards Higher education policymakers Policy interpreters and implementers

Although the Center will engage in a number of different theoretical and methodological research approaches, a commitment to the principles of community-based participatory research will serve as a key value. These principles, in brief, include an emphasis on community-defined problems, embarking on research that is actionable and of benefit to communities and scientific advancement alike, engages community members as active and equal research partners, and disseminates research findings and knowledge gained back to the community.<sup>4</sup> Thus, as we partner with communities across Washington State, we will hold ourselves responsible to efforts that are collaborative, respectful and responsive, and neither extractive nor harmful. We will also actively work against historical barriers, harmful norms and traditions that hinder IPV prevention and response strategies from being implemented ethically, equitably and effectively.

Center priorities during the early implementation phase will involve four main objectives: 1) continue to build trust with communities across Washington, particularly those most impacted by IPV; 2) hire professional staff for dissemination and promotion efforts; 3) design a website and media strategy; and 4) create research summaries and other products for effectively communicating findings, particularly those most actionable and relevant to practice and policy.

## Build trust with communities most impacted by IPV

A key foundational value of the Center will be recognition and respect for the knowledge, perspectives and experiences of all Washington communities, and with particular recognition that many communities most impacted by IPV are those least afforded a voice to identify and fully inform problem areas and potential solutions. As such, our plan is to take purposeful steps to ensure active and regular engagement via different modalities with a diverse range of communities across Washington State, yet to prioritize, recognize and empower those from under-resourced and more marginalized communities to invest Center efforts in making necessary corrections to begin to right societally maintained imbalances in equity.

Center investments in developing, building and maintaining communication streams with a diverse range of communities and other external partners across Washington State will not only make for more informed research, it will also help to assure communities and other partners that we are worthy of their trust, and sincere in our values of an approach that partners the best of science with the first-hand knowledge, insights and experiences of community members. To the degree we are successful in these efforts, the greater the likelihood that our work will be relevant, practical and truly solution-based.

Trust-building efforts were initiated by the Center during the planning phase through direct contact with direct service agencies to assist in recruitment of survivors and providers to inform Center priorities, and through meetings with leadership from WSCADV and CEGBV.

Our proposed launch strategy centers around expanding and broadening these initial efforts to invest and build trust with our partners across the state. In addition to the efforts described in the External Partner Engagement Implementation Plan section above, the Center will host a launch event to introduce the Center and expand relationship building efforts and encourage community involvement with the Center.

## Hire professional staff for dissemination and promotion

Our vision for the center is to disseminate research in a way that is informed, responsible and educational as well as actionable to a wide range of audiences. To achieve this, our implementation budget includes hiring a full-time professional staff member to support dissemination and promotion activities regarding key research findings. This staff member will lead efforts, in close collaboration with research staff and the Associate Director of Dissemination and Promotion, to develop website content during the early implementation phase of the Center:

- a. Mission, profile, purpose, leadership and associates;
- b. Planned, ongoing and future projects;
- c. Events, opportunities for involvement and updates; and
- d. Connections to IPV services and resources.

As Center-based activities progress, this staff member will develop website content on:

- a. Needs assessment analyses and other findings; and
- b. Research summaries on key areas of concern generated by the Research and Training group and adapted for relevance to specific audience groups.

This staff member will require an advanced background in a relevant scientific discipline with both strong capacity for critical understanding of the strengths and limitations of scientific research, experience in and dedication to IPV prevention, practice and research, and strong writing and communication skills.

### Develop a website and media strategy

As a research-, practice- and policy-based center serving survivors, advocates, practitioners, community members, and policymakers across Washington State and beyond, an online presence will be crucial. The center will use an interactive website and social media channels to disseminate Center analytic findings, research summaries, and other dissemination products in a variety of formats made relevant and accessible to distinct audiences.

The Dissemination and Promotion workgroup created a preliminary design plan for website and online media presence drawing from successful models used by other centers. The Center will work with web design experts at the UW to create a dedicated Center web address, design the Center website, and establish a content sharing strategy (to enable website visitors to share and save Center website content via social media platforms, email, text messaging, etc. readily and easily). Content sharing will both promote greater use of Center website content and facilitate communication and engagement with a far wider audience thereby expediting the Center online presence and recognition. The Center will also strategize with coalition partners regarding Center website content to minimize overlap, coordinate approaches to redirect those seeking services to appropriate online and offline resources, and to other related resources and organizations, including regional and state coalitions.

The Dissemination and Promotion workgroup communicated with University Marketing and Communications staff to inform efforts for establishing a Center website and determining what resources would be required. Accordingly, we will:

- a. Build a website and create a social media strategy that, in addition to disseminating IPV research summaries:
  - Promotes evidence-based strategies to address and prevent IPV;
  - Shares toolkits for various audiences built based on social media best practices;
  - Has a trauma-informed design, draws on principles of effective learning and prioritizes survivor safety (e.g., quick exit option; history clearing instructions);
  - Clearly communicates that the Center does not provide direct services but provides links to hotlines, service providers, resource lists and other IPV information;

- Shares toolkits for various audiences built based on social media best practices (<https://www.washington.edu/marketing/social-media-best-practices/>); and
  - Lists center associates as UW experts to further enhance recognition of Center expertise (<https://www.washington.edu/news/experts/>).
- b. Incorporate the following as the Center builds capacity:
- Provide an option to opt-in to a center listserv/ mailing list for regular updates including updates on center activities, new research findings, interviews with center associates, and spotlight pieces featuring community partner organizations;
  - Highlight the important work of coalitions and services providers in Washington State; and
  - Features research by IPV scholars and prioritizes the work of scholars from under-represented backgrounds.

### Create research summaries and other products for effectively communicating actionable and relevant practice and policy findings

Center research summaries and other dissemination products will be tailored to different audiences to help facilitate learning and enable recipients to incorporate research findings into practice and policy. We will work to create dissemination products that are accessible and relevant to distinct audiences to empower visitors' use of these informational products to support IPV survivors, practitioners, and policymakers.

During the planning period, the IPG discussed the inadequacies of traditional forms of research dissemination (e.g., paywalls restricting access to research publications, use of technical jargon) that often prevent relevant and important research findings being translated into effective changes to policy and practice. During the implementation phase we will collaborate with relevant audiences to:

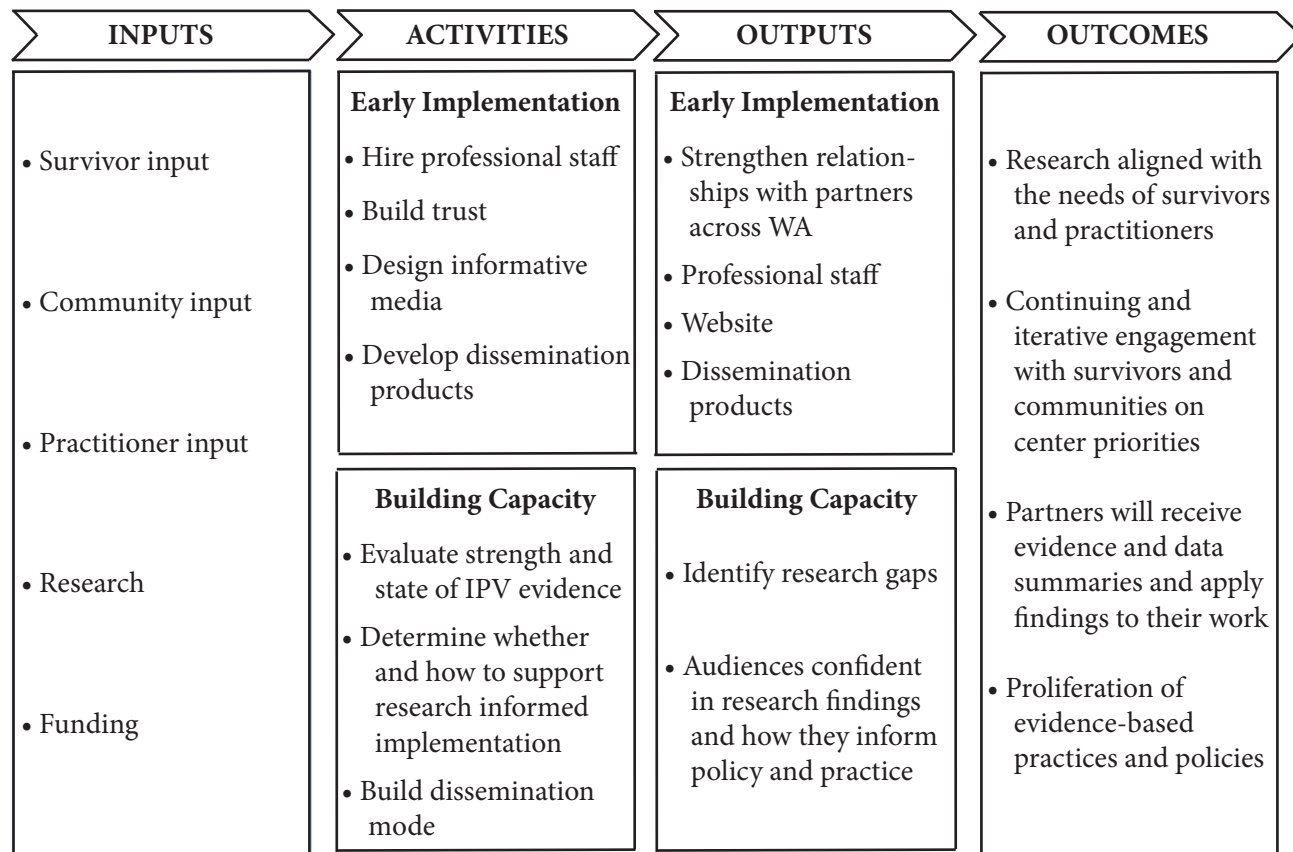
- a. Review the existing dissemination and promotion activities of coalitions and other DV/GBV organizations in Washington State to complement not duplicate existing efforts;
- b. Learn from existing best practices in dissemination (e.g., Risk and Protective Factors by the National Sexual Violence Resource Center);
- c. Engage with external partners to most effectively tailor relevant information to each audience;
- d. Determine preferred and most accessible formats of dissemination and promotion for each audience; and
- e. Develop an intake process for disseminating and promoting research conducted by Center Associates and others.

### Overarching Dissemination and Promotion Model

The Center's preliminary model for dissemination and promotion is depicted graphically below (Figure 3). The resources invested by the Center and community partners are displayed as inputs, Center work during the early implementation phase and beyond (as we build long-term capacity) is represented under activities, and the results and products of Center activities are represented under

outputs. Outcomes refer to the intended short- and long-term changes the Center’s approach to dissemination and promotion seeks to ultimately achieve.

**Figure 3: Dissemination and Promotion Model**



### Dissemination and Promotion: Implementation beyond Fiscal Year 2025

The longer-term dissemination and promotion goals for the Center are those that deepen the way the dissemination and promotion work is conducted to enable a more sustained and positive impact on IPV practice and policy. We will leverage our existing and growing relationships with coalitions, agencies, practitioners, and community members and engage with higher education hubs across the state to better enable and inform these goals. Future dissemination and promotion efforts may involve:

- a. Creating a system to periodically update and disseminate the state of and strength of the IPV evidence on key areas;
- b. Developing a more detailed dissemination model with DV/GBV coalitions and agencies to facilitate incorporation of research findings into practice and policy; and
- c. Exploring grant opportunities to supplement the Center’s budget to expand dissemination and promotion reach and capacity.

## Summary

The proposed Center offers a unique opportunity for our state to build a stronger alliance between IPV research scientists, IPV survivors and others impacted by IPV, direct service providers and other professionals who interact with those impacted by IPV. The Center will serve as a trusted source for the general public, practitioners and policymakers to have direct access to critical, informative, plain language summaries on promising and evidence-based approaches to IPV prevention and state-level analyses on high priority IPV issues via the Center website, presentations and through other dissemination formats. An integral value of and commitment by the Center is acting in concert with the principles of community-based participatory research-- an emphasis on community-defined problems; embarking on research that is actionable and of benefit to communities and scientific advancement alike; engaging community members as active and equal research partners; and disseminating research findings and knowledge gained back to the community.<sup>4</sup>



## Inset 2: IPV Survivor and Direct Service Provider Focus Groups Report

### Methodology

To center communities' lived experiences, perspectives, and recommendations in informing the development and direction of the Center, invitations were sent to survivors impacted by intimate partner violence (IPV) and direct services providers who work with them to participate in focus group discussions. Two community-engaged IPV researchers, Dr. Dana Cuomo and Dr. Anindita Bhattacharya, guided the Center in designing a methodological strategy (i.e., recruitment, data collection, analysis, and reporting on findings) aligned with the values and principles of community-engaged research.

### Recruitment

The first step involved sending personalized and targeted invitations to IPV agencies requesting agency directors to identify advocates to participate. From the onset, the aim was to incorporate diverse voices and perspectives into the focus group discussions. Therefore, targeted approaches were used to connect with IPV agencies that served survivors from minoritized communities. In the invitation, a brief description of the Center was included, along with specifying that the Center was interested in speaking with direct service providers with experience working with survivors from minoritized communities and preferably had more than three years of advocacy experience in community-based and system-based advocacy organizations. To ensure safety and minimize any risk of coercion, survivors were not recruited through direct contact. Instead, the Center relied on IPV advocates and agency directors to share the invitation with survivors they worked with. Despite the short turnaround time, several survivors expressed interest in participating. Survivors' willingness to offer their insights was encouraging, reaffirming that survivors are eager for systemic improvements and are interested in supporting research initiatives to bring change.

### Developing the Focus Group Guide

Community-engaged research is a mutual, bidirectional, and reciprocal relationship between researchers and communities. To honor reciprocity, it is essential to ask communities how researchers can support them in meeting their needs. Therefore, the focus group guide included questions that would help understand the emergent needs, concerns, and priorities of survivors impacted by IPV. Drs. Cuomo and Bhattacharya drafted the initial focus group guide and then solicited feedback from the Center's internal working group members. Members' feedback included ensuring the language used was accessible (i.e., questions were not 'too academic'), fostering discussion on critical priorities, and acknowledging the intersectional nature of IPV.

The final focus group guide included the following domains:

#### *Direct Service Providers:*

- What are the general needs of survivors in the community you work in?
- What are the training needs among the different systems that advocates and survivors interact with - like attorneys, judicial officers, police, school employees, Child Protective Services (CPS), housing support, friends, family, and community-level organizations? What are they doing well and what do they need to improve on when responding to survivors' needs?

- How might a statewide research center help support your work and assist in addressing the problem of IPV?
- Regarding preventing IPV, what do you think is working, and what do you think is lacking?

*Survivors:*

- When you reached out for help the first time, what were some of your immediate needs that you were hoping to get help for?
- What people and systems did you come into contact with, and what were your experiences working with them? [e.g., attorneys, judicial officers, police, school employees, CPS, housing support, friends, family, and community-level organizations]. What did they do well, and what could they have done better to help you?
- The Center is a partnership and collaboration with survivors and direct service providers. How do you think a statewide research center could help to advocate for survivors and survivors' needs?
- What values would you like the Center to be aligned with?

### Description of Participants

At the end of the recruitment period, ten direct service providers and thirteen survivors indicated interest in the focus group discussions. Of the thirteen survivors, eight survivors ultimately participated in the focus group discussions. Follow-up emails were sent to survivors who indicated interest but did not participate, letting them know that the Center planned to hold more follow-up conversations in the future and they would have additional opportunities to participate. Four focus group discussions were conducted: two focus group discussions with ten direct service providers (five per focus group) and two with eight survivors (three survivors participated in the first focus group discussion, five survivors participated in the second). Focus group discussions were held over two weeks (the last week of October 2023 and the first week of November 2023). Participants were given a \$50 Gift Card incentive to thank them for participating.

The direct service providers who participated in the focus group discussions worked in varied roles and capacities in different counties across the state of Washington, including tribal communities (masked for anonymity). The roles included housing case managers, legal advocates, shelter advocates, prevention specialists, and children's advocates. Notably, participants had experience working with survivors from diverse and marginalized communities (e.g., survivors who were low-income, immigrants or refugees, non-English speaking, Indigenous, LGBTQ+). Years of practice experience ranged from less than one year to twenty-five years.

The survivors who participated in the focus group discussions all identified as women and belonged to different minoritized communities (e.g., survivors of color, survivors who identified as LGBTQ+, and Indigenous survivors receiving tribal services). They were from different parts of Washington

State and at different points of help-seeking. While some survivors had recently sought formal help (two years or less), some survivors were interacting with systems for over fifteen years. Therefore, participants

offered current perspectives and commented on how services have evolved or stayed the same over the years.

### Conducting the Focus Group Discussions

The first two focus group discussions were conducted with direct service providers to inform the survivor groups and hopefully help recruit survivors. All focus group discussions were hosted on Zoom to ensure statewide representation and access. Participants were informed that no identifying information would be collected or reported, and the report would refer to every participant as a “direct service provider” or “survivor”. All participants consented to audio recording. The focus group discussion began with the facilitators introducing the purpose of the focus group. This included letting the participants know that the Center was hoping to 1) use existing research on key priority areas to effect positive change in IPV practice and policy, 2) conduct new research on critical areas of IPV concerns when research evidence is lacking, and 3) share the Center’s ongoing work with community members (i.e.: survivors, advocates, and other stakeholders) to gather their feedback and recommendations. Participants were then invited to share their experiences as direct service providers and survivors. The facilitators used broad and open-ended questions to guide the discussion. When needed, the facilitators followed up each domain with directed prompts. Focus group discussions were 90 minutes long, audio recorded, and transcribed for initial coding and analysis.

## Findings

### Direct Service Providers’ Perspectives

Direct service providers reflected on the general needs of survivors in the community and identified critical resource gaps, which led to exploring avenues for further research. The key themes are outlined below along with specific examples to describe the nature and extent of each need.

### Housing-Related Need and Legal Support

Direct service providers unanimously shared that safe and affordable housing (i.e.: emergency shelter, transitional housing, and long-term housing) remain a significant need among survivors. Participants shared that the available housing services do not support survivors for the long-term. For example, if housing programs have time-limited stay policies, housing becomes an ongoing worry and concern for survivors. Consequently, survivors cannot focus on other long-term goals, such as finding employment to help them sustain independent living. Housing barriers are more pronounced for tribal and rural communities. Moreover, what needs to be improved are shelters that can address the diverse needs of survivors. Direct service providers shared that survivors also urgently need legal representation, which is more than legal advocacy. Survivors need ongoing and direct legal support and guidance. As one direct service provider aptly summarized:

“You know, as a community advocate, I can help with immediate needs of hygiene, one-on-one advocacy, safety planning. However, providing legal support is outside my job and my scope of expertise. Going through the legal system is so huge, and we just don’t have things available.”

### Mental Health-Related Needs

Participants identified mental health services as a resource gap. Direct service providers shared that

while they often make mental health referrals for their clients, culturally sensitive mental health services are lacking. For instance, mental health services do not account for the multifaceted nature of the trauma that immigrant survivors experience owing to the experiences of abuse and fear related to losing their immigration status. More importantly, mental health care lacks cultural sensitivity and is often not able to provide support that can align with survivors' culture and needs.

### Language Access

Direct service providers shared that barriers to seeking help are exacerbated for survivors who do not speak English because there are limited interpreters who can translate and accurately understand survivors' needs. Reflecting on language access as a barrier, one participant shared:

“For survivors who are immigrants, calling law enforcement is not often their first thought. Calling a shelter or crisis line is a safer option. When survivors call the helpline for the first time and ask for help with immediate safety, it is unfortunate if language access comes in the way of providing that help. So, when advocates do not have the means to help the callers to get them to safety, it feels hopeless and helpless.”

Direct service providers explained that non-English-speaking survivors are pushed through systems without knowing their contexts and the help they need. Court-related information and procedures are overwhelming to begin with and are further disempowering for immigrant survivors. Providers cited several instances of legal processes getting finalized without survivors' knowledge or CPS offering documentation to non-English speaking survivors in English and expecting them to sign the paperwork. Protection orders must be translated into the language survivors speak. However, participants explained that it could take weeks to translate them, potentially jeopardizing survivors' safety. Individualized and specialized services made available in the language survivors speak would be ideal but are unfortunately lacking.

### Biases within Systems

Direct service providers highlighted that the inherent racism and biases within systems, mainly related to who an 'ideal survivor' is, contribute to survivors being re-traumatized while accessing help. Inherent racism manifests in several ways. One participant shared that survivors who are white are more readily believed and supported compared to survivors of color. Several systems operate with “the underlying narrative that somehow a survivor who is black or brown has done something to deserve where they are at.” Similarly, when survivors are dealing with substance use, they are judged by the system, adversely impacting the support they receive, be it housing or court decisions. Participants explained that when judicial officers hear that survivors have a substance use disorder of any kind, they immediately assume that they are 'unfit,' not recognizing that it may have been the abusive partner who got them dependent on substances in the first place.

### Advocacy: Training Other Systems to Support Survivors Effectively

Direct service providers emphasized the importance of offering IPV 101 training that can educate and inform other systems of the evolving nature of IPV and dynamics (e.g., technological abuse). This form of education would enable systems that come in contact with survivors to better understand the dynamics of IPV and support survivors without further harming and re-traumatizing them. Another prominent

training need that emerges while working with other systems (e.g., CPS, law enforcement, etc.) is to reiterate that survivors have unique needs and experiences and a one-size-fits-all approach does not work. For example, participants shared that CPS often rush survivors to get protection orders but do not recognize that the process of seeking protection orders is complex. Protection orders are not an option for every survivor because sometimes they put survivors at a greater risk of being harmed by their perpetrators. Systems often impose restrictive timelines on survivors, not recognizing that time pressures may not work for survivors who are still experiencing significant trauma-related symptoms from the abuse. Participants shared that survivors often feel compelled to follow directives laid out by CPS or law enforcement because they are terrified of facing punitive consequences. Hence, working with these systems and educating them on survivors' diverse needs and contexts is much needed to make sure that survivors are not getting punished for their choices.

### Survivors' Perspectives

Survivors were asked to share what some of their needs were when they reached out for help for the first time and their experiences receiving services. Participants shared that they found it challenging to name their experiences as abuse, which delayed seeking help. Not perceiving one's experiences as IPV was more pronounced for those who experienced emotional and psychological abuse. As one participant stated:

“It was really difficult coming to the realization that it was not just a bad marriage, but it was domestic violence”.

Based on what survivors shared, common sources of initially reaching out for help included family, friends, church and faith-based communities, therapists, and IPV agencies (specifically helpline numbers). Without advocates, participants reported feeling compelled to research information independently, which was emotionally taxing and exhausting. Survivors' experiences of reaching out for help for the first time highlight the critical role of advocacy services, particularly in the initial stages of seeking help.

### Legal Barriers

Fear for one's safety and children's safety emerged as a prominent precursor to seeking help. Several participants began the formal help-seeking process by applying for protection orders. However, participants unanimously reported how overwhelming the legal system is and that it is hard to navigate without legal support and guidance. The process can feel more overwhelming for survivors whose mental health is significantly impacted by the abuse. Legal procedures are often the first recourse for survivors, and negative experiences within this system may deter survivors from exploring other avenues of support. Participants believed that significant gaps in legal systems remain because legal processes do not have consequences, and lawyers and judicial officers are not held accountable for their actions.

### Biases within the System

Similar to what direct service providers shared, survivors cited several damaging narratives operating within systems that continue to harm survivors and their healing. Systems often have their definitions and perceptions of an 'ideal survivor,' and survivors who do not match up to those definitions are not adequately supported. Participants noted that systems respond to survivors' needs differently depending on their race, employment, educational qualifications, etc. One participant who has been navigating the

system for the last 15 years shared:

“I feel taken more seriously now. You know, 15 and a half years ago when I had my son, I was a nightclub bartender and a single mom, and I was young, you know, and I really felt silenced and disregarded. Now I go into court, [I have an educational degree and a job] and I am listened to differently. And that is also really infuriating, right? Like, I should not be listened to differently based on the job that I have or the degrees that I have. I should have been listened to 15 and a half years ago. What I have been saying to the courts has not changed.”

## Implications for Research

Four broad priority areas for research emerged from analysis of the focus group discussions:

1. Research that examines survivor interaction with social service and legal systems
2. Research that examines interconnected violences and IPV prevention strategies
3. Research that supports IPV service providers and the survivors they serve
4. Research that examines the implementation of remote services and processes

Each broad priority area, along with related subareas, are discussed in detail below.

### Priority Area 1: Research that Examines Survivor Interaction with Social Service and Legal Systems

Focus group participants explained that survivors interact with a range of social service and legal systems when seeking safety, support, resources, accountability, and healing. They also noted that interactions with one system (e.g.: CPS) can have negative impact on survivors' experiences with other systems (e.g.: family court), explaining that such systems are often disconnected from one another and from understanding the dynamics of IPV.

Related to the identified need for research that examines survivor interaction with social service and legal systems, three sub areas for research emerged from the focus group discussions:

1. The need to examine bias within systems
2. The need to understand how abusers weaponize systems
3. The need to examine the relationship between IPV, children and legal processes

#### Sub Area 1: Biases within Systems

Participants emphasized the need for research that examines the presence of bias and prejudice within the systems that survivors interact with. Participants emphasized observing or experiencing bias and prejudice as a result of racial identity, two-spirit LGBTQIA+ identity, status as an immigrant or asylee, as non-English speaking, when managing mental health or substance use concerns, and as a result of education/status levels. Participants explained that there is a need for research that examines how ongoing biases and prejudices within systems impact help-seeking behaviors, for example survivors who forgo seeking mental health support because of ongoing negative stigma regarding mental health issues and fear that a documented mental health concern may be used against them in court proceedings or custody-related matters. Additionally, participants emphasized a need for

research that examines how an ‘ideal victim’ narrative shapes how judicial officers perceive and respond to survivors in protection order proceedings, family court, and custody-related matters. Participants identified the need for a state-wide court watch system within public court proceedings, such as protection order hearings, to identify patterns regarding the use of biased and prejudicial language in court and to provide real-time accountability through observation. Participants also identified the need for research that analyzes a sample of existing public records, including case file notes, court records, and transcripts from hearings, to identify (in)consistencies in case outcomes for similar kinds of cases.

### Sub Area 2: Weaponizing Systems

Participants identified the need for research that examines how abusers misuse systems to undermine the credibility of survivors and/or to extend a pattern of coercive control through the systems that survivors must engage with for protection and support. They referred to this practice as the weaponization of systems by abusers. Participants explained that there is a need for research that examines common weaponization tactics that abusers use, such as delaying protection order proceedings by filing numerous continuances or additional documents that require multiple court appearances. Participants explained a need for research that situates these common tactics as ongoing patterns of coercive control, noting that the negative economic impacts for survivors who must pay additional attorney fees or take off work to attend the proceedings are forms of coercive control. Participants explained that there is also a need to examine how abusers manipulate and weaponize multiple systems simultaneously - such as mental health services, custody proceedings, and mediation - to undermine survivor credibility. For example, abusers who provide false information about a survivor’s substance use to CPS, which is then documented and provided to the courts for consideration in custody proceedings. Participants suggested research that analyzes a sampling of case files to identify patterns and trends regarding this kind of weaponization.

### Sub Area 3: IPV, Children and Legal Processes

Participants identified the need for research in response to IPV, children and legal processes, including custody and protection order proceedings. A variety of themes for research emerged from focus group discussions, including the need for research that examines IPV as an indicator of child abuse, the long-term impacts of shared custody or loss of custody on survivors’ mental health, how abusers use the custody process to engage in ongoing coercive control, and the long-term implications of shared custody on children’s well-being. Participants also identified the need for research that examines best practices for incorporating minor children’s participation into court proceedings, noting an enduring bias among the courts that assumes that parents pressure or influence children to participate in court proceedings. Participants also identified a need for research that examines the role of guardian ad litem in court processes, including an assessment of their IPV-specific training and the presence of bias and prejudice in their recommendations for cases involving children and IPV. Participants also identified the need for a systematic analysis of protection order case files, including an examination of how survivors’ concern for their children’s safety plays a motivating role in safety and help-seeking behaviors, and to understand how children’s status as a protected party (or not) impacts custody and subsequent protection orders (e.g.: renewals

or minor children filing as the primary protected party).

**Priority Area 2: Research that Examines Interconnected Violences and IPV Prevention Strategies**  
Focus group discussions emphasized that individual experiences of IPV are often part of broader patterns of abuse and trauma across a survivor's lifetime. Participants explained the need for research that understands IPV as part of a continuum of abuse, including the ways that IPV tactics are evolving. Participants also explained that understanding different forms of abuse and violence as interconnected should inform prevention strategies for addressing IPV.

#### Sub Area 1: Interconnected and Emerging Violences

Participants noted a need for research that examines perceptions of what constitutes IPV, explaining that there is an ongoing notion that physical abuse defines IPV and that broader patterns of coercive control are minimized. Participants explained a need for research that examines how narrow perceptions of IPV have implications for understanding the impacts of IPV, specifically how physical injuries may be prioritized as indicators of IPV over the long-term mental health implications of experiencing IPV. Participants also identified a need for research that examines how persistent notions of IPV as primarily physical abuse impact help-seeking behavior among survivors. For example, survivors may not identify their experiences as IPV, or when they do, they may encounter system professionals who fail to identify emotional abuse, financial abuse, technology abuse and other coercive control tactics, such as the abuse of an immigrant survivor's legal status, as IPV. Participants also identified an ongoing perception that abusers are only a threat to individual survivors, noting a need for research that examines the ways in which abusers, particularly those with access to firearms, pose a threat to other people, including new intimate partners, children and members of the public. Participants also identified a need for research that examines how IPV occurs along a continuum of abuse within a survivor's life, including survivors of childhood abuse who become perpetrators and/or victims as adults, and survivors of IPV who become trafficking victims. Participants also identified a need for research that examines how system professionals exacerbate survivor's experiences of abuse and trauma, such as attorneys who retraumatize survivors during court proceedings and survivors who are revictimized through immigration and asylum processes.

#### Sub Area 2: IPV Prevention Strategies

As participants identified how different forms of violence are interconnected, they emphasized that there is a need for research to examine how prevention strategies for addressing IPV take into account this framework of violence as interconnected. Participants discussed the importance of prevention strategies that involve the entire family as an opportunity for breaking cycles of generational violence, but that there is limited evidence-based research to establish the effectiveness of these kinds of prevention efforts. They emphasized the need for research that examines the effectiveness of prevention programs that are culturally specific to the communities in which they are implemented and which are led by members of the same community. Participants emphasized the need for longitudinal research that evaluates different prevention programs over time, including IPV prevention programs for youth and perpetrator treatment programs, explaining that the latter continue to be recommended despite inconclusive evidence of effectiveness.



**Priority Area 3: Research that Supports IPV Service Providers and the Survivors they Serve**  
Participants identified a need for research focused on evaluating the effectiveness of IPV advocacy services, explaining the importance of evidence-based research for validating direct service programs, initiatives and approaches that support survivors and positively address the issue of IPV. They noted that systematic data is also needed to document unmet needs for IPV services because IPV agencies are operating at capacity, including 24/7 helplines. Participants noted the value of evidence-based research, but also noted that such research takes a long time to conduct, which is often unhelpful to IPV agencies seeking to respond to emergent patterns and trends. In addition to the Center implementing new data collection research initiatives, participants also suggested establishing a state-wide data sharing system in which the internal data that IPV agencies already collect may be used collaboratively by researchers and IPV agencies who participate in the database. For IPV agencies, participants explained that this database could be used to address immediate data needs, such as applying for grants or identifying emerging trends across the state.

**Priority Area 4: Research that Examines the Implementation of Remote Services and Processes**  
Participants identified the need for research that examines COVID-19-related changes to the delivery of services and processes, specifically the shift to remote advocacy practices and the implementation of remote court proceedings, including the protection order process. Participants explained the need for evidence-based research to support anecdotal observations that remote services and processes mitigate barriers for accessing services for some survivors, while creating new barriers for other survivors. Participants also noted the need for research that examines how the remote protection order process impacts survivors' feelings of safety, abusers' ability to engage in coercive control, and how judicial officers perceive survivors in remote hearings as compared to in-person hearings. Participants also identified the need for research that examines how IPV agencies have adapted to remote services, including challenges that have emerged related to remote work environments, burnout, secondary trauma, and capacity for referrals.

#### Participants' Recommendations on Center Values and Methodological Approaches

Community-engaged work is transformational when it centers on the voices and experiences of the communities most impacted. Participants were asked to share core values in which they would like the Center's work to be embedded in. The core values are outlined below. Aligned with these values, participants also offered perspectives on methodological approaches and research design ideas for collecting and analyzing data to address IPV and support survivors.

##### Survivor-Driven, Community-Based and Intersectional Research

Participants emphasized the need for research that centers on survivors' lived experiences, which is informed by community and survivor-identified needs and centers on survivors' experiences with intersecting marginalized identities. Participants shared that systems retraumatize survivors by failing to listen to their stories and support their needs. Therefore, the Center needs to conduct research that does not reproduce the same power and control dynamics that systems often perpetuate. Participants underscored the importance of contextualizing data to avoid misrepresenting and/or stereotyping communities, explaining that approaches to addressing IPV are often generalized and universal. Participants identified a need for research that examines the unique and individual

needs of survivors, which results in findings and recommendations that are tailored to specific communities and populations of survivors and moves away from one-size-fits-all recommendations and findings. As one survivor explained:

“So, my story is different than all the other survivors that have shared. And each of us had a different experience, but each one knew what was gonna work for them.”

#### (Qualitative) Research that Acknowledges Nuance and Diversity

Participants identified a need for research that “gets at the nuance” of survivors’ lived experiences. They explained that systems and system professionals often discredit survivors and that there is a need for research that systematically analyzes survivors’ stories in a way that can lend credibility and validate survivors’ experiences. Focus group participants noted that research projects that can “tell stories in a systematic way” are helpful to direct service providers and survivors, and can also be useful for training judicial officers and other system professionals. Participants’ perspectives also highlight that survivors’ needs and challenges look different depending on where they are in their help-seeking journeys. For instance, challenges experienced post-separation look different than a survivor who is still contemplating leaving the abusive relationship. Participants identified a need for research that takes into account that survivors are at different points of seeking support and that their experiences cannot be homogenized and lumped together. As one survivor shared, ‘there is immense harm caused when context and unique circumstances are not considered.’

#### Longitudinal Research that Measures Long-Term Impact

To arrive at a more in-depth understanding of existing best practices and challenges in delivering care, participants emphasized the need for evidence-based, longitudinal research that examines “what works” over time for effectively addressing and preventing IPV. For example, they identified the need for longitudinal studies that gather data from individuals and families to understand the long-term impact of system interventions (e.g.: shared custody, protection orders that expire after 1 year), prevention programs (e.g.: youth prevention, perpetrator treatment), and resource and support access (e.g.: outcomes for survivors who connect with a mental health professional, transitional housing, legal representation v. those who do not).

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## Appendix A: Professional Biographies of Center Associates

Below are short biographies and examples of relevant IPV-related work products (e.g., publications, awarded research grants, websites) of Center Associates.

**Avanti Adhia, ScD**, is an Assistant Professor in the UW Department of Child, Family, and Population Health Nursing and an Adjunct Assistant Professor in the UW Department of Epidemiology. She is also a Faculty Affiliate of the UW Firearm Injury & Policy Research Program. She received her doctorate in Social and Behavioral Sciences from the T.H. Chan School of Public Health at Harvard University. The goal of her research is to prevent interpersonal violence by (1) understanding its causes and consequences and (2) evaluating the role of laws, policies and interventions in reducing violence. She uses interdisciplinary quantitative and qualitative methods to examine the social and structural determinants of IPV and sexual violence, primarily among adolescents and young adults. Her ongoing IPV-related research includes assessing the impact and implementation of U.S. state laws addressing prevention of adolescent IPV in high schools, understanding effectiveness and accessibility of civil protection orders for adolescents and young adults experiencing IPV, and evaluating the effectiveness of implementing firearm prohibitions through domestic violence protection orders in Washington State.

- Assessing the Impact and Implementation of State Laws for Adolescent Intimate Partner Violence  
Funder: National Institute of Child Health and Human Development (K99/R00HD102567) 07/2020 – 06/2025 Role: Principal Investigator.
- Adhia A, Richey AE, McMahan S, Temple JR, Rothman EF. Societal factors and teen dating violence: A scoping review. *Curr Epidemiol Rep*. 2023. [Epub].
- Adhia A, Kray M, Bowen D, Kernic MA, Miller E. Prevention of teen dating violence in schools: Variation in US state laws. *JAMA Pediatr*. 2022;176(8):797-803.
- Adhia A, Lyons VH, Moe CA, Rowhani-Rahbar A, Rivara FP. Nonfatal use of firearms in intimate partner violence: Results of a national survey. *Prev Med*. 2021;147:106500.
- Adhia A, Kernic MA, Hemenway D, Vavilala MS, Rivara FP. Intimate partner homicide of adolescents. *JAMA Pediatr*. 2019;173(6):571-577.

<https://nursing.uw.edu/person/avanti-adhia-scd/>

<https://scholar.google.com/citations?user=AbPn2esAAAAJ&hl=en&oi=ao>

**Anna Bender, PhD, MSW**, is a postdoctoral fellow in the UW Department of Pediatrics. She earned her master's degree in social work from the Falk College at Syracuse University and her doctorate in Social Welfare from the Jack, Joseph and Morton Mandel School of Applied Social Sciences at Case Western Reserve University. Drawing upon her experience as a clinical social worker serving children and adults affected by interpersonal violence, her multidisciplinary research focuses on the effects of early trauma and adversity on children and adults; dyadic research within the family system; the development of trauma-informed practitioners and environments; and intervention and implementation science. In her current work, she employs both quantitative and qualitative approaches to examine strategies to strengthen family relationships to promote resilient outcomes in children exposed to intimate partner violence (IPV) and the development of effective violence assessments for use by pediatric healthcare providers to intervene upon childhood IPV exposure and other co-occurring forms of violence.

- Bender, A. E., McKinney, S. J., Schmidt-Sane, M. M., Cage, J., Holmes, M. R., Berg, K. A., ... & Voith, L. A. (2022). Childhood exposure to intimate partner violence and effects on social-emotional competence: A systematic review. *Journal of Family Violence*, 37(8), 1263-1281.
- Holmes, M. R., Berg, K. A., Bender, A. E., Evans, K. E., O'Donnell, K., & Miller, E. K. (2022). Nearly 50 years of child exposure to intimate partner violence empirical research: Evidence mapping, overarching themes, and future directions. *Journal of Family Violence*, 37(8), 1207-1219.
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- Holmes, M. R., Richter, F. G., Votruba, M. E., Berg, K. A., & Bender, A. E. (2018). Economic burden of child exposure to intimate partner violence in the United States. *Journal of family violence*, 33, 239-249.
- Voith, L. A., Logan-Greene, P., Strodthoff, T., & Bender, A. E. (2020). A paradigm shift in batterer intervention programming: A need to address unresolved trauma. *Trauma, Violence, & Abuse*, 21(4), 691-705.

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**Natalie Dolci, LICSW** (she/her) is a licensed independent clinical social worker with a background in gender-based violence response and prevention. She works as a Senior Violence Prevention Response Specialist at the UW SafeCampus program. Throughout her career she has provided direct services work and programmatic development for survivors of gender-based violence in the community-based, campus-based, and systems-based advocacy contexts. Natalie has conducted local community-based participatory research and trained nationally on the role that the abusive use of technology plays in interpersonal violence, and how systems can improve their coordinated response. Natalie provides consultation and capacity-building work to organizations seeking to improve workplace responses to domestic violence and sexual harassment. Natalie serves as the Board Chair of the Sexual Violence Law Center and a co-founder of their Technology-Enabled Coercive Control Initiative (TECCI).

- Cuomo, D. and N. Dolci. The TECC Clinic: An Innovative Resource for Mitigating Technology-Enabled Coercive Control. *Women's Studies International Forum*. Online ahead of print DOI: <https://doi.org/10.1016/j.wsif.2022.102596>.
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- Cuomo, D. and N. Dolci. New Tools, Old Abuse: Technology-Enabled Coercive Control (TECC). *Geoforum*. 126: 224-232.

<https://www.linkedin.com/in/nataliedolci/>

**Alice M. Ellyson, MS, PhD** is an Assistant Professor in the School of Medicine at the University of Washington (UW). She is also a faculty investigator in the Firearm Injury & Policy Research Program at UW and the Center for Child Health, Behavior, and Development at Seattle Children's Research Institute. She received her doctorate in Economics with a focus on economic, social, and health policies from the



College of Social Sciences & Public Policy at Florida State University. Her research focuses on gender-based violence and its impact on health and wellbeing, primarily among adolescents and young adults. The goal of her research program is to reduce gender-based violence and limit its negative consequences by examining the infrastructure and incentives that influence both prevention and response. She conducts rigorous empirical research using quasi-experimental and causal inference methods that is informed by rich, contextual qualitative research. Her ongoing IPV-related research includes evaluating the effectiveness of implementing firearm prohibitions through domestic violence protection orders in Washington State, exploring the intersections between institution of higher education policies and experiences of gender-based violence among students, and examining the use of threats and violence involving weapons among children living in homes where IPV is used.

- Ellyson, Adhia, Shanahan, Alsinai, DiMascolo, Reygers, Bowen, Rowhani-Rahbar. 2023. "Firearm Restrictions in Domestic Violence Protection Orders: Implementation, Vetting, Compliance, and Enforcement." *Criminology & Public Policy*. Published online 06 September 2023. doi: 10.1111/1745-9133.12639.
- Ellyson, Adhia, Lyons, and Rivara. 2021. "Prevalence, age of initiation, and patterns of co-occurrence of digital dating abuse behaviors nationwide" *Children & Youth Services Review*. 122(March): 105921. doi: 10.1016/j.childyouth.2020.105921.
- Preventing firearm-related harm through Domestic Violence Protection Order firearm prohibitions and relinquishment (Principal Investigator: Ellyson). 2023-2026. Funded by the Center for Disease Control and Prevention.

[www.alicemellyson.com](http://www.alicemellyson.com)

**Mary D. Fan's** expertise includes criminal law and procedure, evidence, information privacy, and immigration. She is the author of numerous articles in leading law reviews and a recent book *Camera Power: Proof, Policing, Privacy, and Audiovisual Big Data*, published by Cambridge University Press. Her research and teaching are informed by her experiences as a federal prosecutor in the Southern District of California and as an associate legal officer at a United Nations criminal tribunal. Her scholarship has been cited by judges, including U.S. Supreme Court Justice Sonia Sotomayor, and in major media venues.

- Mary D. Fan, *Disarming the Dangerous: Preventing Extraordinary and Ordinary Violence*, 90 *Indiana L.J.* 151-78 (2015).
- Mary Fan, *Adversarial Justice's Casualties: Defending Victim-Witness Protection*, 55 *Boston College L. Rev.* 775-820 (2014).

<https://www.law.uw.edu/directory/faculty/fan-mary>

**Valli Kalei Kanuha**, born and raised in Hilo, Hawai'i in the 1950s is the daughter of a Kanaka 'Ōiwi father and Nisei mother. Dr. Kanuha considers herself an Indigenous, critical feminist, activist-practitioner-scholar with a focus on gender violence against women and children of color at the intersection of race/ethnicity, gender, and sexual identity. For almost 50 years, her practice and research have been dedicated to analyzing the impact of colonization, racism, and masculinity on intimate violence in Hawaiian, Pacific Islander, LGBTQ, and mähū communities and other communities of color. Kalei has been a practicing social worker, community-based researcher, and consultant with organizations in Hawai'i and the continental U.S., and lectures widely on violence against women,

Indigeneity, and social justice issues. Her research and community interests include culturally based, family and domestic violence interventions; intimate violence in women's same-sex and queer relationships; and community-based, alternative justice responses to interpersonal and carceral S/state violence, including transformative and restorative practices from an abolition feminist standpoint. Professor Kanuha is Associate Dean for Academic Affairs at the UW School of Social Work, where she received her PhD in social welfare.

- Kim, M.E., Kanuha, V. K. (2022). Restorative justice and the dance with the devil. *Affilia*. 1-5. <https://doi.org/10.1177/08861099221084830>
- Richie, B.E., Kanuha, V.K., & Martensen, K.M. (2021). Colluding with and resisting the State: Organizing against gender violence in the U.S. *Feminist Criminology*, 16(3), 247-265.
- Kanuha, V. K. (2013). Relationships so loving and so hurtful: Intimate violence in Asian and Pacific Islander queer women's and lesbian relationships. *Violence Against Women*, 19(9), 1175-1196. (Nominated for 2013 Best Article, *Violence Against Women*).

**Mary A. Kernic, PhD, MPH** is a Research Associate Professor of Epidemiology in the School of Public Health at the University of Washington. Dr. Kernic's research has largely involved in-depth examinations of civil, criminal and family law processes and interventions with the aim of identifying both effective and problematic legal approaches to intimate partner violence for victim-survivors and their children. Her work has benefitted by longstanding, respected, collaborative relationships with colleagues in civil, criminal and family law and IPV advocacy and direct services. Dr. Kernic recent research projects involve examinations of the long-term trends in the adjudication of civil protection orders for IPV survivors; access, effectiveness and court processing of civil protection orders among youth; and the use of parenting evaluators in IPV-involved child custody cases.

- "Trends in Domestic Violence Protective Order Adjudication: Potential Impacts on Victim Safety and Due Process" (1/1/2019-12/31/2024). Funded by the National Institute of Justice (Grant Award 2018-VA-CX-0001). Role: Principal Investigator.
- "Access to Justice for Adolescents and Young Adults Experiencing Intimate to Partner Violence: Effectiveness and Accessibility of Civil Protection Orders" (1/1/2021-12/31/2024). Funded by the National Institute of Justice. (Grant Award 2020-VA-CX-0001) Role: Principal Investigator.
- Kernic, MA, Drolette, LM, Shanahan, S, Martin, D. Victim Recantation and Disengagement from Prosecution in Intimate Partner Violence Criminally Prosecuted Crimes in King County, Washington: Predictors of Victim Recantation and Disengagement and Prosecutorial Outcomes. Final Report submitted to the National Institute of Justice. March 2023.
- Kernic, MA. Interdisciplinary Evaluation of Child Custody Decision-making among IPV Families. Final Report submitted to the National Institute of Justice. 2019.
- Adhia, A, Drolette, LM, Vander Stoep, A, Valencia, EJ, Kernic, MA. The impact of exposure to parental intimate partner violence in adolescent precocious transitions to adulthood. *Journal of Adolescence*, 2019 Dec; 77: 179-187.

**Jennifer Piel, MD, JD** is the Director of the University of Washington Center for Mental Health, Policy, and the Law and is an Associate Professor in the Department of Psychiatry at the University of Washington. She is also a Staff Psychiatrist and Director of the Disruptive Behavior Evaluation Clinic at the VA Puget Sound, Seattle Division. She completed her medical training at the University of Southern

California; residency training in psychiatry at the University of Washington; and fellowship training in forensic psychiatry at Case Western Reserve University in Cleveland, Ohio. Prior to her medical training, Dr. Piel earned her law degree from the University of Washington. Dr. Piel is Board Certified in general psychiatry, forensic psychiatry, and brain injury medicine. She teaches courses in forensic mental health. She speaks locally and nationally on topics related to psychiatry and the law. She consults and performs psycho-legal evaluations in a variety of criminal and civil legal cases and regulatory matters, including cases involving mental state at time of offense, violence risk assessment, psychological harm from personal injury (including intimate partner violence) and sexual and gender harassment, among others. <https://cmhpl.psychiatry.uw.edu/who-we-are/faculty/jennifer-piel/>

**Dana Raigrodski, LL.M.** is an Associate Teaching Professor and Director of the General Law LL.M. program at the University of Washington School of Law. She has been serving as an appointed Commissioner on the Washington State Supreme Court Gender & Justice Commission since 2005. Dr. Raigrodski co-chaired the Commission's multi-year Gender & Justice Study and is currently co-chairing the implementation of the study's recommendations. Sheryl Gordon McCloud, Dana Raigrodski, Sierra Rotakhina, & Kelley Amburgey-Richardson, 2021 Gender Justice Study (Wash. St. Sup. Ct. Gender & Justice Comm'n 2021). She also co-authored the chapter on Commercial Sex and Exploitation in Washington. Barbara Mack & Dana Raigrodski, Ch. 10, Commercial Sex and Exploitation (in 2021 Gender Justice Study 470-583). Her work examines human trafficking, migration and globalization, criminal procedure and jurisprudence, and critical feminist and race legal theories, and she teaches courses on gender, race, and the law, transnational law and globalization, American legal system, and business organizations. Prior to joining academia, Dr. Raigrodski served as a military prosecutor in the IDF Military Advocate General Staff Command. She holds a LL.B. from Tel Aviv University and a LL.M. and a SJD from Tulane University. She is a member of the New York and the Israel Bar. [https://papers.ssrn.com/sol3/cf\\_dev/AbsByAuth.cfm?per\\_id=459266](https://papers.ssrn.com/sol3/cf_dev/AbsByAuth.cfm?per_id=459266)  
<https://www.law.uw.edu/directory/faculty/raigrodski-dana>

**Ali Rowhani-Rahbar** is the Bartley Dobb Professor for the Study and Prevention of Violence, Professor of Epidemiology, Professor of Pediatrics, and Adjunct Professor of Public Policy & Governance at the University of Washington where he directs the Firearm Injury & Policy Research Program. He evaluates community-based interventions, social programs, and public policies for their impact on multiple forms of violence with a particular emphasis on preventing firearm-related harm. Specifically, his work integrates data from the healthcare system, civil legal system, and criminal legal system to inform equitable actions focused on reducing the risk of firearm-related harm particularly among minoritized communities. He has served on the Board of Scientific Counselors of the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention, Board of Directors of the National Research Society for the Prevention of Firearm-Related Harms, and Board of Directors of the Society for Advancement of Violence and Injury Research. He was elected to the National Academy of Medicine in 2023.

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- Mooney SJ, Rivara FP, Hill HD, Rowhani-Rahbar A. *J Interpers Violence*. 2022 Jul;37(13-14):NP12519-NP12541. doi: 10.1177/0886260521997440
- Nonfatal use of firearms in intimate partner violence: Results of a national survey. Adhia A, Lyons VH, Moe CA, Rowhani-Rahbar A, Rivara FP. *Prev Med*. 2021 Jun;147:106500. doi: 10.1016/j.ypmed.2021.106500
  - Life experiences associated with change in perpetration of domestic violence. Adhia A, Lyons VH, Cohen-Cline H, Rowhani-Rahbar A. *Inj Epidemiol*. 2020 Aug 1;7(1):37. doi: 10.1186/s40621-020-00264-z.
  - Use of immigration status for coercive control in domestic violence protection orders. Alsinai A, Reygers M, DiMascolo L, Kafka J, Rowhani-Rahbar A, Adhia A, Bowen D, Shanahan S, Dalve K, Ellyson AM. *Front Sociol*. 2023 Apr 28;8:1146102. doi: 10.3389/fsoc.2023.1146102. eCollection 2023. <https://epi.washington.edu/faculty/rowhani-rahbar-ali/>

**Kiana Swearingen** is the Deputy Title IX Coordinator for Education & Prevention at the University of Washington (UW). As a prevention educator, she supports academic communities in identifying and implementing strategies to create healthy cultures that inhibit violence, harassment, and discrimination from occurring. She co-chaired the UW's Title IX Training and Education Working Committee, which developed tailored education for students, staff, and faculty about preventing and responding to sex- and gender-based violence and harassment. She has trained nationally on evidence-based violence prevention and response efforts within higher education and was an invited speaker at the National Academies of Sciences, Engineering, and Medicine's workshop Evaluating the Effectiveness of Interventions to Address and Prevent Sexual Harassment. Her two decades of work in the anti-violence movement have centered on intersectional and trauma-informed responses to sexual harassment, relationship violence, stalking, sexual exploitation, and sexual assault. Before UW, Kiana worked as a community-based advocate and prevention educator. She holds a certificate in Psychological Trauma from the University of Washington and a BA in Psychology from the University of Alaska Fairbanks. <https://www.linkedin.com/in/kiana-swearingen-b0b756a9/>

**Denise Walker, Ph.D.**, is a Research Professor in the UW School of Social Work, a licensed clinical psychologist, and the Director of the Innovative Programs Research Group. She received her doctorate in Clinical Psychology from the University of New Mexico and completed her predoctoral internship at Yale University and postdoctoral fellowship at the University of Washington. She is expert in the development of interventions that motivate behavior change and/or treatment seeking in populations engaged in risky behaviors and ambivalent about change. Her research related to IPV centers on the development and evaluation of IPV intervention strategies. She led the development of the Men's Domestic Abuse Check-Up (MDACU), a brief intervention shown to be successful in attracting voluntary participation from a diverse group of non-adjudicated men perpetrating IPV but not in treatment. The MDACU combines motivational interviewing with personalized feedback on the individuals use of IPV, consequences and risks for continuing IPV and has demonstrated success in reducing IPV behavior, substance use and increasing treatment entry. The MDACU has been evaluated in two randomized controlled trials funded by the National Institute on Drug Abuse. Dr. Walker is also an expert in substance abuse treatment and intervention, cannabis misuse, and Motivational Interviewing.

- Mbilinyi, L., Neighbors, C., Walker, D.D., Segar, K., Walton, T., Roffman, R.A., Zegree, J., & Urion, W. (2022). What's in it for me? Motivating the untreated batterer to consider treatment. *Research on Social Work Practice*, 4, 1-14. <https://doi.org/10.1007/s10896-022-00375-9>
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**Carolyn M. West** is a Professor in the UWT School of Interdisciplinary Arts and Science and Resident Fellow in the Office of Community Partnerships. She received her doctorate in Clinical Psychology from the University of Missouri and has completed a postdoctoral research fellowship in family violence research at the Family Research Laboratory at the University of New Hampshire. She uses interdisciplinary quantitative and qualitative methods to investigate intimate partner violence and sexual assault in the lives of marginalized populations, with a special focus on Black communities. Her ongoing research includes creating training material to help advocates provide survivor-centered, culturally-responsive, trauma-informed, strengths-based care to victims of violence.

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<https://scholar.google.com/citations?user=xADST8UAAAAJ&hl=en>

<https://www.tacoma.uw.edu/community-partnerships/resident-fellow-carolyn-west-phd>

## Appendix B: Budget Summaries of Center Planning and Implementation Phases

### Planning Phase Budgetary Summary

A maximum budget of \$500,000 for the Center planning phase was set by the legislature. A summary of estimated expenditures is provided below.

Planning Group Leadership salaries and benefits	\$103,049
Planning Group Members salaries and benefits	\$59,950
Support staff salaries and benefits	\$19,592
Strategic Planning and Project Management costs	\$29,507
Focus Group Costs	\$7,419
Software cost for report generation	\$48
<b>Total</b>	<b>\$219,565</b>

### Early Implementation Phase Budget

Object	March 1, 2024 - June 30, 2025
Salaries and wages	\$1,167,096
Employee Benefits	\$323,284
Professional Service Contracts	\$103,645
Goods and Services	\$23,855
Travel	\$21,000
Other: Tuition	\$59,991
<b>Total</b>	<b>\$1,698,871</b>

Job Title	FTE
Center Director - Mary A. Kernic, PhD, MPH	0.5
TBN Associate Director - Dissemination/Promotion	0.25
TBN Associate Director - Training	0.2
Program and Community Engagement Lead	1.0
Research Dissemination Lead	1.0
Research Scientist	1.0
Graduate RA	0.5
Graduate RA	0.5
Administrative Support	1.0
Financial Administration	0.5
Data Manager/Analyst	1.0