

The effectiveness of the policy on domestic violence in Rotterdam

A study into the effectiveness of the network of the policy on domestic violence in Rotterdam, in the years 2007-2011.

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THE EFFECTIVENESS OF THE POLICY ON DOMESTIC VIOLENCE IN ROTTERDAM

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PREFACE

The moment is there, I am going to finish the study of Public Administration at the University of Twente. This thesis about the effectiveness of the policy on domestic violence in Rotterdam is the last part of an unforgettable studentship in Enschede.

I want to thank all the respondents of the various organizations of the network of domestic violence in Rotterdam, but I want to thank in special Anthoinette Matulesy of the Public Health Service of Rotterdam. Without her support, this study could not have been there like it is now.

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Sanne Schwarte
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ABSTRACT

Domestic violence is the most common form of violence in our society and can be seen as a social problem. In order to be able to tackle the problem and to provide the right support, various organizations must cooperate with each other. The Dutch government supported this cooperation by developing a national policy on domestic violence and this national policy is implemented in different regional and local policies. The policy on domestic violence of Rotterdam is one of the most advanced policies on this subject. Since 2007, the municipality of Rotterdam has introduced the reporting code on domestic violence, and this code will become mandatory by January 2013. However, the implementation of this code does not necessarily mean that the policy is effective. In this study, the effectiveness of the policy of Rotterdam will be studied for the period of 2007-2011.

To tackle the problem of domestic violence, various organizations have to cooperate within a network. To determine the effectiveness of the policy on domestic violence in Rotterdam, the theory of Provan and Kenis about network governance is leading. This theory distinguishes three types of network governance: a Participant-Governed Network; a Lead Organization-Governed Network; and a Network Administrative Organization. To determine the effectiveness of a network governance form, there are three dependent variables selected: the range of service provided, the relationship strength and the creation and maintenance of the Support Center of Domestic Violence. For each type of network governance, the theory describes four independent variables which influence the effectiveness of the type of network governance. These variables include the level of trust, the number of participants, the level of goal consensus and the need for network-level competencies.

The dependent and independent variables are measured on the basis of interviews. Eleven interviews with respondents of 12 organizations involved in the network of domestic violence in Rotterdam were held. The organizations selected to be interviewed received most reports of domestic violence in recent years. The selected organizations are focused on offenders, victims, children and witnesses of domestic violence. The whole network consists of 17 organizations, but five organizations could not be reached.

Based on policy documents and the interviews, it was concluded that the whole network of domestic violence in Rotterdam is a Lead Organization-Governed Network in which the Support Center of Domestic Violence is the lead organization. The scores on the dependent variables were high, meaning there is a high level of effectiveness in the network of domestic violence in Rotterdam. The Lead Organization-Governed Network was effective with a moderate number of participants, a lot of trust among the participants, a moderate level of goal consensus and a moderate need for network-level competencies. The levels of trust and goal consensus differ (positively) with the expectations of the theory, but the network is still effective. This means the values of the variables, provided by the theory, are sufficient for network effectiveness. When the values of trust and goal consensus differ positively, this has no negative influence on the effectiveness of the network. To conclude, there is expected a high extent of effectiveness of the policy on domestic violence in Rotterdam when performed in a Lead Organization-Governed Network.

However, there are some limitations on this study: there is no distinction made among different neighborhoods of Rotterdam, not all 17 organizations are interviewed and there is one leading theory about network governance. These limitations can be seen as recommendations for further research.

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LIST OF ORGANIZATIONS

- Gemeenschappelijk Gezondheidsdienst (GGD) Public Health Service
- Advies en Steunpunt Huiselijk Geweld (ASHG) Support Center of Domestic Violence
- Lokaal Team Huiselijk Geweld (LTHG) Local Domestic Violence Team
- Advies en Meldpunt Kindermishandeling (AMK) Child Protection Service
- Bureau Jeugdzorg (BJZ) Youth Care Agency
- Raad voor de Kinderbescherming Child Protection Board
- Centrum voor Jeugd en Gezin (CJG) Center of Youth and Family
- Consultatiebureau Child Health Center
- Maatschappelijk Werk Social Work
- Centrum voor Dienstverlening (CVD) Center of Services
- Crisisinterventieteam (CIT) Crisis Intervention Team
- Openbaar Ministerie Public Prosecutor
- Reclassering Rehabilitation
- Vereniging van Nederlandse Gemeenten (VNG) Association of Dutch Municipalities

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1. INTRODUCTION

This chapter is an introduction to a study of the effectiveness of the policy on domestic violence in Rotterdam. First, it will describe the concept of domestic violence and then proceed to a problem analysis and the research questions.

1.1 THE MOTIVATION FOR THE POLICY ON DOMESTIC VIOLENCE

In 1996, the Dutch Ministry of Justice organized a conference about repeated victimization. During this conference, it became clear there were insufficient data about domestic violence. Therefore, the Ministry of Justice commissioned a large-scale study of domestic violence that was carried out in 1997. The research revealed that 45 percent of the Dutch population has been the victim of non-incidental domestic violence at some time. In addition, 27 percent of the Dutch people are victims of domestic violence incidents that occur every week or even every day. Based on this study, the Ministry of Justice concluded that domestic violence was the most common form of violence in Dutch society. No other kind of violence was found to result in as many victims as domestic violence does (Van Dijk, Flight, Oppenhuis, & Duesmann, 1997). Some of the study's findings indicated that both the central and decentralized levels of combating of domestic violence should be included in the security policy. However, domestic violence must be defined unambiguously before any policy can address it.

1.1.1 DOMESTIC VIOLENCE

Domestic violence refers to the victimization of a person with whom the abuser has or has had an intimate, romantic, or spousal relationship. Domestic violence encompasses violence against both men and women and includes violence in gay and lesbian relationships (Burnett, 2011).

Domestic violence consists of a pattern of coercive behaviors used by a competent adult or adolescent to establish and maintain power and control over another (competent) adult, adolescent, or child. These behaviors, which can occur alone or in combination as well as sporadically or continually, include physical violence, psychological abuse, stalking, and nonconsensual sexual behavior. Each incident builds upon previous episodes, thus setting the stage for future violence (Burnett, 2011). Violence comes in four general forms.

- Forms of physical violence include assault with weapons, pushing, shoving, slapping, punching, choking, kicking, holding, and binding. Two categories of physical violence have been postulated: occasional outbursts of bidirectional violence (i.e., mutual combat) and terrorism, of which the "patriarchal" form has been the most researched.
- Psychological abuse includes threats of physical harm to the victim or others, intimidation, coercion, degradation, humiliation, false accusations, and ridicule.
- Intimate partner stalking may occur during a relationship or after a relationship has ended. Recent technological developments have encouraged another form of stalking. Offenders can commit psychological abuse, usually threats, through the Internet, or so-called cyber stalking.
- Sexual abuse may include nonconsensual or painful sexual acts that are often unprotected against pregnancy and disease (Burnett, 2011).

Domestic violence may be associated with physical or social isolation (i.e., denying communication with friends and relatives and/or making communication so difficult that the victim stops attempting it) and deprivation (i.e., abandonment in dangerous places, refusing support when sick or injured, and/or prohibiting access to money or other basic necessities) (Burnett, 2011).

Most significantly, domestic violence means violence committed by a (ex)-partner, a family member, or a friend of the victim. Consequently, the term 'domestic' does not denote where the violence occurs but by whom the violence is committed (Van Dijk et al., 1997).

1.2 PROBLEM ANALYSIS

Because studies have found that domestic violence is the most common form of violence, a variety of organizations, such as educational, care, and judicial organizations, deal with the consequences of this problem. In order to tackle the problem and to provide the right support, the various organizations must cooperate with each other. The Dutch government supported this cooperation by developing a national policy on domestic violence (Jongebreur, Lindenberg, & Plaisier, 2011). This national policy is described in Chapter 2.

The government formed this national policy according to the problems that the Ministry of Justice recorded during its study in 1997. One of these problems was *poor cooperation* among the majority of organizations that signal, report, and/or address domestic violence cases. In fact, an overwhelming number of these organizations knew so little about what the other organizations do that they could not take advantage of their resources. Furthermore, many organizations still needed to learn about the dynamics of this violence and what to do when the problem occurs. Their *ignorance of domestic violence* was one of their most concerning shortcomings, and many citizens (including professionals) were not fully aware of the problem and did not know that they had good opportunities to report cases of domestic violence.

Organizations lacked not only knowledge of domestic violence but also the professionals who could signal domestic violence. The professionals who were surveyed in the ministry's study did not know how to respond when they were presuming domestic violence, and, in a lot of cases, they decided to do nothing. The professionals who possessed a relationship of trust with their clients, such as teachers, doctors, or nurses, could suspect domestic violence earlier than those who were not as close to their clients. However, this relationship of trust formed a barrier to reporting. Professionals held the idea they could not report cases of domestic violence because of their *professional confidentiality*. Although it is true that the pressure to practice confidentiality is high, the professionals should have provided support when a report of domestic violence did arise, and they should have contacted the police or a Support Center so that they could punish the offenders. A punishment could be treatment for the offender that would discourage the offender from committing the violence again. Nevertheless, there were no '*punishments*' to *oblige the offender to follow a treatment*. Moreover, there were also no possibilities to intervene before a criminal offense occurred. When there is the possibility of 'punishment' in the form of a mandatory treatment, this treatment must have a good quality. Unfortunately, the shelters provided a *bad quality of care*. In addition, the care concentrated on women, even though the offenders and the children should also receive counseling. Care centers should focus on the whole family and make sure that the whole family receives support from relevant organizations. To improve the quality of their support, care centers should also provide support that matches the type of abuse. Moreover, to make sure someone gets the right support promptly, the police should quickly prepare an estimate of risks, because doing so will help the care centers to choose the correct approach from the start and to discourage recidivism (Jongebreur et al., 2011).

The government policy includes obligations for many types of organizations, not just care centers. Some organizations signal (presumptions of) domestic violence, some provide support to the victims, offenders, and witnesses, some coordinate the treatments, and others will signal, provide support, and coordinate treatments. Together, these organizations form a network.

1.3 THEORETICAL BACKGROUND

The only way that the government will reach the goals of its policy on domestic violence is with the support of various organizations. The organizations have to work together and form a network. According to Provan and Kenis (2007), the term 'network' refers to three or more legally autonomous organizations that work together to achieve not only their own goals but also a collective goal. The aim of the policy is to increase the number of domestic violence reports that lead to more treatments of victims, offenders, and witnesses. To help organizations achieve more treatments, this study will clarify what makes a network successful.

The definition of a network's success depends on the type of network. To reveal what type of network Rotterdam has in the context of domestic violence, this study distinguishes the types of networks. Some networks have internal coordination: *Participant-Governed Networks* and *Lead Organization-Governed Networks* (Provan & Kenis, 2007). Others have external coordination that is provided by persons or organizations outside the network. These persons or organizations coordinate the network's activities without doing anything regarding the outcome. Provan and Kenis (2007) describe one type of network with external coordination, which is a *Network Administrative Organization*. This study determines what kind of network governance that Rotterdam uses in the network of domestic violence.

Nevertheless, an accurate definition will not mean that the policy the organizations in the network follow is effective. The effectiveness of the network is about the performance of an organization or process, and the effectiveness will be explained by the extent to which goals are achieved (Sydow & Windeler, 2003). The effectiveness of the network can be influenced by network governance forms and the independent variables. The theory of Provan and Kenis (2007) assumes that the extent to which the independent variables are present might influence the effectiveness of the governance form. Provan and Kenis (2007) argue that the trust, the number of participants, the goal consensus, and the need for network level competencies are these independent variables. To determine the extent to which these variables influence the effectiveness of the network of Rotterdam, the present study will measure these variables.

1.4 RELEVANCE OF THE STUDY

This study focuses on the effectiveness of the policy on domestic violence in Rotterdam. The municipality of Rotterdam has an advanced policy on domestic violence that is contrary to the policies of other municipalities. Especially in signaling and reporting cases of domestic violence, Rotterdam is ahead of other municipalities. Rotterdam was the first municipality in the Netherlands to use a reporting code for domestic violence and child abuse. This reporting code is an important way to increase the number of reports of domestic violence and to help professionals to signal the characteristics of domestic violence to start the support as soon as possible. By January 2013, every Dutch municipality should have a reporting code for domestic violence and child abuse. The way the municipality of Rotterdam has implemented its reporting code and the way the organizations in the Rotterdam's network of domestic violence work with the policy could serve as an example for other municipalities. In other words, Rotterdam's policy could serve as a helpful example for other municipalities that possess similar conditions and the same type of network.

This study is also of scientific interest, because it will test a network theory in practice. The more a theory is tested in practice, the more valuable the theory becomes. If a study concludes that a theory is generally useful, then it might persuade organizations to adopt the theory to new contexts. Certainly, organizations should align the values of the independent variables with its type of network, but they could find a generally helpful theory to be useful.

1.5 RESEARCH QUESTIONS

In section 1.2, the policy's inherent problems are described. The advantage of the national policy is that it is implemented as different regional and local policies. The policy on domestic violence of the municipality of Rotterdam is one of the most advanced local policies on this subject. In 2007, the municipality of Rotterdam introduced its reporting code on domestic violence, and this code will become nationally mandatory by January 2013. However, Rotterdam's code may not be universally effective. Moreover, the obstacles that Rotterdam faces while trying to implement the policy could spread to other municipalities once Rotterdam's code becomes mandatory. To better prepare for the national implementation, this study evaluates the effectiveness of the policy of Rotterdam for the period from 2007 to 2011.

To what extent was the policy on domestic violence effective, as implemented by the participants in Rotterdam in the years 2007-2011?

To answer the above general research question, four specific research questions are formulated. The first two questions are part of a theoretical research, and these theories will be applied to the empirical research.

Theoretical research

1. What is the policy on domestic violence in the Netherlands?

The policy of Rotterdam is based on the national policy. Therefore, this study must also describe the national policy, and it will distinguish the organizations involved and their problems, goals, and means.

2. What types of network governance exist and what are the criteria for network effectiveness?

To tackle the problem of domestic violence, various organizations have to cooperate within a network. The answer to this question describes the theory of network governance and the criteria for evaluating network effectiveness.

Empirical research

3. What type of network governance exists in Rotterdam?

The answer to this question describes the local policy on domestic violence in Rotterdam and applies the theories of network governance to this policy.

4. To what extent do effectiveness criteria exist and to what extent are they in accordance with the expectations of the theory?

The latter question notes to what extent the policy of Rotterdam complies with the effectiveness criteria and to what extent the policy is effective according to the theory of network governance.

2. THE POLICY ON DOMESTIC VIOLENCE

The second chapter details the national policy on domestic violence. Specifically, the background and causes of the problem will be described. Then, the goals and means of the policy will be treated to answer the first research question: What is the policy on domestic violence in the Netherlands?

2.1 BACKGROUND AND CAUSE OF THE PROBLEM

About ten years ago, Dutch government recognized domestic violence as a major social problem that demands response from the government. Before that, the problem of domestic violence was often addressed loosely without a national policy. The policy on domestic violence was first formalized in 2002 and will be described in this chapter.

2.1.1 THE PROBLEM OF DOMESTIC VIOLENCE

No other violent crime victimizes as many people as domestic violence does (Movisie, 2009). Van der Veen and Bogaerts (2010) proclaim that 200,000 to 230,000 persons in the Netherlands suffer from recurrent domestic violence each year. In addition, one million people fall victim to incidental domestic violence each year (Van der Veen & Bogaerts, 2010).

Domestic violence consists of various types of violence. This study uses the Ministry of Justice's definition of domestic violence: violence committed by someone in the domestic environment of the victim. This environment can be house partners, ex-partners, family members, and family friends (Ministerie van Justitie, 2002). The violence could be physical, sexual, or psychological (GGD Rotterdam en Omstreken, 2005). In practice, the policy is mainly concerned with violence committed by the partner; to a lesser extent, it covers child abuse and abuse of the elderly, because the government dedicated separate policy programs to prevent child abuse and honor-related violence.

The offender, the victim, and any witnesses of domestic violence are part of each other's environment. This close relationship is an important characteristic of domestic violence and is related to the fact that domestic violence is systematic and has a high risk of recidivism. Because the violence takes place 'behind the doors' and the offender and the victim have a close relationship (as partners or as parents of children), this form of violence is often invisible to the surrounding environment. Often, the victim feels ashamed to tell anyone about the problem, because the victim is dependent upon the partner. Therefore, the victim might be too afraid to report the violence to his/her environment or to an official organization and to seek help (Jongebreur et al., 2011).

In many cases of domestic violence where children are involved or become victim of the violence, the violence has a negative influence on their adult lives. These children have an increased risk of becoming victims again or eventually becoming the offenders of domestic violence (Dijkstra, 2001).

In short, the victims' feelings of fear, shame, and/or guilt can prevent them from ever reporting the domestic violence, which means that numerous cases are probably unknown and that the scope of this violence is more extensive than we think (Ministerie van Justitie, 2002; Veen & Bogaerts, 2010).

2.1.2 THE ROLES OF THE GOVERNMENT, THE MUNICIPALITY AND ORGANIZATIONS

Although the safety of the citizens 'behind the doors' is their own responsibility, the government feels responsible for the safety of the citizens in the public sector. This feeling commenced when the 'Partij van de Arbeid' presented the manifesto, 'Stop domestic violence', to the House of Representatives of the States General in May 2000 (Jongebreur et al., 2011). From that point, politicians defined domestic violence as a social problem and an alleged situation that is incompatible with the values of a significant number of people who

agree that action is needed to alter the situation (Rubington & Weinberg, 2011). In order to create a safe society, the government had to address the social problem of domestic violence, and it introduced a policy for domestic violence in 2002 (Jongebreur et al., 2011).

Before 2002, the Dutch population took various regional initiatives to tackle the problem of domestic violence. These regional initiatives encountered obstacles of conflicting law and regulations, and thus the need for a national policy grew ever more intense. In April 2002, politicians wrote a note written that commenced a nationwide, coordinated approach to domestic violence (Jongebreur et al., 2011).

The national policy was interdepartmental, and the Ministry of Justice performed a coordinating role. The result of the Ministry of Justice play such a role was because the transformation of domestic violence into a security issue, and thus the Public Prosecutor and the police became involved. The national policy assembles the other ministries and organizations, such as youth care, Public Health Service (in Dutch: GGD), and rehabilitation (in Dutch: Reclassering). Another objective of the policy was to facilitate an effective, national approach to domestic violence and to encourage collaboration on the local and regional level. The municipalities performed a coordinating role in this collaboration (Jongebreur et al., 2011).

When these organizations visualized the size of the problem and helped to change the professional norms for addressing reports of violence, the policy broadened and deepened. Eventually, their efforts led to the final policy, which this study is evaluating. The following assumptions underlie the current policy as a whole (Jongebreur et al., 2011):

In order to combat domestic violence, it is necessary citizens are aware that domestic violence exceeds norms and besides this it is a frequently common problem. Only if that is the case and if at the same time an appropriate offer of help has been developed, victims will search for support (earlier), third parties will more often identify and report any cases of domestic violence and there will be more cases reported, through what aid can be granted earlier and sanctions may more quickly be used. Ultimately, the volume of domestic violence, by this approach, will reduce. Such an approach can only be done by multidisciplinary and multi-sectoral cooperation of professionals, under the auspices of the (national, regional and local) Government.

Based on these assumptions, national, regional and local governments can prepare their goals and means to achieve a nationwide interdepartmental policy. In this policy, the government, municipalities, and some local organizations all have roles in the approach to domestic violence.

Under the auspices of the national government, the municipality has a coordinating role, as well. The coordinating role of a municipality includes (Heerwaarden & Schaafsma, 2005):

- Setting political priorities;
- Assembling parties;
- Facilitating cooperation and networking;
- Promoting agreements between partner-organizations;
- Facilitating promotion;
- Facilitating signaling and registration;
- Facilitating promotion of expertise;
- Assisting the Support Center of Domestic violence;
- Promoting a comprehensive approach for the chain;
- Coordinating policy fields; and
- Carefully recording the responsibilities within the municipality.

The policy for the municipalities (i.e., the local policy) includes the Support Center of Domestic Violence (in Dutch: Advies en Steunpunt Huiselijk Geweld (ASHG)), which is a central organization in the municipal network. This organization concentrates on victims, offenders, witnesses, and professionals. All groups in this network can contact the Support Center of Domestic Violence for advice, support, and information 24 hours a day. The Support Center of Domestic Violence will map the reported problem, enable the network, and then maintain the network of professionals. Hence, a Support Center of Domestic violence operates as a front and back office for its local network (Heerwaarden & Schaafsma, 2005).

Some professionals in the network and its organizations are a 'location' for finding domestic violence. They directly confront the domestic violence as well as suspicions of domestic violence and the consequences of domestic violence. Such professionals are also in a position to support or at least to report the violence. The professionals that confront it directly usually work, for example, in the Public Health Service, at a shelter, on an intervention team, in an ambulant or forensic psychiatric clinic, or the Center of Youth and Family (in Dutch: Centrum voor Jeugd en Gezin (CJG)). Typical direct-encounter professionals are doctors, nurses, or teachers (Heerwaarden & Schaafsma, 2005).

Complementing the professionals who focus on all persons involved in the violence are the organizations that focus on the offenders, namely, the police and public prosecutors. The police signals and records the reports, and they also rush to locations where acute violence is occurring. The police also make appointments with other organizations, such as intervention teams and the Support Center of Domestic Violence. In short, the police officers record the complaints, and the public prosecutors take the legal measures (Heerwaarden & Schaafsma, 2005).

2.2 THE GOALS AND MEANS OF THE POLICY

The national policy on domestic violence consists of six goals and several means to reach these goals. Every goal is based on a specific problem. In the following section, the goals will be described on the basis of these problems, followed by the means to reach the goals.

2.2.1 IMPROVING COOPERATION WITHIN THE NETWORK AND THE EXCHANGE OF INFORMATION

The main parties that realize the national policy are the municipality, the police, the Ministry of Justice, community workers, and rehabilitation specialists. These organizations could not resolve problems of violence entirely or for a long term while they operated independently of each other, much less did they have a shared solution. One of the worst drawbacks of this independent operation was that one organization quite often did not know the best subsequent organization to refer clients. For example, the criminal processors and the social workers did not know how to exchange information during an ongoing case (Jongebreur et al., 2011).

The basic principle of the policy on domestic violence is that the problem can only be addressed effectively when the national government, the municipalities, and the various involved organizations (i.e., the police, Ministry of Justice, community workers, and rehabilitation centers) cooperate with each other. The writers and enforcers of the policy assume that the problem of domestic violence can only be addressed when the organizations cooperate like a chain. The direct links allow them to find each other quickly, to share information rapidly, and to share a vision. All three make the coordinated approach possible. Another way to describe this policy is to emphasize that the focus is not solely on the victims, but on a system. (Jongebreur et al., 2011).

Each municipality holds a directing role in this approach (Jongebreur et al., 2011), which means that each municipality is responsible for assembling local organizations, and it must encourage the organizations to

prepare appointments with each other and to deliver their promises. The Association of Dutch Municipalities (in Dutch: VNG) supports the cities in their directing role (Goderie & Woerds, 2005).

Means

One of the means to achieve improved cooperation in the network and information-exchange is an *operational network* of national organizations. These national organizations offer *strategic consultations* that exist between representatives of the main national parties. Because these organizations are deeply involved in domestic violence, they can reach agreements about cooperation with each other quickly. For example, police organizations have managed to agree upon protocols and courses of action, which ensures that all officers will respond to domestic violence correctly. The protocols describe how the network organizations cooperate when they signal a case of domestic violence as well as define the role of each network organization (Jongebreur et al., 2011).

Another means for this goal is the *uniform registration* of domestic violence applied by the network organizations. With a uniform registration, cases of domestic violence can be distinguished from other cases of violence so that a better cooperation in the network is possible. This system can be seen as an information-node of domestic violence. It is an electronic system that workers use to share information between network organizations (with due consideration of privacy legislation). Even when the structure of the information systems differs, the type of information that they share is uniform. The information that the workers enter into the system covers:

Registered information:

- Contact information of the victim;
- Contact information of the offender;
- Contact information of the children;
- The relations between the victim, the offender and the children;
- Who reported the case;
- The police report, including the police district;
- Nature of the violence;
- Yes/no recidivism;
- Any referrals to organizations
- Data for the rescue team; and
- Which organization managed the case? (Wolf, Jonker, Nicolas, Meertens, & te Pas, 2006).

One website in this information system is www.huiselijkgeweld.nl. With this website, caseworkers can bring together all information relating to the approach of domestic violence (Jongebreur et al., 2011).

At the local level, *the municipality holds the directing role*. This means that each municipality ensures that its network organizations are cooperating on a tactical level (focused on achieving the organizational goals) and an operational level (focused on supporting daily work) (NEVI, 2011). The municipalities can obtain grants based on need from the national government for establishing these partnerships (Jongebreur et al., 2011).

These partnerships are promoted with the help of *the Support Centers of Domestic Violence*, which are front (and back-) offices that provide care. These Centers acquire the demand for care, and they send the cases to another organization. The Support Centers are an important link in the network (Jongebreur et al., 2011).

2.2.2 AWARENESS AND NORM SETTING

For years following the note of 2002, enforcers of the national policy worked on the cooperation among the various organizations. Eventually the policy enabled people to attain support from multiple cooperating organizations upon reporting cases of domestic violence. Still, people report domestic violence only when they are aware of the problem and have a safe opportunity to report it. Enforcers of the national policy are still trying to encourage people to report and trying to include more opportunities for reporting.

The policy's psychological purpose is to demonstrate that the government finds domestic violence unacceptable. The government's open disapproval can increase public awareness, the demand for care, and the reporting rate (by third parties) of domestic violence. When people are aware of the options of care, they might seek care (for themselves or for others) earlier. The norms of people still need to change. When all people, including children, know that domestic violence is not acceptable, they are less likely to tolerate violence (Jongebreur et al., 2011).

Means

Every year since 2007, a *national campaign* has presented awareness speeches in different national media. This national campaign focuses on setting the norm in respect of domestic violence and to highlight the seriousness of domestic violence. The campaign also gives information about where and how to find support (Jongebreur et al., 2011).

In addition to the campaigns, there are *focus groups* organized on a small scale that make domestic violence discussable. When domestic violence is discussible, more cases will be reported (ANP, 2010). There are also *assertiveness training courses* that teach potential victims how to react to unacceptable behavior. An example of such training is the '*Marietje Kessels*' project. This method increases the mental and physical assertiveness of children and is given at schools. This program can be followed by the whole country. Adults can obtain a brochure about how to increase their assertiveness. Assertiveness intimidates many abusers, so potential victims who practice this behavior might decrease their experiences of violence (Jongebreur et al., 2011).

The means to influence the norm setting are related to the current approach of *the criminal law*, which focuses on the offenders. Another law is *the right to a violence-free education*. This law has a norm setting character that leads to more people relying on this law in court. The final means of norm setting is police registration of domestic violence cases. Police officers record each case with its respective code, and these figures are published annually. These figures demonstrate the exact size of the problem to the citizens and could this change their outlook on domestic violence (Jongebreur et al., 2011).

2.2.3 QUESTIONING FOR HELP AND SIGNALING BY INVOLVED PARTIES

One of the problems related to domestic violence is the professionals' lack of knowledge about domestic violence. Jongebreur et al. (2011) discovered that professionals did not know the signals of domestic violence or the best procedure for a suspected case of domestic violence. Their ignorance contributed to the invisibility of domestic violence to the public eye.

In response to this problem, the policy aims to increase the signaling of involved parties. When professionals know more about the signals of domestic violence, they will recognize the violence sooner (Jongebreur et al., 2011).

Means

The policy encourages professionals to provide support by holding *national campaigns* and by providing other forms of *information material* to professionals. To encourage signaling by third parties (professionals), the policy requires knowledgeable experts to lecture upon the subject of domestic violence in schools (*in professional training*) and thus enhance the public's *expertise*.

In 2008, there was also a *conference* about learning to signal, organized by several ministries and the Dutch Youth Institute (Nederlands Jeugdinstituut) (Slump, 2008). In this conference, they tried to ascertain which competencies the professionals should teach at school to help children to recognize the characteristics of domestic violence (Jongebreur et al., 2011).

2.2.4 (WILLINGNESS TO) REPORT AND DECLARE

People should notify a center of care and/or the police of any instance domestic violence. The police can also complete reports of domestic violence, and then they can then send the report to the appropriate center of care. In addition, third parties and victims can report a case, and professionals in particular have an ethical obligation to report cases. Some years ago, professionals held the idea they could not report cases of domestic violence because of their professional obligation to confidentiality. However, the existing rules and regulations include exceptions in the interest of safety. Moreover, the policy encourages professionals to report of cases of domestic violence (especially since the reporting code will be introduced next year), because the victims are unlikely to receive support if professionals do not take the first step (Jongebreur et al., 2011).

Professionals will feel more confident about reporting cases when the rules regarding confidentiality and safety are unambiguous. The reporting code can play a deciphering role, and professionals could refer to this code when reporting cases (Lünnemann, 2009). Cases of domestic violence are also more likely to be reported when there are central points of contact. When people know there are points of contact, they will report earlier, and when professionals know them, they will refer clients more effectively and earlier (Jongebreur et al., 2011).

Another goal (2008-2012) according to report and declaration is the immediate and safe care for victims, because the government intends to invest in early, fast, and effective care for victims, offenders, and children (Jongebreur et al., 2011).

Means

The means according to the report and declaration can be distinguished into two types: means focused on victims and means focused on professionals.

Means focused on victims

In all thirty-five of the Netherlands' central municipalities is at least one Support Center of Domestic Violence. These centers are regionally organized and can be seen as the front offices for care. People can visit these centers for information or to report cases of domestic violence (Jongebreur et al., 2011).

To improve the Support Center's ability to refer reporters to the right parties, the government initiated a project (2009-2012) to *improve the quality of the support centers*. This project is working on a common *vision of care* for all the support centers, *a risk screening tool*, clear and unambiguous *registration*, *24-hour accessibility* to the centers, *description of the work processes*, and the development of a national *standard on police reports*. Fortunately, the municipalities will obtain support in their *directing role* during this project (Jongebreur et al., 2011).

Means focused on professionals

Some *protocols* will help to increase professionals' reports. These protocols are about the (legal) possibilities for reporting within the framework of their professional secrecy. The protocols describe the situations that are permissible for professionals to report as well as where they must report cases to maintain utmost confidentiality, namely at the Support Centers of Domestic Violence, support centers for child abuse, woman treatment, social work organizations (in Dutch: Maatschappelijk Werk), or the police. To support these protocols, the government is establishing a national reporting code (Jongebreur et al., 2011).

The reporting code is expected to be a national law by January 2013. The reporting code is already effect in the networked organizations and can be seen as a basic model of next year's code. The basic model of the reporting code is intended to provide assistance to organizations and self-employed professionals who wish to draft a code for their own organizations. The professionals will make the code for their organizations concrete when they define who qualifies as a staff member, who is obligated to report, and the target groups. The professionals who use the reporting code will report cases of domestic violence more quickly, because the code prevents embarrassment by instructing the professionals when to act and by taking the responsibility for the professionals' decision to act (Lünnemann, 2009). The Support Center of Domestic Violence performs the reports of domestic violence (Ministerie van Volksgezondheid, Welzijn en Sport, 2009).

The reporting code is composed of five steps and the order in which the steps are taken does not matter. What matters is that the professional at any time in the process has gone through all the stages only then he can decide whether to report a case. Sometimes, the professional may find it natural to converse with the client first, and at other times, the case may seem so confounding that the professional will want to confer with a colleague before approaching the client. Sometimes, the reporter will need to repeat a step multiple times.

The Reporting Code

- | | |
|----------------|--|
| Step 1: | Mapping the signals |
| Step 2: | Consulting with a colleague and possibly consulting with the support center of domestic violence or child abuse. |
| Step 3: | Conversing with the client (the victim of domestic violence) or his/her parents. |
| Step 4: | Weighing the violence or the child abuse. |
| Step 5: | Deciding to give organizational help or to report the case. |

When the safety of the client is in danger, professionals may deviate from the reporting code (Ministerie van Volksgezondheid, Welzijn en Sport, 2009).

The *reporting code* is a way to ensure professional secrecy. There is also a *website* about how to deal with professional secrecy (www.huiselijkgeweldenberoepsgeheim.nl), a covenant about the exchange of information between professionals, and a *brochure* about confidentiality while reporting cases. These means will prepare the professionals to be alert to the signals of abuse and will encourage them to report (Jongebreur et al., 2011).

2.2.5 CRIMINAL LAW AND ADMINISTRATIVE APPROACH

Before this policy, no law required the offender to receive treatment. The only punishment was a fine, which is not beneficial to recidivism. Moreover, the police did not have the legal option of intervening in private affairs before a criminal offense occurred, so they had been unable to prevent expected violence (Jongebreur et al., 2011).

When a case of domestic violence is reported to the police, a criminal justice approach can commence. Anytime the police punish convicted offenders, they reinforce the belief that domestic violence is unacceptable (Jongebreur et al., 2011).

The administrative approach of domestic violence has been developed to coerce offenders into accepting treatment. The approach holds that law enforces do not need a crime before they can intervene in an abusive relationship. In theory, this policy allows intervention before the escalation of violence, unlike earlier policies (Jongebreur et al., 2011).

Means

An important mean in the approach of offenders is *the instruction of the Public Prosecutor's Office* about domestic violence. This instruction will strengthen the sanctions through such programs as aggression training or restraining orders. Previously, domestic violence was seen as nothing more than a finable abuse (Jongebreur et al., 2011).

In the approach of the criminal law, the police have an important role. They must intervene in domestic relationships and cooperate with the organizations in the network. At present, the police are following a *national protocol* that delineates their tasks (Jongebreur et al., 2011).

The role of the Public Prosecutor's Office is to prosecute the offenders of domestic violence. There are public prosecutors appointed as contact officers of domestic violence. These officers' vital role on behalf of the Public Prosecutor's Office is the establishment and maintenance of the cooperation agreements that have been drawn up for the purpose of the criminal approach of domestic violence. Law enforcers agree over a fast integration of providing care to the offender in the criminal process. The Public Prosecutor's Office and the Court are professional always follow due course to ensure that they handle each case professionally (Jongebreur et al., 2011).

In the administrative approach, the *law of restraining order* is an important means, and this law aims at the protection of victims and their families. Administrators draft restraining orders according to the *risk assessment tool*. With this tool, the Officer of Justice or the police can decide accurately whether the offender should be removed from the home (Jongebreur et al., 2011). The mayor of each municipality has the power to impose a restraining order and to provide the police the mandate to carry out the order.

2.2.6 CARE, RELIEF AND SHELTER

The findings of the study by Wolf et al. (2006) indicate that the quality of care in shelters should improve. For example, Wolf cited a few cases in which children did not attend school while one of their parents (or both) was in a shelter. In other words, nobody at the shelters thought about the children's needs. The study also indicates that children have a higher chance of confronting domestic violence in their adulthood when they confront with it earlier in their life.

Wolf et al. (2006) also discovered that the care of victims was mainly focused on women, even though men could be victims or even victims as well as offenders. Therefore, shelters could increase the victims' safety by preventing recidivism in addition to caring for them (Wolf et al., 2006).

Wolf and colleagues' (2006) study is noteworthy because it helped policymakers to form some of the main goals of the policy. These goals include care and relief to victims, counseling for offenders to help them to focus on resolving crises, and structural solutions.

The victims

In the context of the victims, the goal is to offer safety to victims and to commence a concrete solution as soon as possible. In addition, while the victims receive care, the offenders need to be receiving support. Professionals make the victims lives safer when they support the offenders to make permanent behavioral changes (Jongebreur et al., 2011).

Another goal is to make sure that children receive good care. Juvenile victims and witnesses are all at risk of negative outcomes. When shelters provide good care to these children, they reduce the risk of their later involvement in domestic violence. Therefore, the policy focuses on not only the offenders and the victims but also the whole family. The approach is system-oriented; victims, offenders and children receive an appropriate offer of support and the treatments are aligned with each other (Jongebreur et al., 2011).

The policy also details solutions for specific types of victims. For example, it makes specific recommendations for countering abuse of the elderly through brochures, factsheets, and information points.

The final goal in the context of victims is estimating risky situations. The police must prepare an estimate of the risks and characteristics of at-risk situations before violence breaks out so that they can respond with the right approach when tensions escalate (Jongebreur et al., 2011).

The offenders

The policy is focused on repeated victimization and providing care to the offenders and to people who are combined victims and offenders. When the shelters give the offenders care, they will finally reach special prevention, which means that the offender is unlikely to resort to violence again. The behavior of the offender has to change to prevent recidivism (Jongebreur et al., 2011).

Means

The victims

The means to reach the goals of care, relief, and shelter are focused on the improvement of the quality of care and the safety of the victims.

First, the government financed *the promotion of expertise*, and the municipalities have received *support* in the development of their policies (Jongebreur et al., 2011).

The second means is increasing accessibility to the shelter. The *capacity is extended* and there is *24-hour availability* in the shelters, now. In addition, the *diagnosis and screening* of the shelter and the development of *effective relief methods* has improved. There is also attention given to *the promotion of expertise* of professionals in shelters. This promotion of expertise is also for the purpose of *the improvement of quality* in the shelters. Ever since the quality in the shelters became more important, care programs arose for the victims, the offenders, and especially the children. Professionals also have access to a *database* that lists existing interventions for domestic violence. The goal of the database is to improve the quality and the effectiveness of the interventions. The database is meant for everybody and is publicly accessible via the internet (Jongebreur et al., 2011).

A reporting system called *AWARE* increases the safety of the victims. The system has direct contact with the emergency room of the police. Potential victims can obtain alarm buttons for the *AWARE* system. The person can push this button when he or she feels in imminent danger of an assault, and the police receive a report (and a description) and the location of the offender. This system has a deterrent effect and makes it possible for the police to intervene quickly in escalating violence to protect the victim. The municipalities must finance the *AWARE* system on their own, but the system is not mandatory (Jongebreur et al., 2011).

The offenders

As described earlier, the professionals must change the behavior of the offender to prevent recidivism, so psychologists have developed *treatments* for their behavior change. This treatment might help offenders who are in a voluntarily framework, who are in detention, or who are under other pressure to change. The government does fund sufficient *treatment capacity* for this system (Jongebreur et al., 2011).

2.3 CONCLUSION

Table 1 organizes the policy is according to sub-categories of violence-related problems. It also lists the goals for lessening and preventing these problems as well as the organizations that are working toward these goals.

Problem	Goals	Means	Organizations involved
Organizations in the network did not know enough about each other to cooperate well	<ul style="list-style-type: none"> • Cooperation between the national government, the municipalities, and any involved organizations • Organizations cooperate like a chain • The municipality stimulating the organizations to create appointments with each other and to deliver their promises 	<ul style="list-style-type: none"> • Operational network of national organizations • Strategic consultation by the national organizations in the network • Uniform registration • www.huiselijkgeweld.nl • Directing role for the municipality • Support Centers of Domestic Violence 	<ul style="list-style-type: none"> • Municipalities • Police • Ministry of Justice • Community workers • Rehabilitation • Support Center of Domestic Violence
The public was not aware of the problem of domestic violence and the ways to report it	<ul style="list-style-type: none"> • Making people aware of the problem • Making people aware of the possibilities for reporting • Changing the norms of response to domestic violence 	<ul style="list-style-type: none"> • A national campaign • Focus groups • Assertiveness training • A policy focused on an approach for offenders • The right to a violence-free education 	<ul style="list-style-type: none"> • The national government • Municipalities • Police • Ministry of Justice • Community workers • Rehabilitation • Support Center of Domestic Violence
Professionals' lack of knowledge of domestic violence	<ul style="list-style-type: none"> • Increasing the involved parties' signaling 	<ul style="list-style-type: none"> • A national campaign • Information material • Training for professionals • A conference about learning to signal 	<ul style="list-style-type: none"> • The national government • Professionals (i.e., teachers, doctors, nurses, etc.) • Support Center of Domestic Violence
Professionals had the idea they could not report cases of domestic violence because of their professional obligation to confidentiality	<ul style="list-style-type: none"> • Making clear when information may be reported and shared • Central points of contact for professionals, victims, offenders, and children • Early, fast, and effective care for victims, offenders, and children 	<ul style="list-style-type: none"> • Improving the quality of the support centers • A common vision of care for all support centers • A risk screening tool • Clear and unambiguous registration • 24-hour accessibility to the centers • Descriptions of the work processes • A national standard for police reports • Support for municipalities in their directing roles 	<ul style="list-style-type: none"> • Support Center of Domestic Violence • Child Protection Service (in Dutch: Advies en Meldpunt Kindermishandeling (AMK)) • Professionals (i.e., teachers, doctors, nurses, etc.) • Social workers • Police

		<ul style="list-style-type: none"> • Protocols to increase the reports of professionals • The reporting code 	
No punishments obliged the offenders to follow a treatment plan, and police had no opportunity to intervene before a criminal offense occurred	<ul style="list-style-type: none"> • Forcing offenders to accept treatment • Making it possible to intervene before the escalation of violence 	<ul style="list-style-type: none"> • Instruction of the Public Prosecutor's Office • National protocol that describes the tasks of the police • Law of restraining order • Risk assessment tool 	<ul style="list-style-type: none"> • Ministry of Justice • Public prosecutors • Police • Organizations in the network
The shelters offered a bad quality of care, and what care there was focused too heavily on the women	<ul style="list-style-type: none"> • System-oriented approach that focuses on the offender and the children as well as the victim so that the whole family receives help from the relevant organization(s) • Special attention to abuse of the elderly • The police preparing an estimate of risks quickly to make sure they take the right approach • Preventing recidivism 	<ul style="list-style-type: none"> • Funds for the promotion of expertise • Support for municipalities to develop their policies • Extending the capacity of the shelters • Diagnosis and screening of the shelters • 24-hour availability of the shelters • A database with existing interventions • AWARE-system • Treatments to change the behavior of offenders • Funds to create sufficient treatment capacity 	<ul style="list-style-type: none"> • The national government • Municipalities • Shelters • Police

Table 1: Goals and means of the national policy on domestic violence.

Many organizations are involved in the policy on domestic violence. To reach the policy's goals, the organizations have to cooperate with each other in a network. In the following chapter, the different kinds of networks are described, including the criteria for network effectiveness and the ways that an organization can become a member of a network.

3. NETWORK GOVERNANCE

This chapter introduces the network governance theory. It will describe different forms of network governance followed by their effectiveness and criteria for effectiveness. With these theories the second research question can be answered: What types of network governance exist and what are the criteria for network effectiveness?

3.1 WHAT IS A NETWORK?

The policy on domestic violence is system-oriented, so diverse organizations are attacking the problem simultaneously. The organizations that are working with the victims, offenders, children, or the witnesses must cooperate with each other. Some organizations even deal with both victims and offenders. In addition, one organization has a central position in the collaboration between the organizations, which is the Support Center of Domestic Violence. People can report cases to this center and request information about domestic violence. In addition, the Support Center coordinates the treatments for the people involved in the case. Together, these organizations comprise a network. The basic principles of the government’s policy are to improve the cooperation between the organizations in the network and to improve the exchange of information between the organizations.

A network is a form of inter-organizational interaction, exchange, operation, and collaborative production. Networks can be limited or unlimited clusters of organizations. Networks are, by definition, not hierarchical and might even consist of legally separate entities (Alter & Hage, 1993). In a hierarchical network, one organization in the network is dominant and constrains the functioning of the other organizational orders (Hoppe, 2010). Unlike a hierarchy, a network has a pluralistic character. A network relates to many different actors, interests, organizations, and perspectives. No single participant has enough means and expertise to understand and control the whole network. Mutual dependencies also characterize networks. The organizations are dependent on each other to reach their goals. These dependencies ensure that the organizations are less accessible to hierarchical interventions. In a typical situation of external intervention, the participants will ignore the hierarchical mechanism or oppose it directly. Consequently, managers of networks have to use other mechanisms to reach goals. Finally, networks are dynamic, which means that the participants in the network shift their positions in the network periodically and that the network regularly receives new information, changing strategies, or scrolling positions (De Bruijn & Ten Heuvelhof, 1995; De Bruijn & Ten Heuvelhof, 2007).

Hierarchy	Network
Uniform	Pluralistic
Unilateral dependencies	Mutual dependencies
Accessible to hierarchical signals	Resistance to hierarchical signals
Stable	Dynamic

Table 2: Differences between a Hierarchy and a Network (De Bruijn & Ten Heuvelhof, 2007).

Thus, networks are organizational working relationships consisting of several participants that are interdependent and strive to conduct a common policy for a common problem (Heuvel, 1998). The participation of the participants in the network is structured and their acts are coordinated (Koppenjan, de Bruin, & Kickert, 1993). The next section gives the specific reasons why an organization might decide to participate in a network.

3.1.1 NETWORK FORMATION AND NETWORK RECRUITMENT

To describe the relations between the organizations in a given network, one must take either a structural approach or a strategic approach. The structural approach focuses on the results and the strategic approach focuses on the role of the organization and its associated goals. The basic principle of the strategic approach is

that the act of the organizations results in the formation of a network. Hay and Richards (2000) identified some factors that contribute to the formation of relationships among organizations in a network. For network formation to occur, some strategic and contextual factors must be present:

- The recognition of the potential for mutual advantage through collective action, which is characteristic of a network level (par. 3.3.2.2);
- The recognition of the potential for enhancing the strategic capacities of participant organizations through the pooling of strategic resources, which is also characteristic of a organization/participant level (par. 3.3.2.3); and
- The recognition and/or establishment of the conditions of network feasibility that is characteristic of a network level (par. 3.3.2.2). It is one thing to recognize a collective interest or common agenda, it is another thing altogether for this to prove substantively feasible. Feasibility might here be considered further dependent upon:
 - Adequate geographical or communicative proximity between potential network partners;
 - A sufficient number of shared cultural norms and values; and
 - The availability and/or willingness of organizations to devote resources of time, money, and personnel to networking and to devolve sovereignty to the network (Hay & Richards, 2000).

When these factors are present, an organization is likely to decide to become a member of the network. According to Provan and Kenis (2007), the term 'network' refers to three or more legally autonomous organizations that work together to achieve not only their own goals but also a collective goal. The services or products of a network are the results of the cooperation among organizations. The organizations in the network are goal-directed, and the organizations could view their network as a mechanism for achieving multi-organizational outcomes, especially in the public and nonprofit sectors where collective action is often required for problem solving. If solving a problem depends on the performance of organizational networks, then the performance of the network depends on the process by which certain network activities lead to network outcomes. When researchers attempt to analyze and explain any given network, they tend to assess the 'nodes' and 'relations' that comprise the network rather than the network itself. That is, researchers generally do not analyze the complete network, but they analyze component after component. This study will provide new information on networks by deviating from the norm and examining the operations of an entire network by treating the network as the unit of analysis, an approach that Provan and Kenis (2007) have recommended for broad analyses.

The network-as-a-form-of-governance approach is one approach treats the networks as the unit of analysis. Network governance means that the network is a mechanism of coordination. The management of the network could express this network governance. In addition, management is critical for the effectiveness of network governance, especially regarding any tensions that arise in each governance form. This study will not regard networks as a means of governance, but it will look at how networks govern and manage themselves, which is an outlook of Provan and Kenis (2007).

3.2 FORMS OF NETWORK GOVERNANCE

Network governance can be divided in two dimensions: internal coordination and external coordination. Internal coordination is provided by members of the network themselves or by a single entity that takes the role of a lead organization. Provan and Kenis (2007) clarify that internal coordination can come in two sub-types: *Participant-Governed Networks* and *Lead Organization-Governed Networks*. In contrast, external coordination is provided by persons or organizations outside the network. The position that these organizations can hold in the network is nothing more than a coordination position; they cannot perform operational activities. In other words, the external organizations do nothing with the clients operationally even though they can govern the operational activities. There is only one sub-type of external coordination, which is

Network Administrative Organization (Provan & Kenis, 2007). These three kinds of networks possess certain key structural characteristics, which will be identified in the following paragraphs.

3.2.1 PARTICIPANT-GOVERNED NETWORKS

This form of network governance is the simplest and most common form. The participant-governed network consists of various organizations that make all the decisions and manage all network activities based on the collectivity of the organizations themselves. The network members themselves manage common activities just by making decisions. There is no formal administrative entity, but in certain circumstances, some administrative and coordination activities may be performed by a subset of the full network (Provan & Kenis, 2008).

The advantage of this form of network governance is the high level of participation, the high level of commitment by the network members, the internal legitimacy for the members, and its easy formation. Consequently, everybody is part of the governance. A disadvantage of this form is its inefficiency; everybody communicates with everybody about everything, so they find it difficult to reach consensus. Furthermore, this type of network has no outside image (Provan & Kenis, 2008).

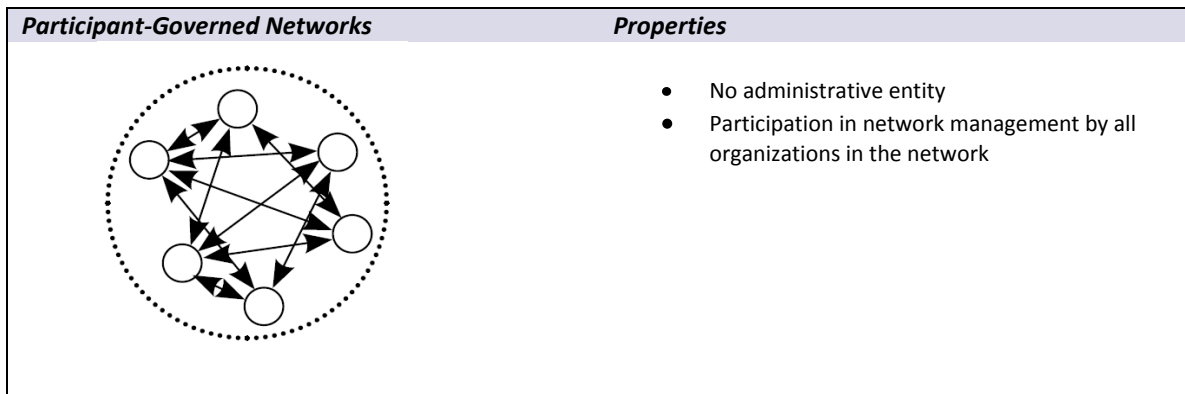


Figure 1: Participant-Governed Networks (Provan & Kenis, 2008).

3.2.2 LEAD ORGANIZATION-GOVERNED NETWORK

The lead organization-governed network is the second most common form of network governance. In this form, vertical relationships between buyers and suppliers or funders and recipient firms occur. All the member organizations in this network share a common goal, co-operate, and interact with each other. However, in lead organization governance, all major network-level activities and key decisions are coordinated through and by a single participating member that acts as the lead organization (Provan & Kenis, 2008). The lead organization provides administration for the network and/or facilitates the activities of member organizations in their efforts to achieve network goals. The goals of the lead organization are closely aligned with the goals of the network. The unique tasks of the lead organization reduce the similarities among organizations that are present in the participant-governed network form (Provan & Kenis, 2007).

The advantage of this form of network governance is its efficiency, because relatively little communication is necessary for any decision. Another advantage is that external organizations can regard the lead organization as representative of the entire network. The disadvantage of this form is the potential for the dominance of the lead organization to overwhelm the others and engender discontent. Another disadvantage that may arise is the decline of interest and involvement in the goals of the network, because some member organizations may outsource tasks (Provan & Kenis, 2007).

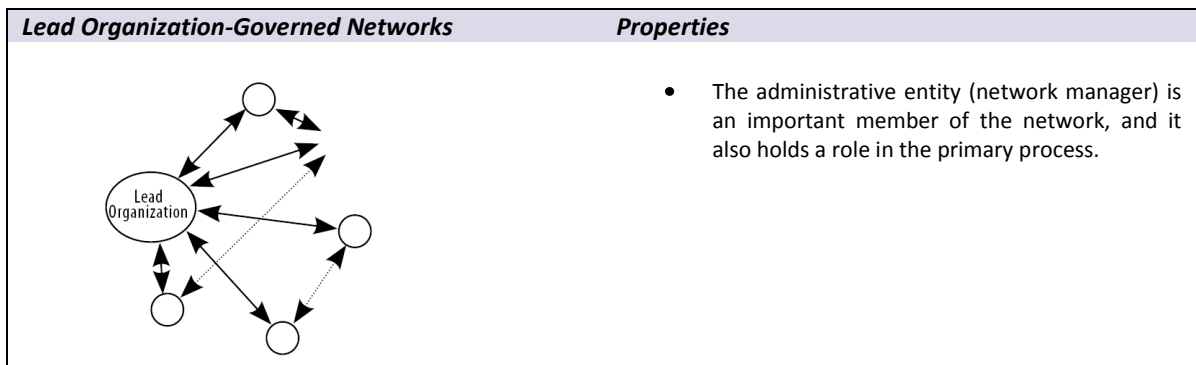


Figure 2: Lead Organization-Governed Networks (Provan & Kenis, 2008).

3.2.3 NETWORK ADMINISTRATIVE ORGANIZATION

In a network administrative organization (NAO), an external network manager plays an important role in coordinating, directing, and maintaining the network. According to Provan and Milward (2001), the network administrative organization holds the roles of disseminator of funds, administrator, and coordinator of the network in an agency-theory context. The NAO is both the agent of the community and the principal of the network's participants (Provan & Milward, 2001). The network is managed externally by the NAO, which is elected by mandate or by the members themselves. A NAO may consist of a formal organization or just a single individual. A formal organization can be used to improve the legitimacy of the network. Although the network participants are in contact with each other, this form of network governance is highly centralized (Provan & Kenis, 2007).

Like the lead organization-governed network, the advantage of this form of governance is the efficiency of the management and the representative role of the network administrative organization. The disadvantage of the NAO is also similar to that of the lead organization-governed network in that the network members could become dissatisfied or lack interest in the network's affairs because of the overbearing role of the administrative organization.

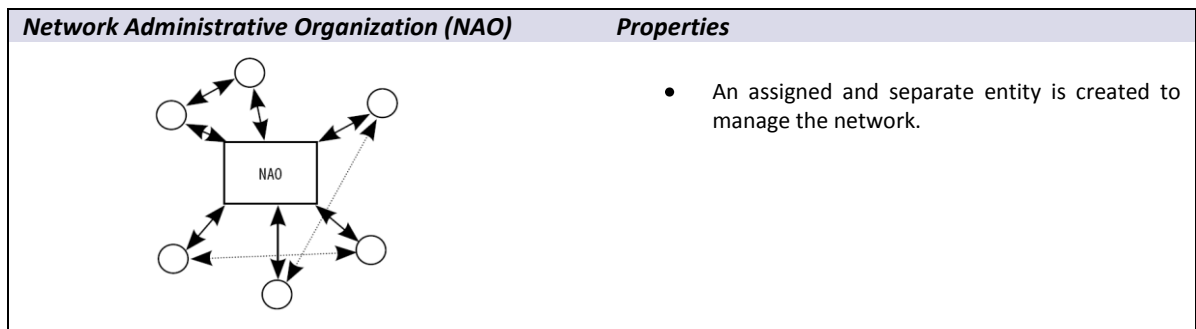


Figure 3: Network Administrative Organization (NAO) (Provan & Kenis, 2008).

3.2.4 CONCLUSIONS ON THE FORM OF NETWORK GOVERNANCE

The bases for these sections on network governance are the theories of Provan and Kenis (2007). Specifically, the network is analyzed based on the coordination between the organization members of the network and who holds the management role. In short, Provan and Kenis (2007) distinguish three forms of network governance: *Participant-Governed Networks*, *Lead Organization-Governed Networks*, and *Network Administrative Organization*.

The forms of network governance are related to the network's effectiveness. In the following section, the evaluation criteria of network effectiveness will be discussed.

3.3 NETWORK EFFECTIVENESS

Now that the forms of network governance have been delineated, their effectiveness can be assessed. The following subsection describes the concept of network effectiveness and then lists the criteria of network effectiveness.

3.3.1 THE DEFINITION OF NETWORK EFFECTIVENESS

The literature does not offer any consensus over the concept of network effectiveness (Cameron, 1986). There are uncertainties about the definition and about the criteria for evaluating effectiveness. Consequently, there is no clear view of the concept. Before measuring effectiveness, each study must specify what it means by effectiveness (Provan & Milward, 2001).

According to Sydow and Windeler (1998), effectiveness rates the performance of an organization or a process by assessing to what extent it achieves its goals. Sydow and Windeler (1998) distinguish three types of levels to analyze networks.

3.3.2 EVALUATING NETWORK EFFECTIVENESS

Organizations have different types of stakeholders with their own needs. Evaluating a certain group of stakeholders only reveals the interests of that certain group of stakeholders and not the interests of the (whole) network. According to Provan and Milward (2001), evaluation of network effectiveness can be viewed at three levels of analysis: the community, the network itself, and the network's organizations/participants.

These levels are of concern to three broad categories of network constituents: *principals*, who monitor and fund the network and its activities (i.e., the municipality and the national government); *agents*, who work in the network both as administrators and service-level professionals (i.e., teachers, doctors, and nurses); and *clients*, who receive the services provided by the network (i.e., victims, offenders, children, and witnesses). When the minimum needs of the principals, agents, and clients are met, the effectiveness of the network will be optimal. In a network of domestic violence support, contrasting organizations have to cooperate with each other, so differing views of effectiveness at each level need to be considered and resolved (Provan & Milward, 2001).

The three levels of analysis and their importance for each of the major constituent groups will be discussed separately, although in practice, there may be overlap across levels (Provan & Milward, 2001).

3.3.2.1 NETWORK EFFECTIVENESS AT THE COMMUNITY LEVEL

Community-based networks must be judged according to the contribution they make to the communities that they try to serve. Organizations have not only a function for their members and external participants but also a social function for the society in which they operate. At this level of analysis, the contribution of the network to the community is analyzed. The concept of 'community' is difficult to define with any precision, but this study uses the term loosely to describe the local area that a network serves (Provan & Milward, 2001), which includes anyone involved in a case of domestic violence: the victim, the offender, the children, politicians, professionals, relief organizations, support centers, schools, hospitals, etc. When a case of domestic violence occurs or when there is a suspected case, the local area will need network feasibility to solve the problem. The principals, agents, and clients must agree on the (potential) network partners, norms, values, and the availability and/or willingness of organizations to devote resources of time, money, and personnel. When these properties are available to the whole community, a network could arise at the community level (Hay & Richards, 2000).

Effectiveness at the community level means that the network serves the needs of the clients and other consumer advocacy groups. On the one hand, it is about serving the clients; on the other hand, it is about satisfying the advocacy groups of the clients and the community. These advocacy groups, together with the funders, politicians, and general public, are the most important stakeholders of the community. The general

public pays for many of the services that clients need by paying taxes (Provan & Milward, 2001). Satisfying these groups is obviously problematic, especially when they do not agree on either network goals or what would constitute successful network outcomes. While stakeholder groups may agree on some goals, they are likely to disagree on others. The contribution to the building of social capital could be a way for networks to be evaluated at the community level. Social capital creates a network where organizations learn from each other by working together. This contributes to the services and achieves the performances together.

3.3.2.2 EFFECTIVENESS AT THE NETWORK LEVEL

According to Provan and Milward (2001), a network is a collection of programs and services that covers legally autonomous yet cooperating organizations. These networks arise because of a mutual advantage through collective action of the organizations and network feasibility. Consequently, the organizations start to work together (Hay & Richards, 2000). In formally constructed and taxpayer-funded public-sector networks, however, network growth and maintenance is often led, coordinated, and governed by a central, local administrative entity known as a *network administrative organization (NAO)*. The NAO is one of the effectiveness criteria at the network level. The NAO has a role as disseminator of funds, administrator, and coordinator of the network. In an agency-theory context, the NAO is both the agent of the community and the principal of the network participants (Provan & Milward, 2001). In this study, the NAO itself is not an effectiveness criterion, because this study does not concern the availability of a NAO in a network. Instead, it concerns of the effectiveness of any policy that a NAO performs.

The study does assume that the effectiveness of a network depends on the growth of its members. Networks need to attract and retain organizations, particularly during their initial phase, if they are to survive as a viable form of social organization. Once a network becomes well established, effectiveness is not contingent on simply attracting more members. Although there is no theoretical limit to the number of members who could be part of a network, a network might become less effective after exceeding a certain size, because the costs of coordination would increase, especially when an NAO is absent (Provan & Milward, 2001).

Another way of assessing network-level effectiveness is rating the range of actual services provided by the network. Effectiveness at the network level can be partially assessed by the degree to which the network's services are actually required by its clients. At one extreme, a network offers only a limited range of services, forcing clients to go outside the formal network to meet their full treatment needs. At the other extreme, a network offers too many services, which creates confusion for clients and results in a significant duplication of effort by organizations of the network (Provan & Milward, 2001).

Determining which organizations meet the necessary services is subjective. However, most professionals within a certain field can probably agree upon what services are most important. While an effective mix of services can be achieved informally, the decision about the appropriate mix of services is often controlled by the NAO. The NAO provides the funding for the network and authorizes organizations to provide services. In this way, the NAO acts as a representative of the community and as the director of the network. New networks can be effective if network members provide essential services. The mix of network participants will gradually expand until major and minor services are included in the primary services of the network. As the network continues to evolve and mature, one could judge its effectiveness according to the mixture of agencies across service domains. Highly effective, sophisticated networks allow information, resources, and clients to flow smoothly across agencies and programs. Finally, one can evaluate effectiveness at the network level according to the structure of the network and the position of the NAO in the network (Provan & Milward, 2001).

Another way of evaluating network effectiveness is to assess the intensity of the relationships between and among network members, especially for a participant-governed network wherein the management comes from all organizations. During the initial formation, the relationship between organizations will be tentative and calculative. Every organization needs time to develop its commitment to the network until a change of formal to informal relationships occurs. This change involves 'multicomplexity,' which refers to the strength of ties

between organizations. Two organizations have 'multicomplex' ties when they are connected in multiple ways. The relationship between organizations will be maintained even if one of the two compounds is broken, because 'multicomplexity' ties are stronger than a single connection (Provan & Milward, 2001).

3.3.2.3 EFFECTIVENESS AT THE ORGANIZATION/PARTICIPANT LEVEL

Network effectiveness at the organization level examines whether participation in the network is effective for the needs of the member organizations (Provan & Milward, 2001). Network effectiveness at the organizational level depends upon the extent to which the organization achieved the goals they have set for themselves for network participation. Networked organizations are still motivated partly by self-interest. Organizations want to benefit when they become part of a network, but they must contribute to the network's effectiveness in return. Nevertheless, the success of network can be enhanced when the failure of individual members results in some interesting evaluation problems.

For individual agencies, network involvement might be very important. When an agency recognizes the potential for enhancing the strategic capacities of participant organizations through the pooling of strategic resources, the agency could decide to become a member of the network (Hay & Richards, 2000). The importance of network involvement can be evaluated on four criteria: client outcomes, legitimacy, resource acquisition, and cost. Resource acquisition and the costs of services are often financed from public sources, which ensures that the legitimacy of the organization is enhanced. Legitimacy can be divided into internal legitimacy and external legitimacy. Networks must develop internal legitimacy among participants while answering to external expectations. External legitimacy can increase the commitment of participants. It is important for networks to legitimize the value of interactions between different participants. When the needs of network participants (internal legitimacy) are in conflict with external requirements, pressure will arise (Provan & Kenis, 2007).

By participating in a funded network, organizations can obtain resources that they could not acquire individually, such as additional financial resources. In most communities, the joint acquisition of financial resources is more efficient and effective when it is centralized. Access to state funds may be possible through affiliation with an NAO. Funds that are channeled through an NAO may also interact with legitimacy effects by enhancing the visibility of affiliated agencies and their programs, helping them to attract nonfinancial resources such as board members, key staff, and even clients. The benefits of network membership are most apparent to smaller agencies. They often deal with low legitimacy and modest capacities to attract resources on their own. The smaller agencies are also likely to experience the greatest costs. Inversely, larger and more visible agencies may get less out of network involvement, but their costs are also likely to be lower after joining (Provan & Milward, 2001). Another benefit of becoming involved in a network is enhanced client outcomes. Through the integration of services, the clients of network agencies can receive a broad range of needed and coordinated services. In general, organizations will join a network when the management concludes that their customers will be better served through the integration of services provided by the network and that the services of the organization will be more efficient and effective (Provan & Milward, 2001).

3.3.3 CONCLUSIONS ON NETWORK EFFECTIVENESS APPLIED TO THIS STUDY ON DOMESTIC VIOLENCE

In Table 3, the different levels of evaluation are summarized and applied to the subject of domestic violence. At the community level, the principals and clients are the key stakeholder groups, and the effectiveness criteria are aimed at solving the problem. At the network level, the key stakeholders are the principals and the agents. The agents are the people who work in the network, such as the police, community worker, social worker, rehabilitation workers, professionals (i.e., doctors, nurses, teachers), and personnel from other relief organizations. The effectiveness criteria are aimed at the members of the network, their cooperation, and the network's goals. At the organizational/participant level, the key stakeholders are the agents and the clients, and the effectiveness criteria are mainly focused on legitimacy and outcomes.

Network Evaluation Relationships		
Levels of Network Analysis	Key Stakeholder Groups	Effectiveness Criteria
Community	Principals and clients <ul style="list-style-type: none"> • The national government • The municipality • Ministry of Justice • Support Center of Domestic Violence • Support Center of Child Abuse • Clients: victims/offenders/children/witnesses 	<ul style="list-style-type: none"> • Cost to community • Building social capital • Public's perception that cases of domestic violence are being solved • Changes in the incidence of domestic violence • Aggregate indicators of client well-being
Network	Principals and agents <ul style="list-style-type: none"> • Support Center of Domestic Violence • Child Protection Service • Police • Community work • Social work • Rehabilitation • Shelters • Professionals (i.e., doctors, nurses, teachers) • Relief organizations 	<ul style="list-style-type: none"> • Network membership growth • Range of services provided • Absence of service duplication • Relationship strength • Creation and maintenance of the Support Center of Domestic Violence • Integration/coordination of services • Cost of network maintenance • Member commitment to network goals
Organization/Participant	Agents and clients <ul style="list-style-type: none"> • Police • Community work • Social work • Rehabilitation • Professionals (i.e., doctors, nurses, teachers) • Relief organizations • Clients: victims/offenders/children/witnesses 	<ul style="list-style-type: none"> • Agency survival • Enhanced legitimacy • Resource acquisition • Cost of services • Service access • Client outcomes (e.g. successful treatments)

Table 3: Summary of Network Evaluation Relationships (Provan & Milward, 2001).

Given the timeframe of this study, it will assess only the effectiveness of the policy on domestic violence at the network level. The key stakeholders at the network level are the principals and agents, and these stakeholders are both actively working with the policy on domestic violence. The study will focus on the network of domestic violence and the goals of the national policy on domestic violence, so it will follow three effectiveness criteria at the network level, which are clarified below.

- Range of service provided: services that the clients need must be available within the network. This criterion applies to three goals/means of the national government.
 - Awareness and norm setting: once people become aware of the problem and the possibilities to report, they must have access to a service where they can report cases and receive support.
 - Questioning for help and signaling by involved parties: upon increasing the signaling of involved parties, the network must offer enough services to deal with all cases of domestic violence.
 - Criminal law and administrative approach: punishments and treatments must both be available in the network.

- Relationship strength: the referrals of clients to other organizations within the network should proceed smoothly. This criterion applies to one goal of the national policy, which is improving the cooperation and exchange of information in the network. When the referral of clients goes smoothly, the network has achieved good cooperation.
- Creation and maintenance of the Support Center of Domestic Violence: there must be a stable factor that all network participants know. This criterion applies to two goals of the national policy.
 - (Willingness to) report and declare: the Support Center of Domestic Violence is a central point of contact for professionals, victims, offenders, and witnesses.
 - Care, relief, and shelter: the Support Center of Domestic Violence is always available for every kind of care, relief, and shelter.

3.4 NETWORK GOVERNANCE AND EFFECTIVENESS

Provan and Kenis (2007) argue that the effectiveness of the network depends on the chosen network governance form. This theory follows the contingency theory and assumes that the extent to which certain criteria are present will indicate the effectiveness of the given governance form. Provan and Kenis (2007) argue that the trust, the number of participants, the goal consensus and the need for network level competencies are important to assess in order to ascertain the effectiveness of the network.

3.4.1 CRITERIA TO EXPLAIN THE EFFECTIVENESS OF A NETWORK

The criteria, as described above, affect the relationship between the type of coordination and its effectiveness. These criteria are distinguished based on the theory of Provan and Kenis (2007). These criteria are characteristics of the network, and they influence the choice of coordination and the effectiveness of the network. In the case of the chosen network form, in this study it is mainly about characteristics of the network that are influencing the effectiveness of the network.

3.4.1.1 *TRUST*

Organizations need to trust one another if they wish to work together to change the governance form of the network. Trust is the willingness to accept vulnerability based on positive expectations about another's intentions or behaviors (McEvily, Perrone, & Zaheer, 2003). Organizations must trust each other to function as partners and not as competitors; therefore, trust is important for cooperation. When there is less trust in a network, the network members will act less as a network. The more members trust each other, the more stable the network. In summary, just about everyone in the network needs to trust one another for the network to succeed as a whole. Network governance plays a mediating role in trust, either through a lead organization or through an NAO, providing that there is trust in this lead organization or NAO (Provan & Kenis, 2007).

3.4.1.2 *NUMBER OF NETWORK PARTICIPANTS*

The number of participants might challenge the effectiveness of a network. One challenge that leaders face while governing networks is coordinating the needs and activities of various organizations. When the number of participating organizations increases, the number of potential contacts will increase. Under these circumstances, governing the network would be very complex. The problem of network complexity is especially acute when participants are spread geographically, making frequent meetings of all participants difficult or even impossible (Provan & Kenis, 2007).

There exists no specific number of organizations that is likely to be 'correct' for each form of governance (Burn, 2004; Forsyth, 1999). Shared governance forms would seem most likely to be effective with fewer than six to eight organizations, and it is highly likely that other factors will have an impact on whether or not the number of organizations is too large for a particular form to operate effectively. In general, however, the NAO form is

likely to be most effective in networks with a large number of participants. Each NAO has its own unique administrative structure, so it will be able to handle a larger number of diverse participants.

3.4.1.3 NETWORK GOAL CONSENSUS

Consensus over goals is very important. Organizations form partnerships with other organizations to achieve their individual goals. However, organizational goals as well as network goals are leading for 'joint action.' Network goals are able to be both content and process-oriented. When participants reach consensus over network goals, they become more engaged and committed. However, consensus does not mean that the network participants share the same goals. Consensus over goals has important consequences for network management. Consensus can enhance network commitment, but a network can also be effective with a moderate goal consensus. When the goal consensus in a Lead Organization-Governed Network is moderately low, the network is still effective, even when the participant goals are different and only the network goals are the same. High goal consensus is likely to be most effective in a Participant-Governed Network or a Network Administrative Organization (Provan & Kenis, 2007).

3.4.1.4 NEED FOR NETWORK-LEVEL COMPETENCIES

Finally, the need for network-level competencies influences the effectiveness of the network governance form. Organizations join or form networks for a variety of reasons, such as gaining legitimacy and serving clients more efficiently. Regardless of the specific reasons, network organizations are seeking to achieve something that they could not have achieved independently. The question that has to be asked is how the competencies that are required to achieve network-level goals might be attained. This question refers to the nature of the task as well as to the demands and needs of the environment. This question relate to network-level competencies. If an internal task requires dependency between network members, then the need for network-level coordinating skills and specific tasks competencies will be great. This means, for example, that shared control will be a less effective form of control when the dependency of the tasks is high. In such a situation, organizations would be less able to develop specific skills related to the network-level needs. External demands require various degrees of competencies at the network level. External tasks include increasing external legitimacy, raising finance, finding new members, etc. A NAO would be better able to comply with demands and needs on network-level than a lead organization or a self-regulating network, because it is more centralized (Provan & Kenis, 2007).

3.4.2 CONCLUSIONS ON CRITERIA FOR EVALUATING THE EFFECTIVENESS OF NETWORK GOVERNANCE FORMS

Section 3.4 describes the conditions of effectiveness: trust, number of participants, goal consensus, and need for network-level competencies. For every form of network governance, Provan and Kenis (2007) have established some criteria. The forms of governance are described in section 3.2, and are Participant-Governed Networks, Lead Organization-Governed Networks, and Network Administrative Organizations.

Firstly, trust is a vital component of effective network governance. A self-regulating network should possess a high level of trust to be effective. For a Lead Organization-Governed Network, a relatively low level of trust is sufficient to function effectively. Finally, the trust could be moderate in a NAO if it is to be effective. Secondly, the number of network participants is also a factor of network governance. A small number of participants is ideal for a self-regulating network. A Lead Organization-Governed Network could have a moderate number of participants to be effective, and a NAO could have a moderate to a large number of participants to be effective. Thirdly, goal consensus is crucial to the effectiveness of network governance. In a self-regulating network and a NAO, the network participants should have a high degree of goal consensus. In contrast, a Lead Organization-Governed Network can be effective with relatively low goal consensus. The need for network-level competencies is the final factor for assessing network governance. A self-regulating network cannot be in great need of additional network-level competencies if it wishes to be effective. However, for a Lead Organization-Governed Network or a NAO, it is still possible to be effective with a moderate or high need for network-level competencies. Table 4 provides a schematic of the foregoing.

To conclude, the combination of a high density of trust, few participants, a high level of goal consensus, and a low need for network-level competencies is expected to result in an effective Participant-Governed Network. A combination of a low density of trust, a moderate number of participants, a moderately low goal consensus, and a moderate need for network level competencies is expected to result in an effective Lead Organization-Governed Network. Finally, a combination of a moderate density of trust, a moderate or large number of participants, a moderately high goal consensus, and a high need for network level competencies is expected to result in a fully functional Network Administrative Organization.

Governance Forms	Trust	Number of Participants	Goal Consensus	Need for Network-level Competencies
Participant-Governed Networks (Shared Governance)	High density	Few	High	Low
Lead Organization-Governed Networks	Low density, highly centralized	Moderate number	Moderately low	Moderate
Network Administrative Organization (NAO)	Moderate density, NAO monitored by members	Moderate to many	Moderately high	High

Table 4: Key predictors of the Effectiveness of Network Governance Forms (Provan & Kenis, 2007).

4. RESEARCH METHODS

In this chapter, the variables described in Chapter 3 will be made operational. First, the case selection will be described, in order to illustrate the case study itself. Subsequently, the research methods will be clarified, and the variables will be operationalized. Thereafter, the validity and reliability of the research methods will be described. Finally, the data processing will be discussed.

4.1 CASE SELECTION

In this study, the theories about network governance and the associated effectiveness criteria will be applied to the municipality of Rotterdam. The municipality of Rotterdam has its own policy on domestic violence, which is based on the national policy as described in Chapter 2. The decision to select the municipality of Rotterdam for the empirical research of this study is based on several conditions.

'All' network organizations within the same municipality

In this study, the national policy and the local policy will be discussed. Because the study is about the effectiveness of the local policy, it will be logical to describe just one local policy that will make conclusions just based on one municipality. When a municipality does not possess all the facilities necessary to organize needed support, that municipality's organizations cooperate with organizations in other municipalities (with another policy). Conclusions may therefore not only apply to the selected municipality but also to other cooperative municipalities.

When all network organizations have to be part of the same municipality, the larger municipalities may be selected, such as the four biggest municipalities in the Netherlands: Amsterdam, Rotterdam, Den Haag and Utrecht. In all of these municipalities, there is a Support Center of Domestic Violence, a Child Protection Service, a shelter for woman, a crisis intervention team, a forensic psychiatric clinic, social work, general practitioners, a Public Health Service, the police, public prosecution and a rehabilitation service. All of these organizations are working with the same local policy (Movisie, 2008).

High number of domestic violence cases

The study examines if the policy on domestic violence in the selected municipality is effective. In order to address the policy on domestic violence, it is important to have a substantial number of domestic violence cases to study the policy. When there are a lot of cases, the organizations in the network must cooperate with each other.

Logically, the bigger the municipality, the more cases of domestic violence (and child abuse) can be observed. The four largest municipalities in the Netherlands have a high number of incidents of domestic violence.

In Figures 4 and 5 on the following page, the number of incidents of domestic violence (reported to the police) in Amsterdam, Rotterdam, Den Haag and Utrecht are shown over the period 2004-2008, as are the number of incidents of child abuse (reported to the Child Protection Service). Looking at the years which are also applicable to this study--2007 and 2008--the numbers are highest in Amsterdam, Rotterdam and Den Haag. In 2007 and 2008, Rotterdam had the highest number of incidents of domestic violence and child abuse. In contrast to the municipality of Amsterdam and Den Haag, the number of incidents of domestic violence and child abuse in Rotterdam had increased in 2007 and 2008 (Lünnemann, Goderie, & Tierolf, 2010). Given the assumption that domestic violence is very common problem, it is just positive many cases of domestic violence are reported.

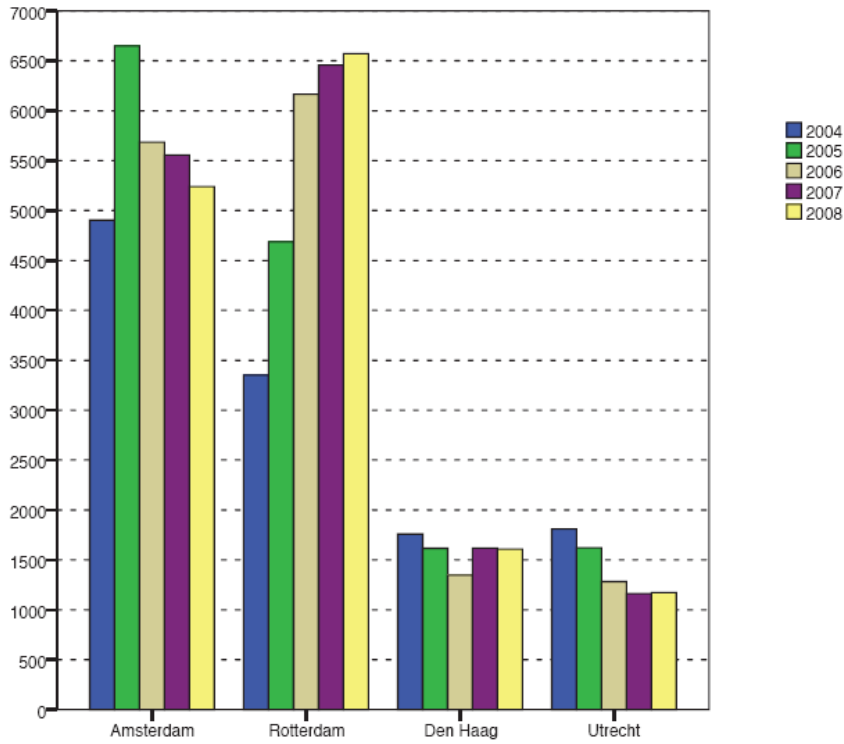


Figure 4: Number of Incidents of Domestic Violence 2004-2008 (reported to the Police) (Lünnemann et al., 2010).

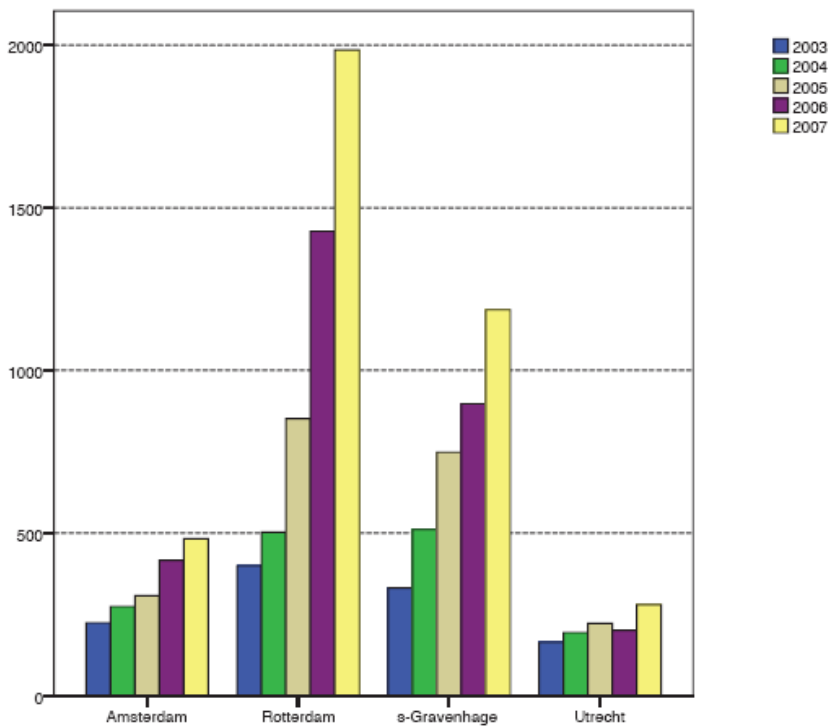


Figure 5: Number of Incidents of Child Abuse 2003-2007 (reported to the Child Protection Service) (Lünnemann et al., 2010).

Previously introduced reporting code

Over the past decade, domestic violence has been an often-discussed topic, and this will not diminish in the short term. From January 2013, a reporting code of domestic violence and child abuse will be mandatory and every municipality (organization in the municipality) must work with the reporting code. However, there are already municipalities working with a reporting code.

From the four largest municipalities of the Netherlands, Rotterdam (since 2007) and Den Haag (since 2010) have had a reporting code for the longest period (Janssen, 2011; Andrews, 2010). In order to draw conclusions about the effectiveness of the policy of a municipality, in this study it will be assumed that it is necessary that the organizations of the municipality have been working with a policy for a longer period so that there will have been time to implement the policy and develop the network.

4.1.1 CONCLUSION

	Amsterdam	Rotterdam	Den Haag	Utrecht
'All' network organizations within the same municipality	✓	✓	✓	✓
High percentage of reported domestic violence	✓	✓	✓	X
Previously introduced reporting code	X	✓	✓	X

Table 5: Case Selection Conditions Versus the Municipalities.

Rotterdam and Den Haag could be selected for the case study. However, Rotterdam has implemented the reporting code in their policy on domestic violence for a longer period, which means the policy had more time to get implemented and more time for the network to develop. According to the criteria, the municipality of Rotterdam seems most appropriate to select for this study.

4.2 SINGLE CASE-STUDY AS A RESEARCH METHOD

A single case-study design was decided upon to get a better understanding of the development of the network of domestic violence. A case-study is based on the idea that certain events take place based on a decision or successive decisions made by the parties involved regarding the matter of concern (Yin, 2002):

- Why the decisions are made;
- How the decisions are implemented;
- The result of the decisions.

This study is about the decisions which are made in the context of the policy on domestic violence, how the policy is implemented in the various organizations in the network, what kind of network governance is conducted and how the network is developed (relating to the effectiveness of the policy).

A case study can be used to focus more on the decision process in organizations compared to taking a survey of a large group. However, a case study is not the same as 'qualitative research'. Case studies could be based on both quantitative and qualitative research (Yin, 2002).

This case-study will be studied by means of various interviews with representatives of the organizations in the network of domestic violence. Interviews are a method to get insights about reasons for decisions (for example, the idea behind the implementation of the policy in the various organizations and the decisions related to the policy). Through this method, the why-question can be traced by having a conversation with respondents. Furthermore, by having interviews, there is the possibility of asking more questions depending on the responses. Through this method, feedback can be given directly and miscommunication can be prevented through the use of generic surveys in which some questions or statements may be interpreted differently (Emans, 1990). Besides the data from interviews, there are also various kinds of documents about domestic violence and the policy on this problem. By making use of this combination of sources (reports, articles, presentations, internet and interviews), a mix of evidence arises (Yin, 2002).

By asking open and closed questions and statements, with the possibility to ask more specific questions and to give an explanation of an answer, the respondents have the possibility to answer extensively. The possibility to ask more specific questions is to get information that the respondents would not voluntarily give themselves. The questions and statements are asked through face-to-face interviews. By having another kind of interview (i.e., by phone), the possibility to get specific will be less (Emans, 1990). Another advantage of face-to-face interviews compared to an interview by phone is the addition of non-verbal communication. Non-verbal communication may be found in gestures, postures, facial expressions and other expressions by the respondents (Emans, 1990).

4.3 OPERATIONALIZATION

In this paragraph the variables will be made operational. This paragraph describes how the variables of the theory are measured in practice. To measure the variables, respondents of various organizations of the network of domestic violence in Rotterdam are interviewed. The questionnaire of the interviews can be found in Appendix 1.

4.3.1 (NETWORK) EFFECTIVENESS

In this study, three effectiveness criteria at a network level are distinguished. These criteria are derived from aspects of network effectiveness, as described in Chapter 3.

Range of service provided

The first criterion to measure the effectiveness of the network of domestic violence concerns the services the clients need and the extent to which these services are available in the network. This includes the extent to which clients may be referred to other organizations. Similarly, a sufficient number of organizations involved in the network of domestic violence must be assessed. By means of various questions, the variable will be measured. The questions are aimed at facilities for victims, offenders and witnesses of domestic violence. Through these interviews, it will be determined whether or not there are enough facilities and whether or not people know where to find them.

To measure this variable, the respondent may answer some open and multiple choice questions. The more forms of support and help that are present in the network, the more effective the network is. Also, when victims, offenders, professionals and witnesses all know where they can report (a presumption of) domestic violence, the more effective the network is.

For the multiple choice questions (questions 11 and 15), the division of scores and level of effectiveness which will be used, can be found in Table 6. An average score of 1 to 2.3 means highly effective, an average score of 2.4 to 3.7 means moderately effective and an average score of 3.8 to 5 means not effective. The scores will be based on the average scores on both questions.

Average score	Level of effectiveness
3.8 - 5	Not effective
2.4 – 3.7	Moderately effective
1 - 2.3	Highly effective

Table 6: The Extent of Effectiveness.

Relationship strength

The second criterion concerns the referral of clients to other organizations within the network. A good cooperation among the organizations will enable referral to other organizations if required. The questions are about knowing where to refer, referral to other organizations in the network, knowing enough about another organization to refer, the influence of knowledge about another organization and the overlap of roles and exchanges. A respondent may judge statements (16-19 of the questionnaire) in light of this criterion. There are five divisions by which to judge the statements: totally agree, agree, neutral, disagree and totally disagree. For example, when the respondent judges the statement 'I refer, in the context of domestic violence, clients to another organization' with 'totally agree', policy effectiveness is evident. Thus, when the respondents judge the statements with (totally) agree, there is effectiveness of the policy.

Creation and maintenance of the Support Center of Domestic Violence

This criterion applies to the function of the Support Center of Domestic Violence in the network. What is the role of the Support Center? Is this organization known to other organizations and did other organizations in the network searched them out for support or information? The interview questions are open-ended questions. The answers of the respondents will be compared to understand the creation and extent of maintenance of the Support Center of Domestic Violence. When the respondents are aware of the Support Center of Domestic Violence and its maintenance, the policy is proved effective.

Consequently, a lot of statements and questions will be presented during the interviews with the respondents of various involved organizations in the network of domestic violence (see Appendix 1).

4.3.1.1 Variables to explain effectiveness

In Chapter 3, there are four variables described to explain the effectiveness of a network. These variables affect the relationship between the type of coordination and the effectiveness of the network. They are based on the theory of Provan and Kenis (2007) and are characteristics of the network, which influence the choice of coordination and have an effect on the effectiveness of the network. These variables are trust, number of network participants, network goal consensus and the need for network-level competencies.

Trust

Trust can be described as 'the willingness to accept vulnerability based on positive expectations about another's intentions and behaviors' (McEvily, Perrone, & Zaheer, 2003). Also in terms of this variable, questions 24 - 27 will be presented to the respondents, based on the operationalization that can be found in Table 7. These questions are about the cooperation among organizations of the network, the trust in agreements which are made between organizations, the efforts of other organizations in the network, the intentions of other organizations and the trust to share information. These questions are based on some important characteristics of trust and/or are often mentioned in literature (Edelenbos, Klijn, & Steijn, 2011). In Table 7, the criteria of trust, which will be used in this study, are made operational.

Criteria	Operationalization
Trust in agreements	The organizations in the network fulfill the agreements they made.
The absence of opportunistic behavior	The organizations in the network do not misuse the efforts of other organizations in the network.
The right intentions	The organizations in the network assume that the intentions of other organizations in the network are right and make the right decisions.

Table 7: Operationalization of Trust (Edelenbos et al., 2011).

On the basis of the questions about trust, which are based on the criteria in Table 7, each respondent can indicate the level of trust he or she has relative to the organizations to which his or her organization is linked. From these data (scores between 1 and 5), a trust score can be compiled for each organization in the network of domestic violence, based on an average of all trust scores assigned to that particular organization by its network partners. These scores can then be averaged to produce an overall trust score for the network of domestic violence (Provan, Veazie, Staten, & Teufel-Shone, 2005). The score of trust in the Support Center of Domestic Violence will be especially interesting, because this is the central organization in the network. Finally, these scores will be averaged.

An average score of 1 to 2.3 means there is no trust, an average score of 2.4 to 3.7 means there is a moderate level of trust and an average score of 3.8 to 5 means there is a lot of trust.

Average score	Level of trust
1 – 2.3	No trust
2.4-3.7	Moderate trust
3.8-5	A lot of trust

Table 8: Level of trust (Edelenbos et al., 2011).

The number of participants

The number of participants is important to influence the effectiveness of the network. There is no specific number of organizations that is likely to be ‘correct’ for any form of governance. Shared governance forms would seem most likely to be effective with fewer than six to eight organizations (Katzenbach & Smith, 1993). According to Katzenbach and Smith (1993), the distribution of number of participants is made as follows:

Number of participants	Level
3-10	Few
11-18	Moderate number
19 or more	Moderate to many

Table 9: The Number of Participants (Katzenbach & Smith, 1993).

Network Goal Consensus

Consensus about the goals is very important. The goals could be both content and process-oriented. When there is consensus about network goals, network participants are more engaged and committed (Provan & Kenis, 2007). However, this does not mean that the goals of the organizations in the network of domestic violence are the same. To be effective, the goals of the various organizations in the network should not conflict with each other.

Question 28, in the context of this variable, will be about the goals of every organization and to what extent these goals are the same for every organization. Questions 29 and 30 are about the goals of cooperating organizations, to what extent these goals of the organizations are in conflict with each other, and to what extent these goals lead to a disagreement about the treatments of clients. The respondents may answer these questions with ‘never’, ‘sometimes’, ‘often’ and ‘very often’. The less the goals are in conflict with each other

and the less disagreement between organizations about treatments of clients, the more effective the policy will be.

Need for Network-Level Competencies

The professionals work in organizations which are focused on the victims, the offenders or the witnesses, and they 'help' them in terms of treatments and punishments. The organizations also collaborate to discuss or complement each other's treatments. Consequently, there are different roles in the network of domestic violence: signaling, coordinating and providing help. This means the need for network-level competencies is not equal. In general, network organizations are seeking to achieve something that they could not have achieved independently. In this study, the competencies of all the network organizations in common are based on the reporting code, mapping the signals, consultations with other involved organizations, knowing how to have a conversation with a client, weighing the violence and making the right decisions. However, there must be a certain degree of professionalism and expertise to have the right coordination among the organizations in the network when there is a case of domestic violence reported. Each organization has different tasks when there is a report of domestic violence. For example, one organization might do nothing but refer cases to other organizations, while others might be designated to provide support. The degree of professionalism and expertise in an organization depends on the role it performs in the network and its associated competencies to fulfill its given role.

The municipality has a coordinating role in the network of domestic violence and takes care of the Support Center of Domestic Violence. The Support Center of Domestic Violence has a central position in the network. This organization concentrates on victims, offenders, witnesses and professionals. The Support Center of Domestic Violence will map the problem, enable the network and then maintain the network of professionals. Hence, the Support Center of Domestic violence is mostly used as a front and back office (Heerwaarden & Schaafsma, 2005).

The questions in the context of this variable are focused on the competencies and roles of the organizations in the network of domestic violence in Rotterdam. The respondents have to define their role in the network. Besides this, there is a question (question 32) about the respondents' perspective of the competencies which are necessary for effective cooperation among the organizations. Eventually, the respondents have to judge the extent to which the competencies are available in the network of domestic violence in Rotterdam (question 33). When the competencies are sufficiently present in the network, this means there is no need for competencies.

4.3.2 THE TYPE OF NETWORK GOVERNANCE

To determine the type of network governance of Rotterdam depends on the kind of coordination required: internal or external coordination. Besides the type of coordination, the type of management determines the type of network governance.

4.3.2.1 Coordination

There are two types of coordination: internal and external coordination. In the case of internal coordination, the coordination is provided by members of the network itself or by a single participant that takes the role of a lead organization. Two networks with internal coordination are discussed by Provan and Kenis (2007); these are *Participant-Governed Networks* and *Lead Organization-Governed Networks*. Next to this, there is external coordination. External coordination is provided by persons or organizations outside the network. These organizations can only have a coordination position in the network, without performing operational activities. The organizations do nothing with the clients virtually (operationally), although the organizations govern the operational activities. There is one network with external coordination discussed by Provan and Kenis (2007); this is a *Network Administrative Organization* (Provan & Kenis, 2007).

4.3.2.2 *Management*

There are also two types of management: shared and mediated. When there is shared management, there is participation in network management by all the organizations in the network (Participant-Governed Network). When the management is mediated, there is one organization that can be seen as the administrative entity of the network which has a role in the primary process. There is less organization-to-organization interaction, except with respect to operational processes (Lead Organization-Governed Networks) (Provan & Kenis, 2008). The type of management of Rotterdam is determined by whether or not there is an organization that receives the domestic violence reports and directs them to the appropriate network organization to begin the 'help' process.

4.3.3 THE INTERVIEWS

To determine the scores of the variables, 11 interviews with respondents of 12 organizations involved in the network of domestic violence in Rotterdam are held. The organizations selected to be interviewed received most reports of domestic violence in 2008 and 2009 (Nanhoe, 2010):

- The Police
- The Support Center of Domestic Violence

Other organizations selected to be interviewed received a large number of reports of domestic violence in 2008 and 2009 (Nanhoe, 2010):

- The Youth Care Agency
- The Child Protection Service
- Rehabilitation
- DOK (Forensic Psychiatric Clinic)
- De Waag (Forensic Psychiatric Clinic)
- Avant Sanare (Mental Health Care)

Besides these organizations, others are interviewed including the chain manager of the Public Health Service who is the director of the policy on behalf of the municipality of Rotterdam; a coordinator of a Local Domestic Violence Team with which a large number of organizations cooperate; the Public Prosecutor who influences the treatments of the offenders; and the Child Protection Board which performs research commissioned by the Youth Care Agency and the Child Protection Service (Nanhoe, 2010).

4.3.4 VALIDITY AND RELIABILITY

The validity of a study refers to the approximate truth of an interference. When something is valid, a judgment is made about the extent to which relevant evidence support that inference as being true. This study involves both content and (limited) external validity (Shadish, Cook, & Campbell, 2002).

Content validity

Content validity refers to how much a measure covers the range of meanings included within a concept (Babbie, 2007). In order to obtain content validity, every concept which is measured in this study is operationalized. Every concept is operationalized and measured independently. With specific questions to operationalize every variable, the validity has been increased.

External validity

External validity refers to what populations, settings, treatment variables, and measurement variables can generalize the effect (Shadish et al, 2002). This study can only be generalized in relation to a similar case with the same involved organizations and the same kind of social problem. The external validity is limited.

Reliability

The reliability of a study depends on whether a particular technique, applied repeatedly to the same object, yields the same result each time (Babbie, 2007). In this study, the organizations in which the respondents work are part of the 'whole' network of domestic violence of Rotterdam. To increase the reliability, there will be some 'closed' questions asked. The response categories include 'all' possible answers, so each respondent can answer the questions. Furthermore, with this coding, everyone will conclude the same. Another way to increase reliability is through the use of more indicators per variable. For example, to measure the extent of trust there are not only questions asked about trust in agreements but also about the absence of opportunistic behavior and the right intentions of other organizations. The respondents were contacted by an intermediary, the organization Public Result. Using an intermediary also increases the chance of a higher response (Shadish et al, 2002).

4.3.5 DATA PROCESSING

In this case study, the data from the dependent and independent variables are collected by interviews with respondents of involved organizations of the network of domestic violence of Rotterdam. The scores of all variables will be compared with the theory to finally conclude if the policy on domestic violence in Rotterdam will be effective.

5. NETWORK GOVERNANCE IN ROTTERDAM

The national policy on domestic violence as described in Chapter 2 is reflected in the current policy of Rotterdam. This chapter describes the policy of Rotterdam and the procedures and responsibilities of the involved organizations, eventually concluding what kind of network governance is applicable to the policy on domestic violence in Rotterdam. This chapter provides answers to the third research question: What type of network governance exists in Rotterdam?

In 2007, there were 17,000 victims of domestic violence in Rotterdam, including ten fatalities. There was a high political and social sense of urgency, and the municipality of Rotterdam decided to connect with the developments of national policy.

5.1 THE POLICY ON DOMESTIC VIOLENCE IN ROTTERDAM

The general goal of the policy is to stop domestic violence and to prevent the transfer of it to future generations. The level of abuse rates must be reduced and the number of reports or requests for advice should increase. There must be offered adequate and effective support to victims and offenders. It is theorized that when it is continually emphasized that domestic violence is punishable and must stop, a new generation is permeated with this message. This will lead to a decrease in the number of victims and offenders of domestic violence. The society of Rotterdam should be aware of the problem of domestic violence (GGD Rotterdam Rijnmond, 2007).

The policy on domestic violence of Rotterdam can be divided into three objectives:

1. Signaling and reporting
2. A balanced chain
3. Prevention

5.1.1 SIGNALING AND REPORTING

One of the results of the health survey of Rotterdam was the low number of people which reported (a presumption of) domestic violence in 2007. Only one third of the population that came in contact with domestic violence reported it. The goal of the municipality is to increase this number. An appropriate approach on domestic violence starts with signaling and reporting (GGD Rotterdam Rijnmond, 2007).

The Support Center of Domestic Violence in Rotterdam

The Support Center of Domestic Violence (part of the Public Health Service) signals domestic violence; refers victims, offenders and witnesses to the appropriate organization; and can be seen as a center of excellence. The goals of the Support Center are to inform, advice and support victims, offenders and witnesses of domestic violence. Furthermore, delivering expertise to professionals is a goal of the Support Center (GGD Rotterdam Rijnmond, 2007).

The Support Center must be accessible and is available 24-hours a day. Specialized workers answer the phone, thereby offering easily accessible and low-threshold advice, guidance and specialized help (GGD Rotterdam Rijnmond, 2007). The Support Center of Domestic Violence can be seen as the front office. In comparison with the national policy, the Support Center is both a front and a back office; in Rotterdam, the Support Center is just the front office (Horst, 2012).

Early identification

Early identification is a very important means to stopping domestic violence. To increase the early identification of domestic violence and the number of reports, the expertise of professionals should increase.

To increase the expertise of the professionals, every involved organization who receives a subsidy of the municipality must have a staff member on domestic violence and child abuse. Besides his 'normal' work, a staff member also organizes an appropriate training class to offer employees in their own organization. The Public Health Service provides support and advice, and observes the quality of the training offered. It also pays attention to the connection of local training with national projects (GGD Rotterdam-Rijnmond, 2011).

Although early identification of domestic violence is essential, even when domestic violence professionals identify its signs early on, they do not necessarily report it. Professionals have difficulties reporting domestic violence because of issues with professional confidentiality. There is a friction between the trust a client has in the professional which leads him to give information and the professional's need to report a case of domestic violence to prevent further danger to his client or the environment. The reporting code helps professionals with this dilemma (GGD Rotterdam-Rijnmond, 2011).

The reporting code is helpful for the effective identification of domestic violence and child abuse. Professionals who use the reporting code, like a teacher, a doctor or a nurse, are nurturing close relationships with the witnesses and can recognize the signs of violence early on. This makes an intervention possible and ensures that witnesses are more prompt and better motivated to accept support. The reporting code helps the professional to make considerations and choices. Using a reporting code motivates the professional to make the problems negotiable and to take action (GGD Rotterdam-Rijnmond, 2011).

Since 2007, the reporting code of Rotterdam was introduced in many organizations. Nowadays, 540 organizations in Rotterdam have introduced the reporting code. To promote the reporting code, the subsidy policy advances participation in the reporting code. Organizations that work with the reporting code clarify that they want to reduce domestic violence and child abuse. The reporting code implies an obligation to act. For the organizations that adopt it, it is mandatory to make clear to professionals how it is to be handled. The Public Health Service monitors this and intervenes when organizations fail in implementation (GGD Rotterdam-Rijnmond, 2011).

5.1.2 A BALANCED CHAIN

When domestic violence is identified and reported, a balanced chain in providing care is necessary to address domestic violence.

In Rotterdam, a system-oriented approach is implemented. Victims, offenders and children receive an appropriate offer of support and the treatments are aligned with each other. This system-oriented approach is performed in Local Domestic Violence Teams (in Dutch: Lokaal Team Huiselijk Geweld (LTHG)) (GGD Rotterdam Rijnmond, 2007).

Local Domestic Violence Teams

A Local Domestic Violence Team is a cooperation between relief- and service organizations on a municipal district level that specializes in approaching domestic violence. Local Domestic Violence Teams combat domestic violence at the earliest possible moment, and they provide care to families who are dealing with domestic violence. In the Local Domestic Violence Teams, local and urban organizations coordinate their treatments. These organizations are: police, social work, ArosA, Child Protection Service, Center of Youth and Family, the Youth Care Agency and a coordinator of the local network of care. They develop appropriate interventions to prevent or to stop domestic violence (Nanhoe, 2008).

5.1.3 PREVENTION

The municipality of Rotterdam is also paying attention to the prevention of domestic violence. There are national campaigns to make people aware of the problem and the need to report violence in order to change the norms of people's attitudes toward domestic violence. Besides the national campaigns, Rotterdam pays special attention to the youth. One of the goals is to stop the transmission of violent behavior from parents to their children (GGD Rotterdam Rijnmond, 2007). This is an important goal of the policy to prevent domestic violence, but because this study focuses on the network of domestic violence from the moment there is a report of domestic violence, this study will not elaborate this goal.

5.2 THE PROCEDURES

Whenever it comes to the policy on domestic violence in practice, this study is referring to the procedures that are applied to a report of (a presumption of) domestic violence, which organizations have to cooperate, and how this cooperation is organized.

5.2.1 PARTICIPANTS AND THEIR ROLES IN LOCAL DOMESTIC VIOLENCE TEAMS

Because of the system-oriented approach on domestic violence, Local Domestic Violence Teams consist of representatives of various organizations. The chairman of the team is a coordinator of the Public Health Service. The coordinator receives the reports, monitors the process, takes care of the registration of reports and keeps an overview with respect to the system-oriented approach (Nanhoe, 2008).

The Local Domestic Violence Team is a partnership on a casuistic level. The general goal of the team is to fight against domestic violence at the earliest possible moment through providing care to families who are dealing with domestic violence. The second goal of the team is to improve (local) cooperation in the approach to domestic violence (Nanhoe, 2008).

The Local Domestic Violence Team consists of the following organizations:

- Social Work: they offer psychosocial and material assistance to clients on a voluntary basis. Their goal is to make the client self-reliant. The assistance may consist of the promotion of awareness, empowerment, material and practical support. The social workers could help both the victims and the offender (Nanhoe, 2008).
- ArosA (a shelter for women (and to some extent to men)): they provide support to victims and their children in the form of care and supervision. Their goal is to teach the victim to live in society independently again (Nanhoe, 2008).
- Police, the local police officer: their job is to prosecute the offenders of domestic violence, to signal and refer those who need support, like victims of domestic violence or children who have witnessed domestic violence. The police have a role in the system-oriented approach by signing in the offenders, victims and children at relief organizations (Nanhoe, 2008).
- Youth Care Agency (in Dutch: Bureau Jeugdzorg (BJZ)): they identifies the care and are the case manager. The Youth Care Agency is the contact person of the Center of Youth and Family and the districts of the municipality. They also provide pedagogical support to parents and children to process the violence (Nanhoe, 2008).
- Center of Youth and Family: they focus on children at risk. When there are 'new' children discussed in the Local Domestic Violence Team, the coordinator of the Center of Youth and Family reports the children at the Child Health Center (in Dutch: consultatiebureau) and/or the Public Health Service

(youth healthcare). On the contrary, when the Child Health Center reports a child to the coordinator of the Center of Youth and Family, this coordinator reports the child to the Local Team. When the situation around the child is too worrisome, the coordinator reports the child to the council of the municipality districts (Nanhoe, 2008).

- Child Protection Service: their job is to advise about worrisome situations about children and to initiate research into the cause of worrisome situations reported by professionals and the public. The research focused on the well-being of children and the environment in which they grow up. The Child Protection Service also receives reports of child abuse (Wel, 2012).
- Local Networks of Care (Lokale Zorgnetwerken): they focus on the citizens of Rotterdam with their multiple and complex problems. Each district of the municipality has one coordinator on behalf of the Local Network of Care, and each coordinator is part of a Local Domestic Violence Team. Their tasks are: the investigation of reports, determining the need for care, organizing a supply of care, determining responsibilities and monitoring the progress of care. The coordinators of the Local Networks of Care are employed by the Public Health Service (Nanhoe, 2008).

The members of the Local Domestic Violence Teams have the mandate to coordinate appointments on case level on behalf of their organization. They are responsible for the coordination on case level in their own organization and for communication about the progress of the project within their own organization (Nanhoe, 2010).

In Figure 6, an organizational chart around the Local Domestic Violence Team can be found. The Public Health Service directs the policy on domestic violence in Rotterdam, on behalf of the municipality. The Support Center of Domestic Violence ensures the reports reach the Local Domestic Violence Team. When the police have arrested someone, rehabilitation will contact the offender to determine what kind of support he/she needs. This can be voluntary aid or enforced by the Public Prosecutor. Rehabilitation ensures the offender receives the right support. Rehabilitation will stay in contact with the police who is part of the Local Domestic Violence Team (Matulesy, 2012).

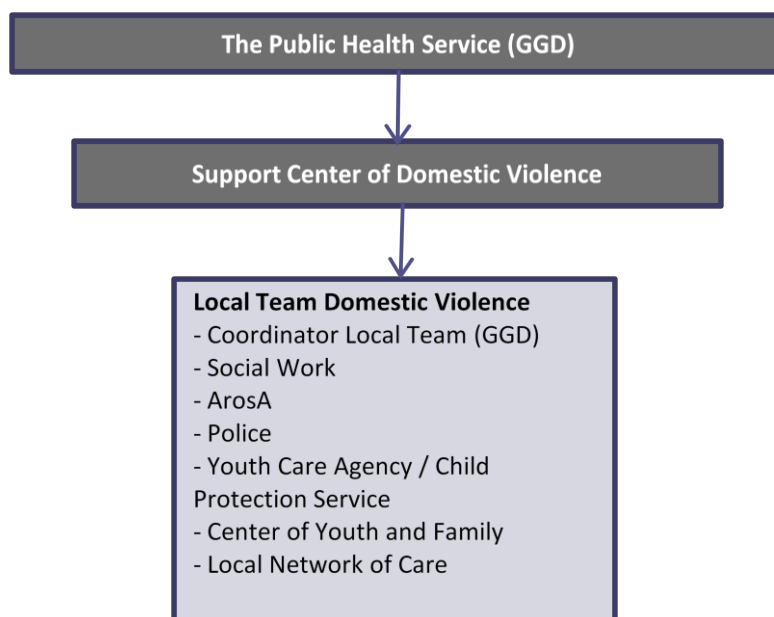


Figure 6: Organizational Chart of the Local Domestic Violence Team (Nanhoe, 2008).

Besides the members of the Local Domestic Violence Team, there are a few other organizations to which many cases are referred. These organizations are as follows:

- Regional prosecutor (Regioparket): the prosecutor presides over hearings in the context of domestic violence (Politie , 2005).
- Crisis Intervention Team (CIT), offender care: this team cooperates with rehabilitation and the police. They help in crisis situations and when a restraining order is imposed (Nanhoe, 2008).
- Child Protection Board (Raad voor de Kinderbescherming): the council recommends and cooperates with the Child Protection Service (Ministerie van Veiligheid en Justitie).
- 'De Waag' and 'Het DOK' (ambulant forensic help): mainly provides support to offenders of domestic violence but also to victims and the children: the whole system (De Waag, 2012).
- Bouman GGZ (mental health): a common service for offenders of domestic violence; it also includes a department of rehabilitation (Bouman GGZ, 2010).
- Avant Sanare (Youth Care): provides care to children (Theuvenet, 2012).
- Flexus Jeugdplein (Youth Care): provides care to children and delivers family coaches (Matulesy, 2012).

5.2.2 THE OPERATION PROCEDURE OF THE LOCAL DOMESTIC VIOLENCE TEAMS

In the process of the Local Domestic Violence Team the following phases can be distinguished: notice, research and analysis, plan of action, control, update and evaluation.

Notification to the Local Domestic Violence Team

The reports of domestic violence reach the Local Team by different routes. Firstly, there are reports by phone via the Support Center of Domestic Violence. The Support Center passes the report to the Local Team (of the corresponding district). The Support Center collects as much information as possible about the report. The Support Center registers all relevant information about the report in the 'client tracking system' e-Vita. The coordinator of the Local Team can see the information in the system (Nanhoe, 2008).

The second route is of the reports of the police to the Support Center of Domestic Violence. When there is a (automatic) police report, the Support Center collects information about the report from the police officer. All the information is registered in e-Vita, and the Local Team receives an automatic notification. The Local Team can contact the victim (Nanhoe, 2008).

When the Support Center of Domestic Violence receives a report from the police, and the offender is arrested, Rehabilitation visits the offender at the police station to motivate the offender to accept help. When the offender is no longer at the police station, rehabilitation will contact the offender by phone or letter. When the offender is not responding, the case is passed on to the Local Domestic Violence Team (Nanhoe, 2008). In order to clarify, when someone is arrested and convicted by the public prosecutor, there must be contact with rehabilitation, and when someone is just arrested, there could be contact with rehabilitation voluntarily (Matulesy, 2012). Rehabilitation registers all the information in e-Vita, even if a client refuses voluntary aid.

The third route concerns the reports at the Local Domestic Violence Team by the Local Network of Care. When there is a case with domestic violence in the Local Network of Care, the coordinator of the Local Network of Care is obliged to report the case to the Local Domestic Violence Team (Nanhoe, 2008).

The fourth route is of the reports at the Local Domestic Violence Team by partner organizations, like De Waag and the Child Protection Board (Nanhoe, 2008).

Finally, there are reports at the Local Domestic Violence Team by others, such as a doctor, a nurse or a teacher. In principle, they have to report at the Support Center of Domestic Violence, but of course, a direct report can also be considered (Nanhoe, 2008).

Research and analysis

When the coordinator of the Local Domestic Violence Team receives the report, he collects additional information by other organizations. The coordinator examines whether relief is present in the system (the family). If this is the case, he ensures that information is transferred to existing relief organizations. When this is not the case, the coordinator will contact the system. The coordinator interrogates the client about his act of domestic violence and begins care (Nanhoe, 2008).

The coordinator of the Local Team receives all the reports, and these reports are directed at a 'caseload list'. This list is distributed at the 'case meeting' to all organizations in the Local Team. This meeting is once in the two or three weeks. During the meeting, the existing cases and new reports will be discussed. All the information about each case will be exchanged (Nanhoe, 2010).

Plan of action

In the Local Domestic Violence Team, appointments are made about the responsibilities and action to be taken. The goal of the Local Team is to ensure that all clients of the system are offered support. Furthermore, a 'case controller' will be appointed. This person is responsible to fulfill agreements about the case. These agreements are noted, and this will be sent to all the organizations in the Local Team. The members of the Local Team perform the tasks that follow from these agreements in their own organization (Nanhoe, 2010).

Control

The cases on the 'caseload list' are monitored. This means that the members of the Local Team update each other about the progress of individual cases. The members of the Local Team decide what should be discussed in order of this progress. During the meeting, based on the progress made, the Local Team could decide adjustment is necessary. The organizations report to the coordinator, between meetings, any bottlenecks or important new developments (Nanhoe, 2010).

The coordinator of the Local Domestic Violence Team and the 'case controller' are responsible for the monitoring of the cases from the 'caseload list', which are not discussed during the meeting. The coordinator follows the progress of these cases. When there is, beyond the meeting, a case that needs an update, the coordinator of the Local Team and the 'case controller' adjust the plan of action (Nanhoe, 2010).

Update and evaluation

On the basis of some criteria, a case can be evaluated by the coordinator of the Local Domestic Violence Team and the 'case controller'. When the case is completed, this will be discussed during the 'case meeting'.

In Figure 7, a flow chart about the Local Domestic Violence Team can be found.

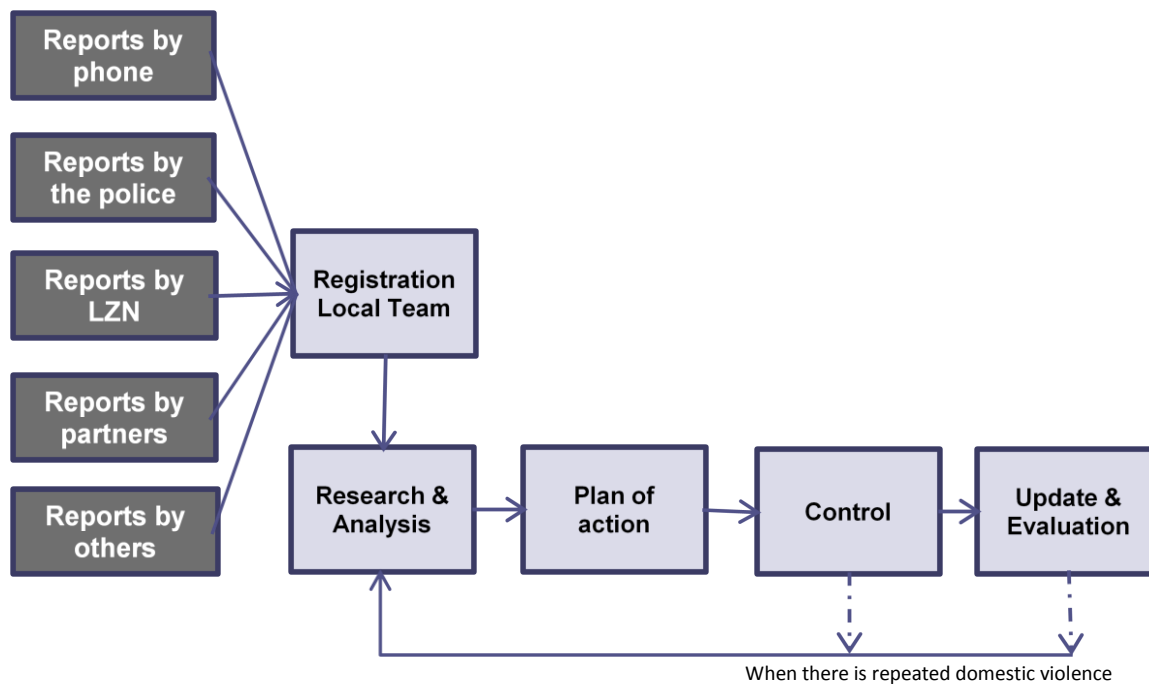


Figure 7: Flow Chart Local Domestic Violence Team (Nanhoe, 2008).

5.3 THE NETWORK IN PRACTICE

As described previously, the Network of Domestic Violence in Rotterdam consists of the Local Domestic Violence Team and some other organizations (Chapter 4) which are not members of the Local Team. However, these organizations and the Local Team have to cooperate with each other. In the following paragraph, the whole network and their procedures are summarized.

5.3.1 THE NETWORK OF DOMESTIC VIOLENCE IN ROTTERDAM

On behalf of the municipality of Rotterdam, the Public Health Service has the directing role of the policy of domestic violence. In practice, the Support Center of Domestic Violence and the Local Domestic Violence Team (both part of the Public Health Service) are in contact with clients and organizations in the context of treatments (Matulesy, 2012).

The network of domestic violence can be divided into three parts: offenders, victims and children. When there is a report of domestic violence reported to the police, the police will contact rehabilitation and the Crisis Intervention Team (the Crisis Intervention Team has a role when it becomes to the law of restraining order). Rehabilitation must have contact with the offender when the offender is convicted by the public prosecutor.

Rehabilitation will refer the offender to offender relief organizations like 'Bouman GGZ', 'De Waag' or 'Het DOK'. When the offender is not convicted, rehabilitation will stay in contact with the offender, but then the offender is not obliged to accept the support of offender relief organizations (Matulesy, 2012). A police report is always referred to the Support Center of Domestic Violence, because when there is an offender known at the police, there must be a victim or other witnesses of the case who probably need help (X, 2012).

When there is a report at the Support Center of Domestic Violence, the professionals of the Support Center decide where to refer the case. In most of the cases, the Support Center will refer the case to the Local Domestic Violence Team and will also make contact with the police. In a case where children are involved, the Support Center will refer the report to the Child Protection Service (Horst, 2012). The Child Protection Service will refer the case to the Youth Care Agency or the Local Team (Wel, 2012). The Youth Care Agency will refer the case to 'Flexus Jeugdplein' or 'Avant Sanare'. When the Youth Care Agency cannot offer appropriate support, the case will still be discussed in the Local Team (Matulesy, 2012).

When the Child Protection Service receives a report, the professionals of the Child Protection Service can refer the case to the Youth Care Agency. When the case is not urgent for the involved children, they can also decide to refer the case to the Support Center of Domestic Violence to make sure the parents will first receive support (Wel, 2012). When the case reported at the Child Protection Service seems serious, they will refer the case to the Child Protection Board (Bremer, 2012). The Child Protection Board will start an investigation into the case.

The network of domestic violence in Rotterdam can be found in Figure 8 on the following page. The arrows indicate the references to other organizations. However, when an organization is involved with a client of presumed domestic violence, it does not have to report the presumption when it can treat the client without the involvement of other organizations. These kinds of cases are not included in the figure. Only shown are reports of domestic violence that are reported to the police, the Support Center of Domestic Violence or the Child Protection Service.

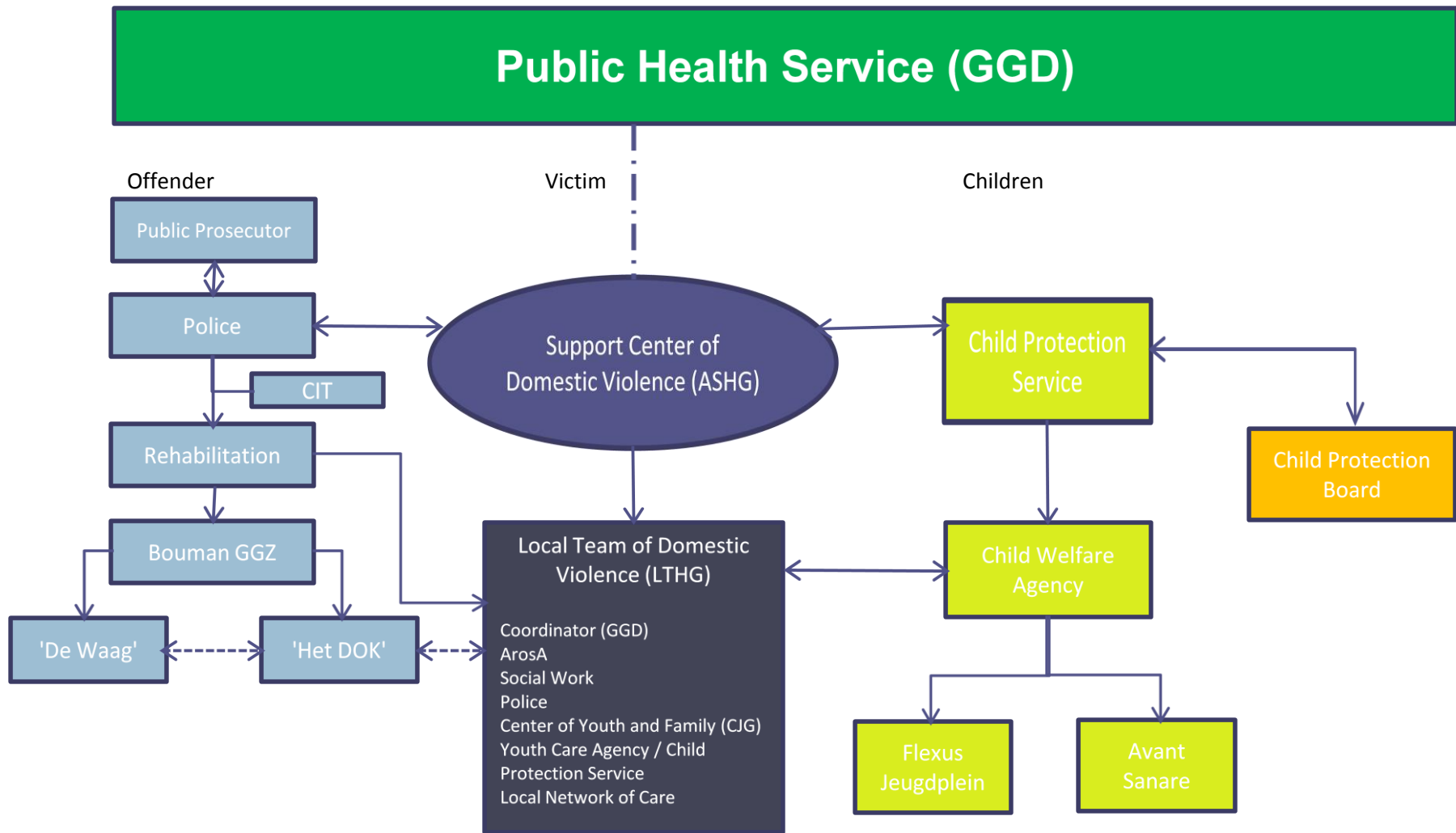


Figure 8: Network of Domestic Violence in Rotterdam.

5.4 TYPE OF NETWORK GOVERNANCE

By describing the policy and procedures of the network of domestic violence in Rotterdam, the type of network governance can be determined. As described in Chapter 4, two distinctions can be made to determine the type of network governance: the type of coordination and the type of management.

5.4.1 COORDINATION

In the network of domestic violence in Rotterdam, each involved organization has knowledge about domestic violence and is specialized in their own field (GGD Rotterdam Rijnmond, 2007). Because there is no organization which is not operationally involved, there is no external coordination in the network. Thus, there is no *Network Administrative Organization*.

In Rotterdam, all the reports of domestic violence are filtered by professionals of the Support Center of Domestic Violence. In most cases, the Support Center has first contact with the client. Subsequently, the Support Center decides to refer the case to the Local Domestic Violence Team or when it is about children to the Child Protection Service. The Local Team and the Child Protection Service make sure the client is referred to the organization that will provide the support needed. When there is a case about child abuse, the coordination of the network is at The Child Protection Service and the Youth Care Agency (the right side of Figure 8). When it is about offenders and victims, the coordination of the network is at the police or rehabilitation and especially at the Support Center of Domestic Violence.

When the client is not accepting the offered help from an organization or what is offered does not appear to be appropriate, the relevant organization can contact the coordinator of the Local Domestic Violence Team. The Local Team is responsible for a plan of action in the context of the treatment of a client. The coordinator will discuss the case with the involved organizations of the Local Team and/or discuss the case with a professional of the Support Center of Domestic Violence. When it is just a case about children, the organization can contact the Child Protection Service, even though they are also a member of the Local Team. When there are problems between organizations (for example the shelter will not accept a referred client from Social Work) the relevant organization should contact the Public Health Service. The Public Health Service will mediate between the organizations (Matulesy, 2012).

Thus, there are four organizations that coordinate activities within the network: The Public Health Service, the Support Center of Domestic Violence, the Local Domestic Violence Team and the Child Protection Service. The Support Center of Domestic Violence and the Local Team are part of the Public Health Service, but because they have different roles in the network they can be seen as different participants in the network. Because all of these organizations fulfill a role in managing cases of domestic violence and can be seen as member of the network, there is internal coordination in the network of domestic violence in Rotterdam.

5.4.2 MANAGEMENT

When a case is discussed by the Local Domestic Violence Team, the plan of action and the organizations needed for support will be determined. Only these organizations will have contact with each other beyond the Local Team. Besides this, in many cases, the coordinator of the Local Team acts as intermediary between the relevant organizations (Matulesy, 2012).

The Support Center of Domestic Violence can be seen as the starting point of the management. The Support Center receives all the reports of domestic violence and makes the considerations of the route through which a client must go. The Support Center is also the front office for professionals and witnesses of domestic violence. The Support Center coordinates the network. However, the Child Protection Service also receives reports, and when only children are involved, the Child Protection Service coordinates activities within the network. Furthermore, a lot of procedures are the responsibilities of the organizations themselves, because they are

responsible for the treatment they give (Horst, 2012). Consequently, management of the network of domestic violence in Rotterdam is mediated.

5.4.3 LEAD ORGANIZATION-GOVERNED NETWORK VERSUS PARTICIPANT-GOVERNED NETWORK

There are four participants that fulfill a role in the approach of domestic violence in Rotterdam. These participants are all members of the network, and therefore, there is internal coordination in the network of domestic violence in Rotterdam. The Public Health Service, the Support Center of Domestic Violence, the Local Domestic Violence Team and the Child Protection Service fulfill the internal coordination. When there is internal coordination, the type of network governance could be a Participant-Governed Network or a Lead Organization-Governed Network.

According to the management of the network of domestic violence in Rotterdam, the Support Center of Domestic Violence can be seen as the front office of the network. The Support Center makes contact with professionals, clients and witnesses. The Support Center also refers the cases to the Local Domestic Violence Team or another organization that provides support to the clients. For example, when the Support Center receives a report of child abuse, they will refer the case to the Child Protection Service. However, when the case is presented to the organization that provides the treatment, the organization takes the responsibility for the client. Therefore, the management of the network is not totally mediated, but because the first important decisions in the context of the clients are taken by one organization, the network can be considered a Lead Organization-Governed Network. Because the Public Health Service does not deal directly with the clients but only with the organizations, it is not the lead organization in the network. On the other hand, the Support Center of Domestic Violence does have contact with the clients themselves and with all of the organizations in the network, which can be seen in Figure 8. Therefore, the Support Center can be seen as the representative of the entire network to outsiders. Because the Support Center of Domestic Violence is also the key organization between offender, victim and child relief organizations, the Support Center can be seen as the lead organization.

However, when it comes to the implementation of treatments, the Local Domestic Violence Team can be seen as the back office of the network. The Local Domestic Violence Team consists of various organizations which make all the decisions and manage the treatments of clients based on the collectivity of the organizations themselves. The members have the mandate to coordinate appointments on a case level on behalf of their organization, and they are responsible for coordination, on a case level, in their own organization. When a case is referred to the coordinator of the Local Domestic Violence Team, the coordinator will collect the information about the case and will discuss the case with the Local Team. When the case is discussed with the Local Team, there is shared governance, and the role of the case manager may be performed by the organization which has an important role in the treatment of the client; this could differ per case. Just looking at the procedures in the Local Domestic Violence Team, there is internal coordination, and the management is shared; this is a participant-governed network.

To conclude, the whole network of domestic violence is a Lead Organization-Governed Network, and the implementing aspect of the network is a Participant-Governed Network.

In Chapter 3, the dependent variables were selected and in the selection there is no taken into account of the implementing aspect of the network. The dependent variables are more based on the cooperation and procedures among organizations in the whole network and therefore, this study will just determine the effectiveness of the policy on domestic violence in a Lead Organization-Governed Network.

6. THE CASE STUDY

In this chapter, the last empirical research question will be answered. Based on the interviews, the case study is analyzed in this chapter. The extent of effectiveness will be defined on the basis of the scores per the dependent and independent variables. The extent of effectiveness will be compared with the theory of Chapter 3 in order to reach an answer to the following research question: 'To what extent do effectiveness criteria exist and to what extent are they in accordance with the expectations of the theory?'

6.1 EXTENT OF EFFECTIVENESS

To determine the extent of effectiveness, interviews were conducted. The questions of the interviews can be found in Appendix 1. In total, thirteen persons have participated on behalf of twelve organizations. Because the Child Protection Service is part of the Youth Care Agency, there is just one interview held with a manager of 'entry' on behalf of both organizations. From the organization Avant Sanare, three persons were interviewed: the director for the questions about the policy and two executors of the policy with practical experiences. On behalf of Avant Sanare, there is one score based on three answers. Also a coordinator of the Local Domestic Violence Team is interviewed; but because the Local Team consists of different organizations, the questions focus on the individual organizations and not on the team as a whole.

In Chapter 3, three variables to measure network effectiveness were selected. These dependent variables were analyzed and operationalized in Chapter 4. The extent of effectiveness of the network of domestic violence in Rotterdam is determined on the basis of the interviews.

6.1.1 RANGE OF SERVICE PROVIDED

The first dependent variable is the range of service provided by the network. Question 11 is about the services the network provides. The respondents could give a score of 1 to 5. The average score on this question is 1.8, which means there is high effectiveness. However, there is a distinction between the scores the respondents gave on victims or offenders of domestic violence. The score of the availability of services for victims is 1.5 and for offenders 2.1.

In questions 12, 13 and 14, it is not about the services of the network but the extent to which the network can provide support to victims, offenders and witnesses. The respondents could answer if the extent of providing support is sufficient or insufficient. Seventy-three percent of the respondents think the extent of providing support to victims is sufficient, and 27 percent of the respondents think it is insufficient. For the offenders, 55 percent of the respondents think the extent of providing support is sufficient, and 45 percent of the respondents think it is insufficient. For children, 64 percent of the respondents think the services are sufficient, and 36 percent think they are insufficient. Based on these questions, there is a small difference between the extent to which the network can provide support to offenders and the extent of providing support to victims.

The last question (15) in the context of the range of service provided regards the interviewees' knowledge of the possibilities available for reporting domestic violence for professionals, victims, offenders and witnesses. The respondents could give a score of 1 to 5. The average score on this question is 2.4, which means there is moderate effectiveness. However, there is a distinction between the professionals and the victims, offenders and witnesses. The average score for professionals is 1.4, which means that nearly all the professionals know where to report (a presumption of) domestic violence. The average score for victims is 2.6, which means almost all the victims know where they can report domestic violence. The average score for offenders is 3.2, which means there are offenders who do not know where they can report their action. An explanation for this distinction, given by several respondents, could be that there is a lot of ignorance of the problem of domestic violence by immigrants, and in a lot of cases, there are immigrants involved. Because of cultural differences, these immigrants do not know that domestic violence is not accepted and therefore are unaware they could

report domestic violence (X, 2012). When they realize they are an offender of domestic violence, they do not know a report at the Support Center of Domestic Violence does not automatically mean the police or the Public Prosecutor will be notified. It is also very difficult to reach the offender, because offenders are in many cases illiterate people (Cummins, 2012). The average score on this question is 2.4, and therefore it falls into the category of moderately effective.

In general, the average score on the multiple choice questions 11 and 15 of the questionnaire is 2.1; this means it is highly effective. The answers on questions 12 to 14 conclude there is effectiveness. However, the range of service provided for just the offenders is moderately effective.

Average score	Level of effectiveness
3,8-5	Not effective
2,4-3,7	Moderately effective
1-2,3 (average score on questions 11 and 15: 2,1)	Highly effective

Table 10: The Extent of the Range of Service Provided.

6.1.2 RELATIONSHIP STRENGTH

The second dependent variable is the relationship strength. In the context of this variable, there are four statements presented to the respondents. When they completely agree with the statements, the effectiveness is high. When they disagree with the statements, there is less effectiveness. The first two statements (questions 16 and 17 of the questionnaire) were unanimously assessed with 'totally agree'. Thus, when there is (a presumption of) domestic violence, every participant knows to which organizations they could refer the case. They also refer clients to another organization in the network when they think this organization can provide better treatment for the client.

However, 82 percent of the respondents indicate they will not refer a client to an unknown organization. This prevents them from making referrals. On the other hand, when they have researched the target organization on the internet or called them, the obstruction disappears (Groot, 2012). It can be concluded that the respondents will not refer clients to an unknown organization but eventually, after some research, will refer them because of the benefit to the client.

To find out if there is some overlap in the tasks between organizations in the network of domestic violence, statement/question 19 is presented to the respondents. Some of the respondents think there is overlap with other organizations in the network in the tasks they perform in the context of domestic violence. However, most of the respondents (63 percent) think the coordination of the tasks among the organizations is sufficient, and there is no overlap. The less overlap there is between tasks, the more effectiveness there will be.

Based on the average scores on these statements, in the context of the strengths of relationships, there is effectiveness.

6.1.3 CREATION AND MAINTENANCE OF THE SUPPORT CENTER OF DOMESTIC VIOLENCE

The last dependent variable is the creation and maintenance of the Support Center of Domestic Violence. Question 20 aims to discover if the respondents consider the Support Center of Domestic Violence a central organization in the network. Fifty-five percent of the respondents see the Support Center as the central organization of the network, 27 percent of the respondents consider the Public Health Service central, nine percent of the respondents find that the Local Domestic Violence Team is a central 'organization', and finally, nine percent of the respondents see Social Work as a central organization in the network. All the answers (excluding one) have to do with the Public Health Service. Because the Public Health Service is not working with clients in practice, the Public Health Service cannot be seen as a central organization in the network (see section 5.3). Most of the respondents see the Support Center as the central organization. Vera van der Horst,

team manager of the Support Center of Domestic Violence, said the Support Center should be a central organization, and the past few years, they have become a central organization more and more (Horst, 2012).

According to the respondents, the main tasks of the central organization are (question 21):

- Coordinating
- Directing the processes
- Maintaining the chain
- Referring cases to other organizations
- Enabling the network
- Acting as the expertise center
- Motivating people
- Receiving reports
- Organizing the collaboration among organizations

According to question 21, the respondents indicate that when they have a problem with the treatment of a client, they will first discuss this with the referral or during a consultation with the organizations in the Local Team. When there is still a problem, although this rarely happens, they will contact the Support Center of Domestic Violence or the Public Health Service. There is nothing that can hinder them from contacting the central organization (question 22).

Most of the respondents see the Support Center of Domestic Violence as the central organization in the network, but there is some uncertainty about the difference between the Support Center of Domestic Violence and the Public Health Service in combination with the Local Domestic Violence Team, because the Support Center is part of the Public Health Service and the coordinator of the Local Team is employed by the Public Health Service. However, the Public Health Service is not involved in the execution of the policy and has no role in the processing of reports. Therefore, the Public Health Service cannot be seen as the central organization.

To conclude, there is a central organization in the network of domestic violence in Rotterdam: the Support Center of Domestic Violence. The creation and maintenance of the Support Center of Domestic Violence is positive for the effectiveness of the network.

6.1.4 CONCLUSION OF THE EXTENT OF EFFECTIVENESS

The scores on the three dependent variables are equally weighted. Because the values of the scores on all the dependent variables were 'low' (excluding the range of service provided in the network for offenders) this means the network of domestic violence in Rotterdam has a high extent of effectiveness.

6.2 INDEPENDENT VARIABLES

In Chapter 3, the theory of Provan and Kenis indicates there are four independent variables which could have an influence on the effectiveness of network governance. These variables are as follows: trust, the number of participants, network goal consensus and the need for network-level competencies. The theory assumes that when there is a specific combination of scores on these variables, the chosen type of network governance of Chapter 5 could be highly effective. The chosen type of network to be studied is the Lead Organization-Governed Network.

6.2.1 TRUST

The extent of trust is based on four criteria and split into questions 24, 25, 26 and 27. The respondents could give a score to each organization in the network of 1 to 5. The higher the score, the more trust is present. This is already described in Chapter 4. There were questions asked about the trust in agreements, sharing information, the absence of opportunistic behavior and the right intentions of the organizations.

Question 26 is an exception in the grading scale. This question is about the absence of opportunistic behavior. To avoid misunderstanding, a score of 1 means the organization does not abuse the efforts of other organizations, and a score of 5 means the organization severely abuses the efforts of other organizations. While the answers on this question are being processed, the scores are converted. This means that a given score of 1 becomes a 5, a given score of 2 become a 4, a given score of 3 will stay 3, a given score of 4 becomes a 2 and a given score of 5 become a 1. Consequently, for questions 24, 25, 26 and 27, the higher the score obtained, the more trust is evident.

Not all of the organizations in the network interviews are discussed. There are situations where the respondent could not give a score to an organization, because it never cooperates with another organization. For example, Rehabilitation never makes agreements with Avant Sanare, and therefore, the respondent could not give a score to this question. There are unilateral and bilateral scores of trust.

In Table 11, the average scores to each organization per question are presented. Also included are the average scores of all the organizations per criteria, the average scores of all the criteria per organization and a general trust-score.

Organization	Average Scores -				
	Agreements	Data Exchange	Efforts	Intentions	Average
Public Health Service	3,7 (n=10)	4,0 (n=9)	4,7 (n=7)	4,1 (n=7)	4,1
Support Center of Domestic Violence	4,2 (n=9)	4,4 (n=9)	4,3 (n=7)	4,3 (n=7)	4,3
Police	3,7 (n=9)	3,4 (n=9)	3,8 (n=9)	3,7 (n=9)	3,7
Public Prosecutor	3,7 (n=7)	4,1 (n=9)	4,5 (n=8)	3,6 (n=8)	4,0
Rehabilitation	3,7 (n=9)	4,0 (n=10)	4,3 (n=8)	3,6 (n=8)	3,9
Center of Youth and Family	3,7 (n=6)	3,2 (n=9)	4,3 (n=8)	3,8 (n=8)	3,8
Youth Care Agency	3,7 (n=10)	4,1 (n=10)	4,2 (n=9)	3,7 (n=9)	3,9
Child Protection Service	4,0 (n=8)	4,2 (n=10)	4,3 (n=9)	4,0 (n=9)	4,1
Child Protection Board	4,0 (n=6)	4,5 (n=8)	4,6 (n=9)	4,0 (n=8)	4,3
ArosA	4,2 (n=9)	4,2 (n=10)	4,4 (n=10)	4,1 (n=10)	4,2
Crisis Intervention Team	3,9 (n=9)	4,2 (n=10)	4,4 (n=10)	3,9 (n=9)	4,1
De Waag	4,2 (n=10)	4,2 (n=9)	4,3 (n=9)	4,3 (n=9)	4,3
Het DOK	4,0 (n=10)	4,2 (n=9)	4,2 (n=9)	4,1 (n=9)	4,1
Social Work	3,5 (n=10)	3,5 (n=10)	3,6 (n=10)	3,9 (n=10)	3,6
Bouman GGZ	3,4 (n=9)	4,2 (n=10)	4,1 (n=9)	3,9 (n=9)	3,9
Avant Sanare	4,0 (n=2)	3,8 (n=4)	4,4 (n=5)	4,0 (n=3)	4,1
Flexus Jeugdplein	3,5 (n=8)	3,8 (n=9)	4,4 (n=10)	4,3 (n=8)	4,0
Average	3,8	4,0	4,3	4,0	4,0

Table 11: Scores of Trust Per Question (based on 11 interviews with 12 different organizations).

The average score on question 24--the extent to which the organizations in the network fulfill the agreements they made--is 3.8. It is remarkable that the organizations that deal with the offenders of domestic violence and which are not really giving a treatment to the offender, like the police, the public prosecutor, rehabilitation and Bouman GGZ, all score under the average score. On the other hand, the offender-relief organizations like 'De Waag' and 'Het DOK' score above the average score and fulfill the agreements they made nearly always. Because the average score on this question is 3.8, and there are no extremes, there is a lot of trust.

The average score on question 25--the extent to which organizations in the network share information with other organizations in the network--is 4.0. All of the respondents indicate they want to share all of the information when they have permission of the client. However, some respondents indicate that even though they have permission of the client, they will be careful with the information they share with other

organizations. Domien Theuvenet, director of Avant Sanare, indicates that even though he has permission of the client, he does not share all of the information when the information may result in measures like a guardianship arrangement (Theuvenet, 2012). The average score on this question is 4, and this means there is a lot of trust when it comes to the exchange of information.

The scores on question 26--the extent to which organizations in the network do not abuse the efforts of other organizations in the network--are between 3.6 and 4.7, and the average score is 4.3. Here, there is also a lot of trust among the organizations. Some respondents assume none of the organizations abuse the efforts of other organizations, and they give all the organizations a 5. However, some respondents think there are organizations which abuse the efforts of other organizations. For example, at 'Het DOK', a job counselor is working but in the context of domestic violence; the job counselor of 'Het DOK' has no task, but the job counselor of rehabilitation actually requires a task in the context of domestic violence. In some situations, rehabilitation assumes 'Het DOK' will do this job, but the job counselor of 'Het DOK' is not supposed to do it (Groot, 2012). Another example is that when the police send a report to the Support Center, sometimes the report is incomplete. The Support Center and the coordinator of the Local Team have to research a large amount of information, while the police, which receive the report, would have been able to trace this information more easily (Cummins, 2012). The average score of the organizations is 4.3, and this means there is a lot of trust.

The average score on the last question of trust (question 27)--the extent to which the organizations in the network assume that the intentions of other organizations in the network are right and make the right decisions--is 4.0, which means there is also a lot of trust. Only the police, the rehabilitation, the public prosecutor and the Youth Care Agency score a moderate level of trust. A reason for these scores of the public prosecutor and rehabilitation could be that not everyone agrees with the punishments or treatments imposed by the public prosecutor. Since rehabilitation is the only partner to the public prosecutor, the scores of trust for rehabilitation are a little lower compared with other organizations (Pigmans, 2012).

The average score of trust, based on the four questions, is 4.0. This means there is a lot of trust among the organizations in the network of domestic violence in Rotterdam.

Average score	Level of trust
1 – 2,3	No trust
2,4-3,7	Moderate trust
3,8-5 (average score on questions 24 to 27: 4,0)	A lot of trust

Table 12: The Extent of Trust.

6.2.2 THE NUMBER OF PARTICIPANTS

There are 17 participant organizations in the network, based on the criterion of question 7. Most of the respondents answered that, in their perspective, all the organizations which are discussed in questions 5 and 6, are part of the network of domestic violence in Rotterdam, and they do not have contact with other organizations. A few respondents answered that they sometimes also have contact with 'Het Leger des Heils' or 'Het Riagg'. Because these organizations are not named by all of the respondents and are not mentioned in the policy documents, they are not counted as participants. Seventeen participants is a moderate number.

Number of participants	Level
3-10	Few
11-18 (The whole network: 17)	Moderate number
19 or more	Moderate to many

Table 13: The Number of Participants (Katzenbach & Smith, 1993).

6.2.3 NETWORK GOAL CONSENSUS

Question 28 is about the goals of the organizations and to what extent these goals are in line with the other organizations in the network. All of the respondents indicate that the general goal of their organization is to

stop violence and prevent recidivism. The respondents also indicate their organization has some specific goals based on their task in the network, but these goals are not in conflict with the goals of the other organizations usually. Seventy-three percent of the respondents think that the goals of other organizations are sometimes an obstacle to their organization's own goals, and 27 percent of the respondents never consider the goals of other organizations an obstacle to achieving the goals of their organization (question 29). In question 30, 73 percent of the respondents say that they sometimes have disagreements with other organizations in the network about the treatment of a client. Nine percent of the respondents say they have never had a disagreement with other organizations, nine percent of the respondents say they have often had a disagreement with other organizations, and nine percent of the respondents say they have very often had a disagreement with other organizations.

To conclude, for most of the respondents, sometimes the goals of other organizations are an obstacle to reach their own goals, and most of the respondents admit to sometimes having disagreements with another organization about the treatment of a client. Because there are obstacles and disagreements that are not always addressed, there is a moderate level of network goal consensus.

6.2.4 NEED FOR NETWORK – LEVEL COMPETENCIES

To determine the need for network-level competencies, questions 31 to 33 are included. In question 31--the role of the respondents' organization in the network of domestic violence--the following roles of the network are evaluated:

- Coordinate
- Signal
- Provide help
- Advise
- Initiate

All of the respondents think there is a good distribution of roles.

In question 32, the respondents should indicate which competencies are necessary to have a good cooperation among the organizations in the network. The following competencies are necessary:

- Good communication
- Accessibility
- Openness
- Willingness to cooperate
- Continuity
- Flexibility

In question 33, the respondents should judge these competencies. Are these competencies sufficiently available in the network? Fifty-five percent of the respondents judge the availability of competencies as sufficient, and 45 percent of the respondents judge the availability of competencies as insufficient; they see the lack of these competencies as a bottleneck in the cooperation (question 34). For example, because of budget cuts in organizations, there is less openness and willingness to cooperate among organizations because the organizations prefer to treat the clients on their own instead of referring them to an organization which could treat the client better. Ultimately, the organizations must act in the interest of the client (Horst, 2012). When the respondents judge the availability of competencies as insufficient, this means that they find there is a high need for network-level competencies. When a respondent judges the availability of competencies as sufficient, he finds there is a low need for network-level competencies.

Fifty-five percent of the respondents think there is a low need for network-level competencies, and 45 percent of the respondents think there is a high need for network-level competencies. This means there is a moderate need for network-level competencies. The organizations are satisfied about the availability of competencies in the network, but all the respondents think it could be better, and the competencies could be better utilized (Griët, 2012).

6.3 THE COMPARISON BETWEEN THEORY AND CASE STUDY

The network of domestic violence in Rotterdam can be seen as a lead organization-governed network. The central organization of the network--the lead organization--is the Support Center of Domestic Violence, and especially in this organization, there is a lot of trust (see Table 10). Furthermore, the trust among organizations in the network is also generally high. There are 17 organizations involved in the network, and most of them are connected with all of the organizations or are indirectly connected via another organization in the network; this is a moderate number of participants. The general goals of the organizations are the same, but there are specific goals which could be an obstacle to reach the goals of their own organizations and there are also disagreements about treatments of clients; therefore, the goal consensus is moderate. This also applies to the need for network-level competencies because some respondents do not believe that all needed competencies, which are necessary for cooperation, are available in the network.

In Table 14, the results of the case study are compared with the theory about a Lead Organization-Governed Network.

Lead Organization-Governed Network (Theory)	The network of domestic violence of Rotterdam
Low density of trust	A lot of trust (especially in the lead organization)
Moderate number of participants	Moderate number of participants
Moderately low goal consensus	Moderate goal consensus
Moderate need for network level competencies	Moderate need for network level competencies

Table 14: Comparison of the Theory and the Case Study.

According to the theory, when these values of the variables are available in the network, the network can be effective. In the network of domestic violence in Rotterdam, two of the four variables are in accordance with the theory, and the values of trust and goal consensus are different, but the network is still effective. This means the network could also be effective when trust and the goal consensus are moderate or high. These values of the variables have no (negative) influence on the effectiveness of this network.

In the comparison with the theory (Table 14), there are values which are different from the theory, and both deviations are more positive in comparison with the expectations of the theory. The values of the variables seem to be sufficient for effectiveness, but when the values of trust and goal consensus are more positive, this is even positive for the effectiveness of the network. Also, in the study of Dorien Visser about the effectiveness of the network around multi-problem families, positive deviant values at the level of trust and goal consensus are positive for the effectiveness of the network (Visser, 2011).

6.4 CONCLUSION

The network of domestic violence in Rotterdam is a lead organization-governed network in which the Support Center of Domestic Violence is the lead organization. The effectiveness of the network is measured by three variables: the range of service provided, the relationship strength, and the creation and maintenance of the Support Center of Domestic Violence. These three variables were all available in the network. The scores on these variables were 'low', which means there is a high level of effectiveness in the network of domestic violence in Rotterdam. Only the range of service provided to offenders is less effective.

According to the theory, there are four independent variables which could influence the effectiveness of the network. These variables are as follows: trust, number of participants, goal consensus and the need for network-level competencies.

In a lead organization-governed network, there could be a low density of trust, a moderate number of participants, a low level of goal consensus and a moderate need for network level competencies to be effective. In practice, two of these values of the variables are in accord, but the values of trust and goal consensus are different. There is a lot of trust and a moderate level of goal consensus. These two values are more positive in comparison with the theory, which would result in greater effectiveness.

To conclude, there is accordance with the expectations of the theory. The values of the independent variables are in line with the expectations of the theory or are more positive in comparison with the expectations of the theory, which means when a value of the variable is more positive there is an even better effect, and therefore, there is an expectation of high effectiveness.

7. CONCLUSION AND RECOMMENDATIONS

In this chapter, the general research question will be answered. The general research question is as follows: To what extent was the policy on domestic violence effective, as implemented by the participants in Rotterdam in the years 2007-2011? Thereafter, the theory will be evaluated. And finally, recommendations will be given for the case study of Rotterdam, other networks of domestic violence and further research.

7.1 ANSWERING THE RESEARCH QUESTIONS

To answer the general research question, four sub questions are answered in this study.

Question 1

The first question is about the national policy on domestic violence: *What is the policy on domestic violence in the Netherlands?* The national policy on domestic violence consists of different goals and associated means. The policy focuses on the good cooperation of the national government, the municipalities and various involved organizations. The policy also focuses on the increase of signaling domestic violence by involved parties and the possibilities to weigh presumptions of domestic violence by making use of a reporting code. To make people aware of the problem and the possibilities to report, the government started a national campaign, providing information, material and trainings for professionals about how to deal with their professional confidentiality. In addition to the goals to make sure there is good cooperation among the different parties and to increase problem awareness, the policy also focuses on the treatment of victims, offenders and witnesses of domestic violence. One of the goals of the policy is to make sure each organization works according to a system-oriented approach: focus on the whole family (victims, offenders and children) to receive support from the appropriate organizations. To force victims and offenders to accept a treatment, the government introduced means like national protocols with a description of the tasks of the police and a law of restraining order. The national policy defined a framework for municipalities to implement their policy.

Question 2

The second question is about network governance: *What types of network governance exist, and what are the criteria for network effectiveness?* In this study, the theory about network governance is mainly based on theories of Provan and Kenis (2007). Provan and Kenis (2007) distinguish three types of network governance: Participant-Governed Networks, Lead Organization-Governed Networks and Network Administrative Organization. The forms of network governance are related to network effectiveness. In this study, effectiveness is defined as the extent to which goals are achieved. It will be measured at a network level by the range of services provided, the relationship strength among organizations and the creation and maintenance of the Support Center of Domestic Violence.

For each type of network governance, the theory describes four independent variables which could influence the effectiveness of the type of network governance. These variables include the level of trust, the number of participants, the level of goal consensus and the need for network-level competencies. For each type of network governance, the variables have a different influence on the extent of effectiveness. For each type of network governance, the theory describes an expectation of network effectiveness of the values of the variables.

Theoretically, when a Participant-Governed Network has a low number of participants, there is a high density of trust among the organizations, a high level of goal consensus and a low need for network-level competencies; in this case, the network is expected to be effective. For a Lead Organization-Governed Network, there is theoretically better coordination, and the coordinating organization will make most of the

decisions; therefore, the theory expects a moderate number of participants, a low density of trust (and highly centralized), a moderately low level of goal consensus and a moderate need for network-level competencies for the network to be effective. A Network Administrative Organization requires a high number of participants, a moderate density of trust, a moderately high level of goal consensus and a high need for network-level competencies. Consequently, the theory states that a lot of participants, a low level of trust, a low level of goal consensus and a high need for network-level competencies result in a negative influence on the effectiveness of a network with shared governance. This degree of influence is lower in a network with one coordinator.

After answering these theoretical research questions, the empirical study is carried out in the municipality of Rotterdam. Therefore, the third and fourth sub questions are answered.

Question 3

The third question is about the policy on domestic violence of Rotterdam: *What type of network governance exists in Rotterdam?* The general goal of the policy on domestic violence in Rotterdam is to stop domestic violence and to prevent the transfer of it across generations. The number of abuse rates must be reduced, and when there already is domestic violence, the number of reports or requests for advice should increase. There must be offered adequate and effective support to victims and offenders. The policy can be divided into three objectives: signaling and reporting, a balanced chain, and prevention. To determine the type of network governance in Rotterdam, this study focuses on the goal to have a balanced chain through a system-oriented approach. There are three organizations in the network that play an important role in the policy. The Public Health Service plays a directing role on behalf of the municipality of Rotterdam and is the policy maker. The Support Center of Domestic Violence is part of the Public Health Service and is responsible for network coordination. The Support Center will refer most of the reports to the Local Domestic Violence Team, which is responsible for the (care content) implementation of the policy. The Local Team has a coordinator, employed by the Public Health Service, who makes contact with the Support Center. The whole network of domestic violence is a Lead Organization-Governed Network, and only the implementing part of the network (the Local Team) is a Participant-Governed Network. However, this study only determines the effectiveness of the policy on domestic violence for a Lead Organization-Governed Network.

Question 4

To determine the extent of effectiveness of the Lead Organization-Governed Network, the fourth question is answered: *To what extent do the effectiveness criteria exist and to what extent are they in accordance with the expectations of the theory?* Based on the empirical research, it can be concluded that the dependent variables were all available in the network: the range of services provided, the relationship strength among organizations and the creation and maintenance of the Support Center of Domestic Violence. The scores on these variables were low, meaning there is a high level of effectiveness in the network of domestic violence in Rotterdam. However, there was only one exception. The range of service provided for the offenders was lower than for the victims and children.

The Lead Organization-Governed Network was effective with a moderate number of participants, a lot of trust among the participants, a moderate level of goal consensus and a moderate need for network-level competencies. The levels of trust and goal consensus differ with the theory, but the network is still effective. This means the values of the variables, provided by the theory, are sufficient for network effectiveness. When the values of trust and goal consensus differ positively, the result is simply not negative for the effectiveness of the network. To conclude, there is accordance with the expectations of the theory. Most of the values are in line with the expectations of the theory or more positive in comparison with the theory. When a value of the independent variable is more positive, the network could be more effective.

General research question

The combination of the answers on the four sub questions lead to the answer on the general research question: *To what extent was the policy on domestic violence effective, as implemented by the participants in Rotterdam in the years 2007-2011?*

In Rotterdam, domestic violence can be seen as a social problem. Therefore, the municipality of Rotterdam has a policy on domestic violence which focuses on stopping the violence and preventing recidivism by working in a balanced chain. To solve the problem and to reach the goals of the policy, collective action is required. Solving the problem depends on the performance of organizational networks. In this study, the effectiveness of the policy is measured by the effectiveness of the network in which the participants work. The effectiveness of the network depends on three variables: range of service provided, relationship strength and creation and maintenance of the Support Center of Domestic Violence. These three variables are practically all available in the network. The average scores on these variables were low, which means the network of domestic violence in Rotterdam has a high extent of effectiveness. There is just one comment: by simply looking at the range of service provided for the offenders, the level of effectiveness is low. There is dissatisfaction in most of the organizations about the extent to which support can be provided to offenders; there are also fewer possibilities for offenders than for victims. However, in general, there is effectiveness.

The network is a Lead Organization-Governed Network in which the Support Center of Domestic Violence is the lead organization. The scores on the independent variables, which could have an influence on network effectiveness, are in line or higher than the theory states, which means the extent of effectiveness is expected to be high.

The extent of effectiveness of the policy is expected to be high, because the scores on the independent variables are in line (or more positive) with the expectations of effectiveness of the theory. To conclude, there is expected a high extent of effectiveness of the policy on domestic violence in Rotterdam that was carried out in the period of 2007-2011 and performed in a Lead Organization-Governed Network.

7.1.1 EVALUATION OF THE THEORY

This study is based on the theory of network-governance by Provan and Kenis. Their theory is based on forms and variables which could influence the effectiveness of the different types of network-governance. However, it does not describe all conditions and lines of thought. For readers, there is a scope for free interpretation. This scope of interpretation could mean there is a possibility to combine network-governance types within the theory.

In this study of the network of domestic violence in Rotterdam, the network consists of two types of governance: the Lead Organization-Governed Network and the Participant-Governed Network. The whole network is a Lead Organization-Governed Network in which the Support Center of Domestic Violence is the Lead Organization and has the coordination of organizations focused on victims, offenders and children. In the implementation part of the network, the Local Domestic Violence Team has an important role by directing the treatment of clients. The eight organizations in the Local Team work in a shared governance: a Participant-Governed Network. The Participant-Governed Network is part of the Lead Organization-Governed Network. A combination of these types could be one type of network-governance, and the values of the scores on the independent variables of this study could demonstrate its expectation of effectiveness. In this 'new' type of network, there could be a lot of trust, a moderate goal consensus and a moderate need for network-level competencies. The number of participants will be eight (the members of the Local Team) plus a lead-organization. This means there could be a low to moderate number of participants to be effective. In this type of network-governance, there is one administrative entity that coordinates the cases, and there is participation in network management by all the organizations in the network.

In the Lead Organization-Governed Network, the scores on the variables were higher in comparison with the theory. According to the theory, coordination is difficult when there are too many participants, a low density of trust, a low level of goal consensus and a high need for network-level competencies. The network of domestic violence in Rotterdam consists of a high density of trust among the organizations and a moderate level of goal consensus. Because these values are more positive than theorized, the coordination should be easier. Since these are positive circumstances, the values of the variables will not have a negative influence on the effectiveness of the network. The values of Provan and Kenis are sufficient to have an effective network. This means the values of the independent variables of Provan and Kenis are not the only values where the types of network governance may be effective.

7.1.2 LIMITATIONS

At the study and associated conclusions, some limitations can be made.

- The case study is focused on the municipality of Rotterdam as a whole. Domestic violence is a social problem, but the problem is not as big as everywhere. Within the municipality, there are several neighborhoods, and in some of them, the problem is larger than in other neighborhoods. The interviewed respondents are from organizations where, for the whole municipality, most clients are referred to. This can differ per neighborhood and per degree of offense. Thus, the generalizability of the conclusions is limited.
- The network of domestic violence consists of 17 organizations. In this case study, there were interviews with participants of 12 organizations, which means the values on the variables are limited in reliability. There is a chance the average scores would be different if all 17 organizations were interviewed.
- In the theoretical research of this study, there is one leading theory about network governance: the theory of Provan and Kenis. The theory could be tested in practice on other occasions to make the theory more valuable. The theory of Provan and Kenis is applied to this study of domestic violence in Rotterdam and will be applicable for other similar networks of domestic violence in other municipalities. However, the outcomes in general are only applicable to a network with the same conditions and the same way of dealing with the policy.

7.2 RECOMMENDATIONS

In response to the results of the study, some recommendations can be made. Overall, the network of domestic violence in Rotterdam is a very good example for other municipalities to have an effective policy on domestic violence. The procedures of the Local Domestic Violence Team, as a back office of the Support Center of Domestic Violence, are especially positive for the cooperation among organizations. The general recommendation is: 'Keep It up!'.

Besides this positive recommendation, some others can be made. These recommendations are related to the effectiveness of the 'offender'-related organizations of the network; the difference between the Public Health Service, the Support Center of Domestic Violence and the Local Domestic Violence Team; the budget cuts in some organizations; and missing competencies. These recommendations are based on the interviews with respondents and on the results of this study.

Range of service provided for offenders

In general, the network of domestic violence is effective. However, the value of this variable for offenders is a bit lower in comparison to victims and witnesses. The extent of providing support is lower, the possibilities to report are also not sufficiently available and the available possibilities are not known. There should be more attention given to providing voluntary support to offenders. Nowadays, the range of service provided to victims is mainly focused on treatments imposed by the public prosecutor. To provide the support, the offender must know where he/she could report his/her offense without legal consequences (Cummins, 2012). There should

be a separate telephone helpline for offenders where they can report anonymously. This will increase the offender reports and encourage their acceptance of treatment. Indirectly, this will help the victims. Another possibility is to have online contact with a social worker (Cummins, 2012). The possibility to chat with a social worker is available at *veilig Samen.nl*, but this website is not well known. There could be more attention given to this type of support to increase the number of reports of offenders.

The uncertainty of the differences between organizations

There is uncertainty of the difference between the Public Health Service, the Support Center of Domestic Violence and the Local Domestic Violence Team. The Support Center and the Local Team are both part of the Public Health Service and therefore the role of each 'organization' in the network is not clear. This could lead to expectations in employees of the Public Health Service which are not fair, and this will be negative for the effectiveness of the network.

Budget cuts

Another recommendation is focused on the budget cuts in some organizations. Owing to the budget cuts by government and the dependence on subsidies for a number of clients, the organizations will sometimes treat a client on their own and are less likely to refer a client to another organization. Nowadays, this is not really a problem but some of the respondents are afraid this could lead to future issues and the clients do not receive the appropriate treatment. Therefore, the organization should not forget to focus foremost on the interest of the clients.

Missing competencies

The final recommendation concerns the competencies of the network. Most of the respondents think communication, accessibility and openness among organizations could be improved. When these competencies are available in the network, this will be advantageous for the effectiveness of the network. It will be advantageous for the network when each organization figures out to what extent their organization contributes to the need for network-level competencies. A possibility to find out the extent to which each organization contributes to these competencies could be a questionnaire (given by the Public Health Service). The respondents can indicate the level of openness and accessibility he or she has relative to the organizations to which his or her organization is linked and vice versa. From these data, a score can be compiled for each organization in the network, based on an average of all scores assigned to that particular organization by its network partners. When an organization scores low, the organization knows and could improve this aspect.

7.2.1 RECOMMENDATIONS FOR FURTHER RESEARCH

As described in the marginal notes, this study is a general study for the municipality of Rotterdam. To find out if there are differences in conclusions in other neighborhoods, the same study can be done for each neighborhood of Rotterdam. There could be an outlier, where the network is not effective.

Another recommendation for further research is to do the study with more or other dependent variables of effectiveness. With other dependent variables, also the implementing part of the network can be studied. In Chapter 5, there is concluded the implementing part of the network is the Local Domestic Violence team and this is a Participant-Governed Network. With specific dependent variables and appropriate questions to determine the independent variables, the effectiveness of the implementing part of the network of domestic violence can be determined. This will say something more about the effectiveness of the policy in practice.

In further research, also another level of analysis can be chosen with multiple cases; in this study, only the network level is analyzed with one single case. It would be interesting to discover the influence of the independent variables at one of the levels of Provan and Kenis (2007). It would be interesting to find out if a negative influence of the variables could be excluded or not and this can be done by comparing cases.

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APPENDIX 1 – QUESTIONNAIRE

GENERAL DATA

1. What is your name?
2. Which organization do you work?
3. What is your position in this organization and to what extent this function is dealing with domestic violence?
4. Your organization has a reporting code of domestic violence. Are you 'in practice' known with this reporting code?

THE NETWORK

5. Are you, in relation to domestic violence, known with the activities of the following organizations:
 1. Public Health Service (GGD)
 2. Support Center of Domestic Violence (ASHG)
 3. Police
 4. Public Prosecutor
 5. Rehabilitation
 6. Center of Youth and Family (CJG)
 7. Youth Care Agency (Bureau Jeugdzorg)
 8. Child Protection Service (AMK)
 9. Child Protection Board (Raad voor de Kinderbescherming)
 10. ArosA
 11. Crisis Intervention Team
 12. De Waag
 13. Het DOK
 14. Social Work
 15. Bouman GGZ
 16. Avant Sanare
 17. Flexus Jeugdplein
6. With which of these organizations do you have had contact, in the context of domestic violence ,in the past year?
7. Are there organizations that are not included in the above list, but where you have had contact with in the context of domestic violence in the past year?
8. Is there consultation between organizations in the context of domestic violence and between which organizations? (For example: the Local Domestic Violence Team)
9. Have you ever had a client who was referred to you by another organization? Which organization? And from which organization the most clients had been referred?

10. Have you referred a client to another organizations by yourself, in the past year? And to which organization?

RANGE OF SERVICE PROVIDED

11. Are all forms of support present in the network of domestic violence, for victims? And for offenders? And for witnesses?
1. Yes, all forms of support are available in the network
 2. Almost all forms of support are available in the network
 3. There are missing some forms of support in the network
 4. No, there are missing many forms of support in the network
 5. I do not know if all forms of support are available in the network
12. Can there be provided sufficient support by the organizations in the network to victims of domestic violence?
13. And to offenders?
14. And to witnesses?
15. Do victims, offenders, witnesses and professionals know where they can report (a presumption of) domestic violence?
1. Everyone (victims, offenders, witnesses and professionals) knows where they can report.
 2. Almost everyone knows where they can report.
 3. Some people do not know where they can report.
 4. A lot of people do not know where they can report.
 5. Nobody knows where they can report.

RELATIONSHIP STRENGTH

Can you, for the following statements, indicate whether you agree or not.

16. I know to which organization I can refer, in the context of (a presumption of) domestic violence.
Totally agree / agree / neutral / disagree / totally disagree
17. Sometimes, I will refer clients, in the context of domestic violence, to another organization.
Totally agree / agree / neutral / disagree / totally disagree
18. When I do not know what another organizations carries out, this hinders me in the decision to refer.
Totally agree / agree / neutral / disagree / totally disagree
19. There is no overlap in the tasks I performed, in the context of domestic violence, with other organizations.
Totally agree / agree / neutral / disagree / totally disagree

CREATION AND MAINTENANCE OF THE SUPPORT CENTER OF DOMESTIC VIOLENCE

20. Would you consider the Support Center of Domestic Violence is a central organization in the network of domestic violence in Rotterdam?
21. What are the tasks of these central organization?
22. Could you always rely on the Support Center of Domestic Violence when your treatment of a client crashes?
23. Would you contact the Support Center of Domestic Violence for support each moment of the day?

TRUST

24. To what extent fulfill the organizations their agreements relating to domestic violence?

	1	2	3	4	5
Public Health Service (GGD)					
Support Center of Domestic Violence (ASHG)					
Police					
Public Prosecutor					
Rehabilitation					
Center of Youth and Family (CJG)					
Youth Care Agency (Bureau Jeugdzorg)					
Child Protection Service (AMK)					
Child Protection Board (Raad voor de kindbescherming)					
ArosA					
Crisis Intervention Team					
De Waag					
Het Dok					
Social Work					
Bouman GGZ					
Avant Sanare					
Flexus Jeugdplein					

25. To what extent would you exchange data with these organizations?

	1	2	3	4	5
Public Health Service (GGD)					
Support Center of Domestic Violence (ASHG)					
Police					
Public Prosecutor					
Rehabilitation					
Center of Youth and Family (CJG)					
Youth Care Agency (Bureau Jeugdzorg)					
Child Protection Service (AMK)					
Child Protection Board (Raad voor de kindbescherming)					
ArosA					
Crisis Intervention Team					
De Waag					
Het Dok					

Social Work					
Bouman GGZ					
Avant Sanare					
Flexus Jeugdplein					

26. To what extent do you think these organizations abuse the efforts of other organizations?

	1	2	3	4	5
Public Health Service (GGD)					
Support Center of Domestic Violence (ASHG)					
Police					
Public Prosecutor					
Rehabilitation					
Center of Youth and Family (CJG)					
Youth Care Agency (Bureau Jeugdzorg)					
Child Protection Service (AMK)					
Child Protection Board (Raad voor de kindbescherming)					
ArosA					
Crisis Intervention Team					
De Waag					
Het Dok					
Social Work					
Bouman GGZ					
Avant Sanare					
Flexus Jeugdplein					

27. To what extent these organizations choose, in your opinion, always the best solution for the client?

	1	2	3	4	5
Public Health Service (GGD)					
Support Center of Domestic Violence (ASHG)					
Police					
Public Prosecutor					
Rehabilitation					
Center of Youth and Family (CJG)					
Youth Care Agency (Bureau Jeugdzorg)					
Child Protection Service (AMK)					
Child Protection Board (Raad voor de kindbescherming)					
ArosA					
Crisis Intervention Team					
De Waag					
Het Dok					
Social Work					
Bouman GGZ					
Avant Sanare					
Flexus Jeugdplein					

NETWORK GOAL CONSENSUS

28. What are the goals of your organization in the context of domestic violence and to what extent these goals are in common with the other organizations in the network?

29. Are the goals of other organizations sometimes an obstacle to achieve the goals of your organization?
Never / sometimes / often / very often

30. Did you have disagreements with someone of another organizations about the treatment of a client, in the past year?

Never / sometimes / often / very often

NEED FOR NETWORK-LEVEL COMPETENCIES

31. What kind of role do you have (your organization) in the network of domestic violence in Rotterdam?
Signaling / coordinating / providing help etc...

32. What competencies do you need, in your opinion, to have a good cooperation between organizations?

33. Are these competencies sufficiently available in the network?

34. Do you experience bottlenecks in the cooperation with other organizations? And what is going well in the cooperation?

35. Do you have any questions or comments on this interview?

36. May I refer to you in the report or do you want to remain anonymous?