

Building Multiple Pathways to Healing, Safety, and Accountability to Address Intimate Partner Violence

by Brittany R. Davis, Rebecca Thomforde Hauser, Heaven Berhane, Gene Johnson, Saloni Sethi, Bea Hanson, Devin Deane, and Karolin Betances

Center
for
Justice
Innovation

Authors

October 2024

Brittany R. Davis
Center for Justice Innovation

Rebecca Thomforde Hauser
Center for Justice Innovation

Heaven Berhane
Center for Justice Innovation

Gene Johnson
Center for Justice Innovation

Saloni Sethi
*NYC Mayor's Office to End
Domestic and Gender-Based
Violence*

Bea Hanson
*NYC Mayor's Office to End
Domestic and Gender-Based
Violence*

Devin Deane
Center for Justice Innovation

Karolin Betances
Center for Justice Innovation

Acknowledgements

This is the accepted manuscript of an article originally published in the journal *Families in Society*. Citation for the article: Davis, B. R., Thomforde Hauser, R., Berhane, H., Johnson, G., Sethi, S., Hanson, B., Deane, D., & Betances, K. (2024). Building Multiple Pathways to Healing, Safety, and Accountability to Address Intimate Partner Violence. *Families in Society*, 105(3), 485-498. <https://doi.org/10.1177/10443894241263620>.

For More Information

Brittany R. Davis, Center for Justice Innovation
Email: davisb@innovatingjustice.org

Center for Justice Innovation

520 Eighth Avenue
New York, NY 10018

p. 646.386.3100
f. 212.397.0985

innovatingjustice.org

Building Multiple Pathways to Healing, Safety, and Accountability to Address Intimate Partner Violence

Abstract

Many responses to intimate partner violence (IPV), especially work to engage those who have caused harm through IPV have remained relatively unchanged over the past few decades despite the widespread, long-lasting, and devastating impact IPV continues to have on communities. Engaging people who cause harm is a crucial part of supporting survivors, fostering healthy relationships and communities, and ending violence. In response to a need to develop more effective programming, New York City implemented a comprehensive citywide approach to people who cause harm, developing multiple programming options for people who cause harm both within and outside of the criminal legal system. This concept paper outlines these programs and proposes several practice implications for the field.

Introduction

How do we hold people accountable for wrongdoing and yet at the same time remain in touch with their humanity enough to believe in their capacity to be transformed?

— [bell hooks in conversation with Maya Angelou, 1998](#)

Many responses to intimate partner violence (IPV), especially work to engage those who have caused harm,¹ have remained relatively unchanged over the past few decades despite the widespread, long-lasting, and devastating impact IPV continues to have on communities. Approaches to working with those who cause harm are often 1) reliant solely

¹ The authors use people-first language. “Survivor” refers to the person being harmed, and “people who cause harm” to the person causing harm through IPV/coercive control.

on the criminal legal system, which disproportionately impacts families of color and those of lower socioeconomic status; 2) disconnected from the broader community that is also significantly impacted by IPV and other forms of intersecting violence; 3) pitted against work with survivors despite their inextricable link to survivor and community safety; and 4) devoid of a trauma-informed, anti-oppressive, and culturally responsive analysis due to fears that addressing past trauma, oppression, and culture will be seen as an excuse for violence.

There is an urgent need to develop multiple pathways or approaches to safety, healing, and accountability for families and communities navigating IPV. Creating multiple pathways can ensure greater access to support for survivors, especially those who choose not to access the criminal legal system. It can also foster the creation of different types of programs for those who cause harm, including community-based programs. This is important given that those who cause harm have varying needs and motivations for their violence. Multiple pathways can also ensure there are approaches that interrupt and break the cycle of intergenerational trauma and violence.

This concept paper will explore the Center for Justice Innovation's (the Center)² [Guiding Principles for Engaging People Who Cause Harm](#), a framework for abusive partner intervention programs (APIPs, also known as battering intervention programs) and broader coordinated community responses to enhance their approach to those who cause harm (Center for Court Innovation, 2022). It will offer a new definition of accountability that calls for multiple pathways to healing, safety, and accountability. Finally, it will highlight the work and leadership of New York City in developing a holistic approach to IPV that features such multiple pathways. Specifically, it will describe programming the Center has designed or implemented both within and outside the legal system. Each initiative represents a unique approach to addressing IPV and provides more opportunities to support accountability for those who cause harm. Though many of these programs are in their infancy and have not been fully evaluated, this practice note will share lessons from both emerging research and the implementation of these initiatives, offering much-needed recommendations for practitioners interested in engaging in

² The Center for Justice Innovation was formerly called the Center for Court Innovation.

trauma-informed accountability work across multiple levels of community and system responses.

Engaging Those Who Cause Harm through Intimate Partner Violence

In many communities, people who cause harm are mandated to APIPs. These programs were created as part of coordinated community responses to IPV, attached to court mandates, especially when jail was not an option (Pence & McDonnell, 1999). In 2005, the Center published a study, using a local Bronx court, which called into question the efficacy of these programs (Labriola et al., 2005). Other studies spanning the years have shown mixed or modest results in terms of recidivism and survivor reports of behavior change (Babcock et al., 2004; Cheng et al., 2019). Some studies have detailed important components leading to more positive outcomes, such as completing the program (Gondolf, 2002), and some recent studies show promise for programs when incorporating new elements like restorative approaches (Mills et al., 2019). Research has often relied solely on recidivism to measure success.³ However, a study from the United Kingdom included survivor-determined metrics, such as having space for action, and found improvements in participants in some areas (Kelly & Westmarland, 2015).

As a result of this newer expanded research, the Center began exploring accountability and APIPs in a new light. When reviewing curricula and engaging in conversations with countless people from across the country through technical assistance work,⁴ the Center noticed that many programs still focus on accountability that is limited to the individual, looking at whether the participant complies with court orders, is re-arrested for an IPV crime, or accepts responsibility for their harm in their APIP. Themes

³ This measure is limited because it only captures illegal forms of IPV, will not capture violence that survivors choose not report, and can be impacted by biased policing.

⁴ As a national technical assistance provider for the Office on Violence Against Women, the Center regularly meets with communities to provide guidance on program development and implementation. This work often includes listening sessions and surveys to understand local perspectives and achieve programmatic goals. Since 2018, the Center has met with practitioners and providers in many states, such as Hawai'i, Florida, Vermont, Ohio, Wisconsin and New York. This section highlights themes that helped the Center develop and enhance its guiding principles framework. The listening sessions have informed the Center's recommendations in this article, alongside other forms of input gathered through the Center's extensive work including experience developing and implementing many programs for people who cause harm in NYC.

from the Center’s listening sessions with practitioners, advocates, and those with lived experience, however, emphasized that individual accountability should only be one component. Systems and communities must also be accountable to survivors because survivor safety and accountability are inextricably linked. They should also be accountable to people who cause harm in reducing barriers and creating opportunities for change.⁵ Reflecting this, the Center adopted a new definition of accountability: a process to create pathways to responsibility, healing, hope, transformation, and in some cases restoration, in people who cause harm, systems, and communities (Center for Court Innovation, 2022).

To support this new definition, the Center and its partner, Futures Without Violence,⁶ convened advocates and APIP practitioners from across the country to develop a set of guiding principles for the abusive partner intervention field (Center for Court Innovation, 2022). They were named as such to reflect the understanding that there is no one perfect approach to this work because communities have different strengths, challenges, and resources, as do program participants. These principles, summarized below with supporting research, are crucial to supporting holistic accountability and thriving communities.

1. Survivor Voices are Valued and Centered

IPV causes serious harm to survivors, who should define safety and healing for themselves, and, if desired, inform policy decisions. Research shows that survivors seek accountability in varied ways and may desire restorative options, counseling, APIPs, and other responses both in and out of the legal system (Decker et al., 2020).

2. Accountability is Personal, Communal, and Systemic

A person’s choice to heal and change can be supported by the people in their lives and the ways in which communities and systems identify and address barriers to accountability. Research supports the idea of an expanded notion of accountability by showing that the effectiveness of programming is at least partially reliant on its connection to broader intervention systems (Ferraro, 2017).

⁵ Themes drawn from the Center’s listening sessions with providers from 2018-2023.

⁶ <https://www.futureswithoutviolence.org/>

3. Hope and Dignity are Restored

Recent research indicates that having “no hope for the future” can be prevalent among people who use violence against their partners (Holliday et al., 2019 [Abstract], p. 97). Research in psychology has found that having high levels of hope is the single best predictor of well-being (Gwinn & Hellman, 2018). Additional research on an individual’s sense of being treated with dignity lists acceptance of identity, recognition, acknowledgement and taking accountability for harm as critical components (Hicks, 2011). Programs can create pathways and agency for participants to develop and reach their own goals (a key component of hope science), and treat participants with dignity and respect, believing in their capacity to change. Wraparound supports (i.e., providing case management related to education, employment, housing and basic needs, as well as mental health and substance use) can also be helpful to maintain behavior change towards healthy, violence-free relationships.

4. Culture and Community are Reflected and Valued

As Fleck-Henderson and Areán (2004) note “if participants perceive that [an] intervention is being imposed from outside their cultural framework, they might interpret it as one more way the dominant culture seeks to oppress them (p. 11).” Therefore, programs need to identify cultural strengths and values that support healthy relationships while tailoring strategies to meet participant needs and centering culture as a critical component of intervention. Recent research of a nonmandated program in Chicago tailored to the Latino population has shown that culturally responsive approaches are promising (Davis et al., 2020), and local and national researchers continue to call for the development of programs that cater to the cultural backgrounds of participants (Shah, 2017; Ervin, 2024).

5. Respond to Needs and Strengths of People Who Cause Harm Through IPV

People who cause harm have different risk levels, needs, strengths, goals, and motivations for their use of violence. Practitioners must understand this and acknowledge that participants may also have experiences of trauma and oppression that impact their lives. Interventions need to be more tailored to individual participants instead of relying on traditional one-size-fits-all approaches and

leverage an understanding of their needs, inherent strengths, and goals to enhance programming and behavior change (Bonta & Andrews, 2007). A growing body of research and practice suggests that programs can improve outcomes by incorporating comprehensive assessments that gauge level of risk, trauma, hope, and other needs (Thomforde Hauser, 2017; Ervin et al., 2024). By using these strategies and tailoring interventions, programs can better hold people who cause harm accountable and enhance the safety and well-being of survivors.

6. Racial Justice is Centered

An understanding of intersectionality and systems of oppression, including racism, is necessary for programming, not only because IPV disproportionately impacts people of color (West, 2021), but also because intersecting forms of oppression are a root cause of IPV (Adkison-Stevens & Timmons, 2018).

7. Self-Reflection is Prioritized

Emerging research suggests that engaging participants in a self-reflexive process about the harm they have caused may lead to shifts in attitudes towards violence and empathy for survivors (Velonis et al., 2018). Moreover, self-reflection is a critical component of effective social work practice. Practitioners should participate in their own self-reflection process to identify their privilege and power and importantly take accountability for any harm caused in their own lives and in their professional fields.

New York City's Leadership

New York City is a national leader in supporting and funding innovative work with people who cause harm. As early as 1982, the city funded Safe Horizon to create an APIP for men mandated by the court that grew to be the primary referral source for courts across the city. Like most APIPs across the country, it used a gender-based cognitive-behavioral approach focused on three core elements: lessons on the impact of IPV, power and control, and behavior and attitude change. It required participants to pay a fee as part of their accountability process. Over time, discussions about efficacy of the programs led many courts to stop referring to APIPs, and, instead, increase their use of other referral

sources, such as anger management and community service, neither of which have been shown to reduce IPV.

Building from an October 2015 policy roundtable hosted by the Mayor's Office to End Domestic and Gender-based Violence (ENDGBV) and a coalition of city-based practitioners working with people who cause harm, the Interagency Working Group on NYC's Blueprint for Abusive Partner Intervention (IWG) was created as a partnership between city government agencies and those service providers. IWG's purpose was to develop a comprehensive strategy to improve and coordinate abusive partner intervention in the city. This convening was the springboard for ENDGBV to seek private funding to further understand programming needs, which resulted in the report *Seeding Generations: New Strategies Towards Services for People who Abuse*. Like the Center's national guiding principles, this report highlighted the need to create multiple pathways and, among other things: ensure APIPs are informed by survivor voices and advocacy organizations, use trauma-informed interventions that seek to repair present harm, as well as generations of violence and historical trauma; incorporate risk assessments to address safety considerations and individually responsive interventions; ensure participants are supported with wrap-around services; and encourage participants to buy in to their accountability and growth processes (Shah, 2017).

At the same time, the city was grappling with the impact of increased rates of IPV. In November 2016, Mayor Bill de Blasio created the Domestic Violence Task Force (the Taskforce), a joint project of the Mayor's Office of Criminal Justice (MOCJ) and ENDGBV to re-envision how the city responded to IPV. Taskforce members included leaders from a broad spectrum of city agencies and community-based organizations, professionals who assist survivors and work with those who cause harm, leaders in law enforcement and the criminal legal system, and survivors. In 2017, recommendations from the Taskforce resulted in the city investing \$11 million into 32 new initiatives to reduce violence, enhance the safety and wellbeing of those impacted by IPV, and hold people who cause harm accountable. One of the key recommendations was the development of a free trauma-informed and culturally-responsive program for people who cause harm funded by city contracts using evidence-based modalities that became the Dignity and Respect program (described below). A year later, the city announced Interrupting Violence at Home (IVAH), a groundbreaking \$3.3 million citywide investment to address IPV through services,

training, and intervention for people who cause harm who are not involved in the criminal legal system, leveraging national research and evidence-informed intervention models to address abusive behavior and reduce future abuse.

The current administration, under Mayor Eric Adams, continues to support and grow new programs that offer multiple pathways to accountability, incorporate restorative approaches, and offer solutions both through the criminal legal system and in community. To that end, the city ensured the funding for providers to operate programs without depending on fees from participants, challenging the notion that payment for programming was an integral component of accountability. Instead, the focus was on programming that clearly addressed the impacts of oppression, trauma, and poverty, to address both the harm experienced and caused by program participants. Funding for APIs in the city also support access to job training, counseling, and other services to reduce barriers and promote accountability. The ongoing partnership of city agencies and service providers during planning and implementation was critical to the success of these new programs, creating feedback loops to inform their ongoing evolution. In addition, ENDGBV and MOCJ are using process evaluations, stakeholder engagement, and other methods to ensure that new programs are both evidence-informed and evidence-generating. The partnership is committed to an approach that is adaptable; programming changes can be made along the way as evidence suggests new ways to better meet participants' and survivors' needs.

Multiple Pathways in New York City

New York City is indeed unique in its efforts to build an array of programming options for participants, the collective impact of which allows the city to engage people who cause harm at many different stages (i.e., pretrial; post-disposition; and voluntarily before, during, and after system involvement; or unconnected to a criminal case entirely) and to offer different types of programming (i.e., trauma-informed, cognitive behavioral, restorative approaches). Below are descriptions of the programs the Center has designed or implemented that make up much of New York City's multiple pathways. These programs are all rooted in recommendations from a variety of reports, including *Seeding Generations, Using Restorative Approaches to Address Intimate Partner Violence: A New York*

City Blueprint, and *Intimate Partner Violence as a Community Problem: Community Perspectives from Bedford-Stuyvesant, Brooklyn*, that utilized focus groups and interviews with practitioners and impacted communities and an analysis of evidence-based practices to develop recommendations for programming. Though none of these have been formally evaluated, completion data and lessons learned are included, where possible.

Dignity and Respect

In response to the need for trauma-informed and culturally-responsive programming for those with a criminal mandate, the Center, in partnership with MOCJ, developed Dignity and Respect. Designed with input from national experts, local criminal legal stakeholders, and survivors, Dignity and Respect aims to support people who cause harm in taking accountable for their behavior and to provide tools to guide their thoughts, beliefs, actions, and values with the goals of reducing recidivism and improving safety for survivors. The curriculum focuses on four areas of accountability and change: self, intimate partner relationships, family, and community. It uses cognitive-behavioral strategies to help participants understand how their thoughts and beliefs influence their behavior. Dignity and Respect recognizes that experiences of trauma are common and that past trauma—as well as oppressive structures—influence behaviors, values, and actions. While past trauma is never an excuse for violence or harm, Dignity and Respect seeks to examine how trauma may contribute to violent or harmful behavior, helping participants build new skills to promote healthy, nonviolent relationships in the future. The Center created both 16- and 26-week curricula that include substance use treatment readiness (i.e., for individuals with co-occurring substance use issues), job readiness, individual goal-setting sessions, and a case management component to address co-occurring needs.⁷ Incorporating the latest research on risk-need-responsivity, each participant receives a comprehensive assessment including the Domestic Violence Risk Needs Assessment (created by the Colorado Domestic Violence Offender Management Board), the expanded Adverse Childhood Experiences (Cronholm et al., 2015), and the

⁷ Providers chosen to implement Dignity and Respect were able to demonstrate their ability to address many of these co-occurring issues in-house, ensuring ease of referrals for participants.

Adult Hope Scale (Snyder, 1991). The Adult Hope Scale is administered at various points in the curriculum to measure increasing hope. Throughout planning and implementation, the Center, MOCJ, and program staff met with advocates to ensure ongoing collaboration and information sharing. To serve those who identify as female, the Turning Points curriculum was adapted for NYC and has both a 16- and 26-week version. Many elements are directly related to the recommendations from the *Seeding Generations* report, including the trauma-informed approach, inclusion of wraparound case management support, integration of risk assessments, and the fact that the program is free (Shah, 2017). From fall 2020 to spring 2023, Dignity and Respect has served 700 participants across all five boroughs in New York City. 53.7% have participated in the 26-week program and 46.3% have participated in the 16-week program. 65.7% have completed the program overall. Though an official evaluation is forthcoming, preliminary data captured during the first year of the pilot showed increases in participants' overall feelings of hope.⁸ Additionally, the Center hosts monthly meetings to provide ongoing technical assistance support to facilitators, and they have indicated that many participants have shared that they value the program, the information they learn, and the positive relationships they build. Facilitators have expressed a need for voluntary aftercare programming so participants can continue to discuss topics such as masculinity and healthy relationships in a supportive and accountable environment. At least one participant continued attending classes even after his case was resolved.

Tactics and Choices

Under New York's bail reform law, IPV cases are now eligible for supervised release. Given the risk of revictimization or intimidation many survivors face, expanding pretrial supervision to IPV cases presents an opportunity to provide much needed support and services for populations with especially acute needs. Additionally, programming at the pretrial stage allowed the city to expand the pathways through which those who cause harm receive programming and connection to services. To that end, the Center

⁸ The remainder of the Dignity and Respect program participants have either not completed the program, are pending enrollment, or the "discharge status" is blank. These include cases referred in 2021, 2022, and 2023. Data pulled from monthly reports to MOCJ from providers.

implemented the Tactics and Choices program citywide in partnership with other supervised release providers.

Tactics and Choices is free to participants and includes three curricula addressing the unique risks and needs of supervised release clients in relationships that involve IPV: one each for cisgender male clients, cisgender female clients, and LGBTQ+ clients.⁹ Clients can choose which class to attend based on their identity. It includes interactive discussions about power and control, psychoeducation about the connection between thoughts and behaviors, and grounding exercises. Interpreters are available and the classes are regularly offered in Spanish. Programming began in person in early 2020 and pivoted to a two-hour virtual class during COVID-19. As of this writing, classes are offered online, in person, and a hybrid model.

Tactics and Choices has received over 5,400 referrals and has offered over 620 classes.¹⁰ Center staff meet regularly with partner organizations and supervised release case managers to identify any barriers to referral and completion. Those participants who have expressed interest in ongoing programming have been referred to other intervention programs, including Healing Connections and Respect and Responsibility (see below). To deepen its commitment to multiple pathways, Center staff are currently identifying ways to further engage clients through voluntary drop-in classes for participants on a variety of topics such as healthy relationships, mindfulness, gender roles, the science of hope, and healthy communication.

Healing Connections

While the city's vision for multiple pathways led to expanded services for those in its traditional criminal courts, the Center's internationally renowned Red Hook Community Justice Center sought to create yet another pathway for those who cause harm. Indeed, focus group participants highlighted restorative practices as a much-

⁹ The curriculum for male clients was originally developed by Men Stopping Violence, a nationally recognized agency dedicated to the prevention of gender-based violence and based in Decatur, Georgia. The women's adaptation was created by the Center for Justice Innovation in collaboration with Melissa Scaia, an international expert on women's use of force. The LGBTQ+ adaptation was created by the New York City Anti-Violence Project.

¹⁰ Data furnished by the Center's internal database and data analytics and applied research department.

needed alternative for addressing IPV in the city (Shah, 2017). Drawing from its core values of creating programming in and for the community it serves, Red Hook staff, together with the Center's Restorative Justice team implemented Healing Connections, a 16-week APIP, adapted from work by the Ahimsa Collective. Healing Connections explores the underlying causes and drivers of IPV. Drawing on a restorative justice and trauma healing philosophy, participants explore their own experience of gender socialization, trauma, and structural violence in connection with the harm that they have caused. Using the practice of circle (e.g., sitting in a circle, shared agreements, a facilitator), rooted in North American indigenous traditions, relationship and community-building are core to the process. The free program takes a non-judgmental approach, examining the triggers linked to harmful behaviors and educating participants about how trauma impacts the body. Participants support each other in understanding where their harmful behavior comes from and shifting to healthier and safer ways of being. Believing the program is a valuable resource and wanting to be responsive to those who needed it, the program is open to all genders and includes mixed gender groups, consisting of male, female, and transgender individuals. In this way, facilitators work to provide participants a place to gain a more complex and deep sense of empathy and understanding around gender socialization.

Since 2022, Healing Connections has expanded from the Red Hook neighborhood to include mandated referrals from domestic violence courts, other criminal courts, and family courts across the city. It also receives non-mandated referrals from community-based organizations, individuals, and other Center programs, which facilitators believe created a more encouraging environment for other participants. Healing Connections has served approximately 20 participants in three different cohorts in its first year of operation. All enrolled Healing Connections participants have successfully completed their 16 sessions and have been referred to other intervention programs to continue self-reflection and education regarding IPV.¹¹

¹¹ Data furnished by the Center's internal database and data analytics and applied research department.

Restoring Intimacy through Social Engagement (RISE)

The Center's RISE Project, supported in large part by the IVAH Initiative, is a community-based initiative addressing the intersection of IPV and gun violence through free training, community capacity building, technical assistance, and direct intervention. The RISE Project trains credible messenger staff across the city, provides technical assistance, and develops and implements norms change and violence prevention campaigns in communities. Additionally, the RISE Project provides direct crisis intervention and voluntary engagement of people causing harm. Although RISE works to support individuals who cause harm, the work centers survivor safety and partners with survivor services in New York.

Rooted in transformative change principles, the RISE merges evidence-based public health approaches, such as Cure Violence,¹² restorative justice practices, and community organizing strategies, to prevent violence and support healthy and safe relationships and communities. Focusing on neighborhoods most impacted by gun violence, each year RISE reaches tens of thousands of individuals through community campaigns, community events, group-based interventions, and individual engagement with the aims of changing community norms, increasing access to resources and information, and ultimately preventing IPV.

The RISE project was born out of a need for a model that de-centers the criminal legal system in addressing IPV in predominantly Black and Brown communities. Historically, these communities have been disproportionately impacted by both IPV and gun violence (Edmund, 2022; West, 2021). More specifically, RISE grew out of a research study conducted by the Center in 2017 in Bedford-Stuyvesant, Brooklyn, which examined IPV as a community-based problem. The research project engaged over 300 community residents in surveys and focus groups around intimate partner and community violence. More than half of the responding community members (63%) felt that IPV impacted the community as a whole. Community members also identified a lack of trust in the criminal legal system. They noted that they did not trust the police to intervene, and when they did

¹² Cure Violence is an evidence-based community response using credible messengers, or people from the local community with lived experience, to address the impact of gun violence in communities.

intervene, there was a lack of confidence that police intervention would reduce harm in the long term. Findings illustrated the stigma on discussing IPV in their communities, and the fact that IPV is often seen as an issue impacting only women. The study also underscored the utility of public campaigns and community conversations to improve awareness about IPV (Lambson & Reich, 2017).

RISE Project staff engage with Crisis Management System (CMS) staff, a network of NYC organizations and programs that respond to gun violence, community members, and individuals who cause harm. Since its inception, RISE has hosted men's support circles in addition to community awareness raising events such as barbershop talks, youth wellness fairs, public education campaigns, and bike rallies. RISE staff also respond to active IPV and gun violence incidents to provide immediate support to those impacted and collaborate with community-based organizations to offer space for processing.

Over the past three years, RISE has conducted a host of capacity-building training and technical assistance events through an intersectional lens focusing on the impacts of trauma, structural racism, and oppression on IPV and gun violence. New CMS staff participate in a 12-week IPV 101 course. Staff have trained 102 CMS staff on the intersection of IPV and gun violence. In addition, RISE has engaged 46,338 community members via community workshops, events, support groups, and case management. RISE has also supported 125 youth in middle and high school through psychoeducational workshops on IPV and teen dating violence.¹³

Respect and Responsibility

The RISE Project is also one of three providers for a free non-mandated program for people who cause harm entitled Respect and Responsibility (R&R). This new program is rooted in recommendations from *Seeding Generations* that highlight the need to focus on “interventions prior to, independent of, and beyond criminal justice and systems involvement” and “culture change towards healthy relationships, families, and communities” (Shah, 2017, p. 6). Recognizing that many people experiencing harm do not report their partners to law enforcement (Morgan & Truman, 2020), R&R is designed to

¹³ Data furnished by the Center's internal database and data analytics and applied research department.

identify voluntary preventive strategies to reduce harm and is strategically located in neighborhoods throughout the city with high rates of IPV. For example, the four communities in the Bronx and two in Brooklyn where RISE facilitates R&R accounted for approximately 32% and 23% of domestic incident reports in their respective boroughs in 2021 (NYC Mayor's Office to End Domestic and Gender-Based Violence, 2021). Initially, the program began during the pandemic with virtual sessions, and R&R has since moved to in-person programming. Annually, coordinators hold five R&R cycles in their respective communities and aim to reach 75 individuals each. In addition to the group, individuals receive trauma-informed, short-term case management and counseling services that include referrals to other agencies for support with housing, food insecurity, and mental health.

The R&R curriculum incorporates restorative circle keeping practices and peer support to engage participants in meaningful conversations that push them to look inward at their behaviors and the root causes of why they cause harm in their relationships. The curriculum guides participants through a series of discussions and exercises around understanding IPV, trauma and healing, power and social identity, mindfulness, and healthy communication. A total of 38 individuals have successfully completed R&R.¹⁴ One former participant subsequently joined the RISE team as an outreach worker. In their professional capacity, they have used healthy relationship concepts learned in the R&R group to promote RISE services in the Bronx and Upper Manhattan communities. Focus groups from a recent implementation assessment of Respect and Responsibility across all providers revealed that participants had an overall positive experience in the program and benefited from the safe environment cultivated by facilitators, especially when facilitators had similar lived experiences. Participants noted that the program helped them identify behaviors that needed to change, and researchers found early indications of helping participants increase their sense of self and social supports and ability to demonstrate self-awareness and understand abuse. While the program has struggled with outreach and retention of participants, researchers noted it would benefit from a more robust evaluation to understand its impact more fully (Ervin et al, 2024).

¹⁴ Data furnished by the Center's internal database and data analytics and applied research department.

Restorative Justice Collaborative

In 2019, the Center hosted listening sessions with practitioners and people with lived experience to better understand the role restorative justice should play in the city's efforts to address IPV. This resulted in the report, *Using Restorative Approaches to Address Intimate Partner Violence: A New York City Blueprint*. The main takeaway from this report was that existing restorative justice practitioners in the city would benefit from coming together regularly to share experiences and support one another (Sasson & Allen, 2020). In 2020, Trinity Church Wall Street funded the Collaborative for Restoring Healing and Transforming Communities (the Collaborative), made up of ten organizations across the city.¹⁵ They work together to build community capacity for offering restorative practices to IPV survivors and people who cause harm. Members have deep and strong ties to their communities, ensuring that they are the best equipped to provide support and information and engage community members in open, healthy discussion surrounding IPV and healthy relationships. Part of the work of the Collaborative included the development of guidelines for applying restorative practices in the context of IPV.

The Collaborative pilots restorative intervention circles and shapes and documents innovations aimed at supporting survivors and interrupting mass incarceration. It is deliberately responsive to the needs of survivors from communities of color, indigenous, queer, and other marginalized groups who seek interventions that bypass the criminal legal system, are culturally relevant, do not threaten their partner/family with deportation or incarceration, and address harm in the context of social, economic, and cultural realities.

Collaborative members meet monthly to discuss new models of practice and provide support to community members who deal with multiple traumas and who may also have fears based in misinformation about restorative approaches. The Collaborative created a shared set of activities to engage each other, their organizations, survivors, and communities, including community and relationship-building among Collaborative

¹⁵ The ten organizations funded as part of the Collaborative are A Little Piece of Light, New York City Anti-Violence Project, Violence Intervention Program, Arab American Family Support Center, HOLLA, CONNECT, Black Women's Blueprint, Rising Ground, Circle for Justice Innovations, and the Center for Justice Innovation's RISE Project.

members; exploring strategies for culturally responsive restorative justice and community implementation and ongoing sharing of lessons; engaging in survivor and community surveys, outreach, engagement, and capacity building to bolster community connections and infrastructure for RJ; training and professional development (e.g. shadowing RJ practitioners, coaching, and/or conferences); and facilitating restorative circles as feasible and supported in communities.

The Collaborative, still in its infancy, has not yet been evaluated but has developed a list of key outputs to measure including number of community members and practitioners engaged through circles, trainings, and other activities; demographic information to ensure inclusion; practice document development; and summaries of survivor and community needs assessments.

These local programs live out the national guiding principles described above. Respect and Responsibility and RISE's focus on a non-system based approach is rooted in listening to *survivor voices* that wanted alternative options and promoting *racial justice* by bypassing inequitable systems. Healing Connections strong focus on restorative approaches and exploration of participants' past trauma ensures participants are seen as full human beings and that they are treated with *dignity*. Tactics and Choices tailored their programming to be *culturally relevant* for the LGBTQ+ population. Dignity and Respect's connection to case management ensures participants can access support for co-occurring needs; the program is *responsive to their needs and strengths*. And the Restorative Justice Collaborative's intentional relationship-building and supportive space for practitioners ensures that those working with those impacted by violence have time to *self-reflect* on their practice. Implementing the multiple pathways framework has enabled New York City to serve many more individuals both within and outside the system, ultimately serving as the embodiment of *personal, communal, and systemic accountability*.

Practice Implications

Though the initiatives are at different stages of implementation, there are several implications for the field. At its core, New York City's efforts have made programming for people who cause harm more accessible, with more people entering programming than in

recent history. First, the city has eliminated the financial burden for participants by making programs free. Second, the city has increased the availability of programming in terms of when and how participants can join (e.g., pretrial; post-disposition; and voluntarily before, during, and after system involvement; or unconnected to a criminal case entirely). Third, the city has increased accessibility by using curricula that support people in their accountability by balancing accountability with compassion and acknowledging the realities of participants' lived experiences, including their trauma histories, experiences of oppression, and need for supports. Clinical tools such as teaching grounding techniques as well as providing space for participants to engage in deep self-reflection were key elements to support the accountability process across programs. The introduction of restorative practices also provides new options for families facing IPV to seek healing and accountability. These person-centered approaches, rooted in social work value of the inherent dignity and worth of all people, can serve as a motivating factor for change and help participants drop their guard and engage more meaningfully with the program.

Another implication is that voluntary programming is a viable and needed option for communities. Several program models have contemplated how to create aftercare programming for participants who want to stay connected. This may be strengthened by the inclusion of accountable former participants as co-facilitators or program staff since participants in the R&R program were positively impacted by learning from those with similar lived experiences (Ervin et al., 2024). Further, the fact that participants sought out voluntary programming counters the traditional view that people who cause harm will not seek help for their behavior and will only attend programming when mandated. True accountability cannot be forced but comes from one's willingness to accept responsibility and change behavior. Voluntary programming could be further enhanced by addressing identified barriers with outreach and ensuring more providers are aware of these initiatives, especially those outside the IPV field (e.g., therapists, social services).

Finally, involving people with lived experience as well as system and community partners is crucial to developing effective programming. New York City created tailored initiatives, including RISE's campaign-based norm change work and community conversations, by listening to the needs of community members (Lambson & Reich, 2017; Shah, 2017). New York City's experience shows that where this programming exists—

especially when responsive to community needs—participants will come. More communities should follow suit to fill significant gaps in programming for those who want support to change their abusive behavior but do not have an active criminal legal case, as well as in creating opportunities for community members to engage in hard conversations necessary to shift attitudes that allow IPV to exist.

Not every community will have the resources or leadership available to develop multiple pathways to accountability right away. Still, productive changes are possible—such as developing partnerships with agencies that can provide wraparound supports, allowing voluntary participants into existing classes, incorporating hope and trauma-informed approaches, and conducting listening sessions to identify your community’s needs.

For More Information

Brittany R. Davis

Center for Justice Innovation

Email: davisb@innovatingjustice.org

References

- Adkison-Stevens, C. & Timmons, V. (2018). *Prevention through liberation: Theory and practice of anti-oppression as primary prevention of sexual and domestic violence*. United States: Oregon Coalition Against Domestic & Sexual Violence. <https://tinyurl.com/OCADSVPreventionLiberation2018>.
- Babcock, J. C., Green, C.E. and Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment." *Clinical Psychology Review* 23 (8), 1023-53. <http://doi.org/10.1016/j.cpr.2002.07.001>.
- Bonta, J. & Andrews, D. A. (2007). *Risk-need-responsivity model for offender assessment and rehabilitation*. Canada: Public Safety Canada.
- Center for Court Innovation (2022). *Guiding principles for engagement and intervention with people who cause harm through intimate partner violence*. <http://tinyurl.com/CJIGPs2022>.
- Cheng, S., Davis, M., Jonson-Reid, M. & Yaeger, L. (2019). Compared to what? A meta-analysis of batterer intervention studies using nontreated controls or comparisons. *Trauma, Violence, & Abuse* 22 (3), 496–511. <https://doi.org/10.1177/1524838019865927>.
- Cronholm, P. F., Forke C. M., Wade, R., Bair-Merritt, M. H., Davis M., Harkins-Schwarz, M., . . . & Fein, J. A. (2015). Adverse childhood experiences: Expanding the concept of adversity. *American Journal of Preventive Medicine*, 49 (3), 354-61. <https://doi:10.1016/j.amepre.2015.02.001>.
- Davis, M., Jonson-Reid, M., Dahm, C., Fernandez, B. Stroops, C., & Sabri, B. (2020). The men's group at St. Pius V: A case study of a parish-based voluntary partner abuse intervention program." *American Journal of Men's Health* 14 (1). <https://doi.org/10.1177/1557988319891287>.
- Decker, M. R., Holliday, C. N., Hameeduddin, Z., Shah, R., Miller, J., Dantzler, J., & Goodmark, L. (2022). Defining justice: Restorative and retributive justice goals among intimate partner violence survivors. *Journal of Interpersonal Violence*, 37(5-6), NP2844-NP2867. <https://doi.org/10.1177/0886260520943728>.
- Edmund, M. (2022). *Gun violence disproportionately and overwhelmingly hurts communities of color*. United States: Center for American Progress. <https://tinyurl.com/CAPGunViolence2022>.

Ervin, S. Nembhard, S., & Nmai, C. (2024). *A new nonmandated program for people who cause intimate partner violence: Findings from an implementation assessment in New York City*. Washington, D.C.: Urban Institute. <https://tinyurl.com/UINonmandatedAPIP2024>.

Ferraro, K. J. (2017). Current research on batterer intervention programs and implications for policy. Minneapolis, Minnesota: The Battered Women's Justice Project. <https://bwjp.org/assets/batterer-intervention-paper-final-2018.pdf>.

Fleck-Henderson, A. & Areán, J. C. (2004). *Breaking the cycle: Fathering after violence: curriculum guidelines and tools for batterer intervention programs*. San Francisco, CA: Family Violence Prevention Fund. <http://tinyurl.com/FWV2004FAV>.

Gondolf, E. W., & Gondolf, E. W. (2002). *Batterer intervention systems: Issues, outcomes, and recommendations*. Thousand Oaks, CA: Sage.

Gwinn, C. & Hellman, C. (2018). *Hope rising: How the science of hope can change your life*. United States: Morgan James Publishing.

Hicks, D. (2011). Essential Elements of Dignity. In *Dignity: Its Essential Role in Resolving Conflict*. United States: Yale University Press.

Holliday, C. N., Morse, S. M., Irvin, N. A., Green-Manning, A., Nitsch, L. M., Burke, J.G., Campbell, J. C., & Decker, M.R. (2019). Concept mapping: Engaging urban men to understand community influences on partner violence perpetration. *Journal of Urban Health*, 96(1), 97-111. <https://doi.org/10.1007/s11524-018-0297-8>.

Kelly, L. & Westmarland, N. (2015). *Domestic Violence Perpetrator Programmes: Steps Towards Change*. Project Mirabal Final Report. London and Durham: London Metropolitan University and Durham University. <https://tinyurl.com/Mirabal2015>.

Labriola, M., Rempel, M., & Davis, R. C., (2005). *Testing the effectiveness of batterer programs and judicial monitoring*. New York, New York: Center for Court Innovation. <https://tinyurl.com/2s4a6bz2>.

Lambson, S. H. & Reich, W. A. (2017). *Intimate partner violence as a community problem: Community perspectives from Bedford-Stuyvesant, Brooklyn*. New York, New York: Center for Court Innovation. <https://tinyurl.com/CJIIPVBedstuy2017>.

Mills, L. G., Barocas, B., Butters, R. P., & Ariel, B. (2019). A randomized controlled trial of restorative justice-informed treatment for domestic violence crimes. *Nature Human Behaviour*, 3 (12), 1284-1294. <https://doi.org/10.1038/s41562-019-0724-1>.

Morgan, R. E. & Truman, J. L. (2020). Criminal victimization, 2019 (NCJ 255113). U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. <https://bjs.ojp.gov/content/pub/pdf/cv19.pdf>.

NYC Mayor's Office to End Domestic and Gender-Based Violence. (2021). Family-related violence snapshots: New York City community board directors. <https://tinyurl.com/3ncy289y>.

Pence, E. L. & McDonnell, C. (1999.) Developing policies and protocols. In E. L. Pence & M. Shepard (Eds.), *Coordinated community responses to domestic violence: Lessons from Duluth and beyond* (pp. 41-64). Thousand Oaks, CA: Sage Publications.

Sasson, E. & Allen, C. (2020). *Using restorative approaches to address intimate partner violence: A New York City blueprint*. New York, New York: Center for Court Innovation. <https://tinyurl.com/CJIRJBlueprint2020>.

Shah, P. (2017). *Seeding generations: New strategies towards services for people who abuse*. New York, New York: Center for Court Innovation. <https://www.innovatingjustice.org/publications/seedinggenerations>.

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., . . . Harney, P.(1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60, 570-585. <https://doi.org/10.1037//0022-3514.60.4.570>.

Thomforde Hauser, R. (2017). What courts should know: *Trends in intervention programming for abusive partners*. New York, New York: Center for Court Innovation. <https://tinyurl.com/CJIAPITrends2017>.

Velonis, A. J., Mahabir, D. F., Maddox, R., & O'Campo, P. (2018). Still looking for mechanisms. A realist review of batterer intervention programs. *Trauma, Violence, & Abuse*, 21(4), 741-753. <https://doi.org/10.1177/1524838018791285>.

West, C. M. (2021). Widening the lens: Expanding the research on intimate partner violence in black communities. *Journal of Aggression, Maltreatment, & Trauma*, 30(6), 749-760. <https://doi.org/10.1080/10926771.2021.1919811>.