

USING
RESTORATIVE
APPROACHES
TO ADDRESS
INTIMATE PARTNER
VIOLENCE

A New York City Blueprint

The background of the page is a solid light blue color. On the right side, there are several vertical, wavy lines in shades of blue and green, resembling grass or reeds. These lines are layered, with some being darker and more prominent than others, creating a sense of depth and movement. The overall aesthetic is clean and modern.

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INTRODUCTION

Across the nation, even as our cities' crime rates have decreased, intimate partner violence continues unabated. In New York City, we have even seen increases in the rates of victimization across our communities.¹ Surveys of survivors nationally show that the majority of those harmed neither call police nor seek court intervention.² These numbers tell a story of unchecked and ongoing harm, and a legal system that offers a limited set of options, unused by many of those in need of support and services.

Survivors of intimate partner violence and their advocates have long searched for alternatives to the legal justice system. In the early days of the battered women's movement, advocates debated the efficacy of mandatory arrest legislation intended to compel the state to treat intimate partner violence as severely as violence between strangers.³ The debate centered in communities, particularly communities of color and queer communities, to whom the system represented more of a threat than a sanctuary. In the ensuing decades, the conversation has continued, with restorative and transformative justice models emerging as promising approaches.⁴

In recent years, the conversation around restorative approaches to intimate partner violence has gained momentum. In 2015, the Center for Court Innovation (the Center), in partnership with the National Council on Juvenile and Family Court Judges, organized a national roundtable funded by the United States Department of Justice, Office on Violence Against Women (OVW) to bring people

together to ask whether and how restorative approaches could offer a safe and effective pathway to address intimate partner violence. On the heels of the roundtable, the Center launched a national study of restorative approaches to intimate partner violence, discussed in detail below.

In New York City, practitioners have also created more opportunities to delve into this conversation. In October 2017, the Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV) engaged, with the support of the Chapman Perelman Foundation, the Center and consultant Purvi Shah to work with the Interagency Working Group on NYC's Blueprint for Abusive Partner Intervention (IWG) to develop *Seeding Generations*, a comprehensive blueprint for the development of services for people who cause harm. The blueprint, which was based on research conducted with NYC agencies, service providers, survivors and people who have caused harm to a partner, included recommendations to integrate restorative practices into abusive partner intervention programming.⁵ In March 2018, the New York City Domestic Violence Task Force (DVTF), co-led by ENDGBV and the Mayor's Office of Criminal Justice (MOCJ), organized a conference entitled, "Safety, Accountability, and Support: Exploring Alternative Approaches to Intimate Partner Violence." The conference brought together survivors, community-based practitioners from across the city, and national experts to examine restorative approaches in this context. These reports, conferences, and research

studies provide a sampling of how some of the public discourse has moved towards inquiring about restorative and transformative approaches to addressing harm. Beneath the surface, communities and activists have long been pushing for more community-based pathways, and are especially motivated by connections to the movement to end mass incarceration.

Building on years of research and community conversations, nationally and in New York City, this report outlines pathways for developing restorative and community-based approaches to intimate partner violence in New York City, in order to offer survivors, along with their families and communities, more options outside of the legal system to address the harm in their lives. The report is the culmination of a series of listening sessions and discussions with those directly impacted by intimate partner violence, along with those who have worked to create and

implement restorative practices for addressing intimate partner violence. The listening sessions included survivors of harm, young people, people who have caused harm, community-based providers of domestic violence services, and legal system practitioners in the field.

These sessions resulted in a wealth of wisdom, which includes steps for moving forward with effective restorative practices in New York City. These practices can exist alongside options offered through the legal system and may enhance the options available to address harm in our communities. These approaches are intended to provide options for survivors who would, for reasons influenced by individual circumstances, which may include culture, race, economic status, and personal safety, choose not to access the legal system and are looking for new solutions.

NATIONAL TRENDS

New York City is not alone in its interest and consideration of restorative approaches to intimate partner violence. Across the country, people have been creating opportunities for facilitated conversations to address violence and for more holistic approaches to family healing. The Center for Court Innovation, in partnership with North

A National Portrait of Restorative Approaches to Intimate Partner Violence

**Pathways to Safety, Accountability,
Healing, and Well-Being**

Center
for
Court
Innovation

Carolina State University and Dr. Gale Burford, recently completed *A National Portrait of Restorative Approaches to Intimate Partner Violence*, the first national study that has sought to document how and why communities are seeking these approaches. Funded by OVW, this study surveyed 34 programs nationwide that shared their approaches to this work. On the heels of the survey, the researchers conducted telephone interviews with ten programs, followed by five site visits, to create comprehensive case studies.

The survey produced a number of significant findings. When programs were asked why they began to implement restorative programming, “respondents were most likely (80% of respondents) to highlight the lack of effectiveness of conventional criminal justice approaches.”⁶ Notably, programs were also concerned with client feedback and with a desire for culturally appropriate responses. The programs tended to be highly flexible in their approaches, assessing risk on a case-by-case basis.

Another important finding was the participation of community. So often, in courts and other systems, individuals are asked to account for their behavior without meaningful participation from the community. This individualized approach to accountability means that broader norm changes around the fight to end intimate partner violence is left out of the conversation, and safety becomes the responsibility of the individual survivor. The national study found that the vast majority of programs using a restorative approach invite their participants to bring support people to a process. They also include community members in their programs, to establish and enforce community norms against violence and patriarchy and add to the call for change. This trend is an important piece

of the puzzle as we seek to increase the effectiveness of our approaches in New York City.

Overall, the programs surveyed in the national study named their priorities as ending violence, promoting victim safety and empowerment, and changing social norms. Additionally, programs were concerned with “child placement and safety (e.g., stable/permanent placement, healing for children) and improved family support and communication.” This comprehensive focus on the wide-ranging impacts of intimate partner violence will be helpful in crafting new approaches in New York City that address the needs of all family members while focusing on survivor safety.

Using survey responses, in-depth interviews, site visits and observations of processes, the researchers articulated guiding principles to inform practice: First, restorative approaches center their responses on the agency and safety of the harmed persons; second, restorative approaches engage the persons causing harm—as well as a network of invested community members—in an active, participatory process of accountability; and, finally, restorative programs recognize that culture matters, and are mindful of the tension between honoring and appropriating indigenous practices.

While *A National Portrait* highlights the findings from the national study, it is essential to note that some practitioners that are known to be working with restorative and transformative approaches chose not to participate in the survey, which underscores that the needs and practices are even more widespread and layered than what is reflected in the study.

LANGUAGE AND TERMINOLOGY

WHAT IS INTIMATE PARTNER VIOLENCE?

Intimate partner violence (IPV), sometimes referred to as domestic violence, is defined as a range of coercive and abusive behaviors, whether physical, sexual, psychological, verbal, and/or emotional, that can manifest as a pattern of coercive control. This report uses the terms “survivors,” and “people who cause harm.” These terms suggest that there is always a primary aggressor in a relationship where violence exists. It should be noted that, not everyone who lives with intimate partner violence agrees that there is a primary aggressor. Moreover, many people who cause harm have also survived harm, and these terms should not exist within a binary.

When working in communities, it is important to consider how to use accessible and responsive language. For example, even though most people we met preferred the term “survivor,” others did not. One woman who had been harmed by her partner found the term “survivor” alienating and preferred just to be called by her name. Language needs to be flexible enough to ensure comfort, and practitioners should ask people how they wish to be identified.

WHAT IS RESTORATIVE JUSTICE?

Restorative justice is deeply rooted in indigenous practice.⁹ There are many current definitions of restorative justice. The following, from the Transform Harm website, captures the principles that guided the work of the team of practitioners who worked on this Blueprint: Restorative justice offers people a chance to respond to a conflict or wrongdoing in a way that is both meaningful and just. By emphasizing the needs of those who were hurt, encouraging accountability by those who caused the harm, and including the community, restorative justice promotes healing rather than punishment.¹⁰

The team also notes key differences between the traditional criminal justice approach to harm, and restorative approaches, in the following manner:¹¹

System Responses asks the questions:

- What law was broken?
- Who broke it?
- How do we punish them?

Restorative Responses asks the questions:

- Who was harmed?
- What do they need to heal or move forward?
- Whose responsibility is it to repair the harm?

WHAT ARE WE RESTORING, IF THE UNDERLYING RELATIONSHIPS ARE TOXIC AND HARMFUL?

In using the word restorative justice or “restoration,” the intent is to restore individuals to wholeness and healing, which will look different for each individual and in each community. It does not refer to restoring to a particular state of relationship and most certainly does not refer to returning to a power imbalance or to the confines of a toxic relationship.

Some intimate partners might use a restorative process to break up in a healthy and safe way, while others might use it to say hard truths and somehow move forward together, and still others might want to find safe ways to co-parent together. Alternatively, some survivors may want a restorative process—not to engage the person who caused them harm—but rather to receive support or process harms with their community or chosen family. These are some of the ways survivors can work to “restore” their sense of wellbeing after experiencing harm..



BUILDING A NEW YORK CITY BLUEPRINT

What do we need to create restorative practices that are accessible to survivors in New York City?

LISTENING NEW YORK CITY'S

STAKEHOLDERS

Building on lessons learned from *Seeding Generations*, the national research, and movement history, we used this project to implement a new series of listening sessions with practitioners, survivors and people who cause harm. The initial outreach demonstrated that New York City practitioners who offer restorative responses as an intervention to intimate partner violence do not necessarily identify as restorative practitioners. Some name their work as faith-based or transformative, or otherwise as culturally responsive. With continued outreach, we spoke to more than half a dozen practitioners who had hands-on experience. A number of programs used a circle process to address harm, while others used the term peacemaking to describe their work. These models used restorative processes to address intimate partner violence between partners directly, to heal from child sexual abuse, or to talk about violence generally within the community. To date, restorative practices have been used in a variety of contexts in New York City, but never systematically for addressing intimate partner violence.

We held a dozen listening sessions with the goal of gathering information about experiences with system-based, community-based or restorative responses to intimate partner violence, as well as perceived gaps in services. The sessions included 9 practitioners using restorative approaches to intimate partner and family violence; 11 survivors of harm; 7 young people with experience witnessing, experiencing, or causing harm; 10 people who identified as having caused harm to their partners; 7 legal system practitioners, and 6 members of the Restorative Justice and Intimate Partner Violence Working Group, which is made up of survivor advocates, community organizers, and practitioners who have been meeting for over two years to explore these issues. Although we tried to speak to a large cross-section of people who are directly impacted by the questions underlying this report, as the work continues in New York City, many more people need to be engaged.

The sessions confirmed that survivors from communities of color and LGBTQ communities particularly seek interventions that are culturally relevant, affirming, and anti-oppressive, and that will also address the harm in the context of social, economic, and cultural inequities. One practitioner noted, “I fell upon restorative justice with LGBTQ survivors because LGBTQ folks did not have a space to talk about some of the violence they face. We need

to end violence against and within the community and no one is talking about this.”¹² Participants from communities of color also stressed the need for interventions outside the criminal legal system that would not jeopardize their partners or family with deportation or incarceration. As one survivor said, “I needed support that did not demonize undocumented men of color.”¹³

Takeaways drawn from listening sessions include:

- Survivors want to come out of isolation without being ostracized or labeled for their experiences and choices; they identified a need for individualized therapy, somatic healing practices, support groups, and other services detached from the criminal legal system for both survivors and their families. Survivors want services that do not pathologize the survivor, and they do not want to have to seek legal recourse or vilify their partner in order to receive services.
- Survivors reported that available options are narrow and often cause survivors to opt out or wish they could. Survivors want more options that allow them to choose the path that works for them.
- Survivors want to see more credible messengers from the community (people who share similar identities, culture, and/or experiences of survivors) involved in the work, along with culturally attuned services, and increased language access.
- Survivors and practitioners across communities want to see more community education toward ending violence; the stigma and culture of silence around intimate partner violence continues in many communities.
- Practitioners who operate in the criminal legal system feel frustrated by the lack of options

for their clients. They noted the prevalence of survivors who “just want the abuse to stop” without having to engage with the criminal legal system. They believe that survivors need opportunities to tell their stories.

- Housing for survivors and their families, as well as other practical considerations, must be a part of any effective intervention.
- New York City needs to improve access to a variety of services including emergency helplines that will always be answered, since some survivors spoke of helplines going directly to voicemail.
- People who cause harm are also looking to participate in safe and well-facilitated conversations to find ways to move forward in a healthy way, including needs around co-parenting and other relevant issues.
- They want spaces that are rooted in their culture and facilitated by people who can relate to them.
- People practicing restorative approaches for intimate partner violence identified the need for both increased peer support, training, and a place to troubleshoot complex issues, but



don't want this to require "professionalization" through credentials or degrees, so that the processes can remain community-based with credible messengers.

- Survivors and practitioners identified the need for any intervention to guard against hetero-normative stereotypes of IPV.
- Young people reported seeing teen dating violence go unchecked in their communities and asked for assistance from supportive adults in naming the violence and addressing the harm.

At the time of this writing,¹⁴ New York City is simultaneously developing innovative programming to address the complex needs of survivors and families impacted by intimate partner violence through its **Interrupting Violence at Home (IVAH)** initiative, of which this blueprint is a key component. IVAH programs will help address a number of the needs discussed above, including support for survivors and people causing harm outside of the criminal legal system, through the following programs:

- **Respect and responsibility.** a non-mandated program for adults who have caused harm to an intimate partner that will provide trauma-informed and culturally relevant interventions to address and prevent abuse. The program will be embedded in existing community-based settings, and not require involvement with the criminal legal systems, so that we are engaging community validators and meeting people where they are.
- **Respect first.** an intervention for young people who have exhibited abusive behavior toward their intimate partners or family members. The program will include violence prevention

curricula and teen accountability programming that can be utilized throughout New York City with diverse populations in community settings.

- **Engaging with abusive partners training.** a curriculum designed to educate social service professionals on trauma-informed approaches for people who cause harm in intimate partner relationships and best practices for identification, engagement, and response.

GUIDELINES FOR EFFECTIVE RESTORATIVE PRACTICES IN NEW YORK CITY

Over the course of the listening sessions, practitioners and those directly impacted by harm contributed a wealth of knowledge around good practice. This section will summarize those lessons learned for engaging with this work. Much of these lessons learned was supported by the national research described above. Synthesized and taken together, these pieces form a set of guidelines that can animate good practice. Most importantly, this work must be predicated on an individual survivor's *voluntary desire* to engage in a restorative process, and only with the person causing harm if that person is capable and willing to accept some level of responsibility and voluntarily elects to participate. .

It is important to note that the restorative processes outlined here may include any process the survivor wants that involves family or community members (and could be done without the person causing harm). A restorative process may be used for any potential grouping that a survivor believes will encourage safety, healing, accountability, or greater well-being in their lives.

The guidelines favor restorative practices that:

1. Are community-based. In order to provide a viable option for survivors who choose not to engage with police or courts, restorative practices recommended here must be based in communities rather than referred through legal entities. This is necessary because many survivors are already wary of the legal system, and also because community-based referrals lead practitioners to be accountable to the community, rather than the courts. Additionally, practitioners agree that effective restorative practices require the person causing harm

to take genuine, non-coerced responsibility for their actions. Community-based referrals help increase the likelihood of non-coerced participation, and therefore the likelihood of success. As one participant of a community-based program reflected, “This time, everything turned around...I actually like the facilitators because they actually relate to me.”¹⁵

2. Are led by trained facilitators. Facilitators must be trained in both restorative processes and the dynamics of intimate partner relationships. This includes how power and control can manifest in abuse and undermine a survivor’s internal and



external relationships. Practitioners working in restorative processes highlighted an additional factor that needs special care.

Intimate partner violence is distinct from other crimes because of an original bond of love—which can include sex, intimacy, and parenting. Just like power and control, the bonds of intimacy can impact the dynamic and complicate the harm. Facilitators recommend understanding “the narrative or story of the relationship.”¹⁶ A skilled facilitator will be attuned to the varying and complex underlying dynamics of intimate partner violence.

- 3. Include a timeline for preparation.** Preparation with each person who will be participating in the restorative process—including support people—is key. During the preparation, participants begin to understand the potential circle goals and parameters. It not only prepares the participants for the restorative process but also, critically, helps the practitioners determine the participants’ readiness. If the practitioners feel there is an ulterior motive or manipulation by any participant, they must question whether that person is ready for a restorative process. Practitioners must be prepared to not enter a process if either party isn’t ready. Practitioners must also be prepared to make referrals for ongoing therapeutic, legal, or social services outside of a restorative process. This can include intimate partner violence advocacy support (if an advocate isn’t part of the process), mental health services, grief support, substance abuse support, economic resources, and anything else that surfaces as part of the process.

As part of preparation, all participants need to be committed to investing time into the process, understanding that circles and other restorative processes are not a one-time event. Practices range from a few months to more than a year, including preparation, circle(s), and follow-up. As one practitioner notes, “preparation is most of the work. It’s 60-75% of the work.”¹⁷

Prior to organizing a circle, practitioners will need to work with survivors of harm to decide who will be in the circle, including children or other family members. People included need to be committed to ending the violence, and they must also be prepped not to blame the victim or collude with the person who causes harm. See below on preparing support persons.

Across the board, practitioners agree that preparation is the most important work of the restorative process. During this stage:

- the dynamics of power and control are raised ahead of time;
- safety plans are made; and
- practitioners assess the readiness and expectations of all participants.

- 4. Prepare survivors.** The restorative processes recommended here are survivor-centered, and all preparation with the survivor needs to be grounded in that framework. Based on the needs of the survivor, the restorative processes may include the person who has caused harm and/or other community and family members. This is all determined during the preparation stage, based on the survivor’s needs and the practitioner’s assessment of safety. The timeline for preparation will depend on the type of process envisioned, with more time needed to

prepare for cases that bring together a survivor with the person causing harm.

In cases that involve a survivor who wants to include the person causing harm, to assess for safety, some programs use assessment tools like Jackie Campbell's Danger Assessment and the Northwest Network of Bisexual, Trans, Lesbian and Gay Survivors of Abuse assessment tool for power and control. Practitioners ask questions of the survivor to better understand if and how they feel their partner has control over them and whether they feel safe. For example, they may ask if their world is shrinking rather than growing.

During the preparation period with the survivor, practitioners can also develop non-verbal or coded safety signals to use with the survivor around trigger points, so that the survivor can stop the process at any time without having to do so publicly.

The survivor's own healing is also at issue. As one practitioner said, "part of the trauma is blaming yourself anyway."¹⁸ An opportunity to talk about the survivor's behavior in a healthy way—looking at it with clarity but not as a cause of violence—can be a positive and useful step.

5. Prepare the person who caused harm. Safety in a restorative process is increased when the facilitators have built relationships with all participants. The facilitator needs to be able to build a relationship with the person who caused harm, without excusing or minimizing the violence.

Practitioners agree that a circle process will not be successful if the person causing harm is unwilling to take any responsibility. Although degrees of acceptance of responsibility often increase during the circle process, some initial acceptance is required. For example, a person who caused harm may initially minimize the effects of their actions and, during the course of the circle, come to understand the true impact. However, a person who altogether denies that they caused any harm at all would not be an appropriate candidate for a circle process. One program (consistent with others) stressed that preparation with the person who caused the harm must include:

- Intensive listening for the potential for accountability;
- Gathering information on how they behaved in past relationships, and their family history;
- Efforts to understand how the current situation escalated to the climax that brought the parties in—is there a pattern?

Knowing these things can also help identify the best facilitators and support people, as well as the parameters or limitations of the restorative process, including whether it should be supplemented with therapeutic treatment.

6. Include support people. Key to a successful restorative process is the presence and participation of support people for both the survivor and the person who causes harm. They are the de-escalators and the safety monitors, holding the person who caused harm accountable inside and outside of the process, while helping everyone shift their life

in meaningful ways. A support person is the one who loves you, checks you, and may be available to you always, and will help participants face the realities of the situation and the impacts they are having on others. Support people also require preparation to understand the expectations and processes of a circle and plans for safety and de-escalation. Facilitators should also ensure that everyone in the circle holds a strong anti-violence norm and will not minimize the harm.

Support people represent an important investment from the community in helping the participants face the harm, and are key to shifting norms around gender-based violence.

- 7. Set clear parameters for the process.** Once all parties have decided to move forward, everyone must agree on parameters of the process, understanding that the central goals will be safety and healing. Key components include:
 - Circles should always include the goal of breaking the cycle of silence around intimate partner violence.



- It is important to discuss circle goals with all parties: Is it to stop abuse? Make things better? What kinds of agreements can be made? Can we address more than behavior? Financial agreements? Parenting agreements? Will a circle use the concept of “healing steps,” “Group agreements,” or other terminology? How will we discuss underlying issues without engaging in victim-blaming?
- How will the process best meet the survivor’s needs over the course of time? What happens when the needs shift—how can the process continue to be responsive?

- 8. Follow a deliberate process.** Once all parties have been prepared, the session can be set up with the understanding that there may be multiple sessions. Safety is best increased through extensive preparation that has allowed the facilitators to build relationships with all participants. The session should only be scheduled when all parties feel ready. Practitioners have varied, but most recommend two circle-keepers, at least one of whom shares or has a deeper understanding of the participants’ cultures
 - Accountability for harm must be addressed in the circle and may include community-based consequences. Circle-keepers must be vigilant for the lessons learned in preparation regarding potential manipulation and the dynamics of power and control.
 - One program names “healing steps,” as a form of agreements which are determined in the circle process and followed-up post-circle. The mechanisms for circle agreements

vary but should always be addressed in follow-up.

- The process may raise discussions of other drivers of violence. For example, addressing substance abuse in the circle came up in many examples in which a couple flagged that the abuse happened with more frequency when they were both using narcotics. The circle process can allow participants to address the question of how substance abuse interacts with violence in their lives, which can include an increased tolerance for violence and increased likelihood to initiate it while “under the influence.”

9. Address structural oppression and incorporate community- and culturally-specific components.

At all stages of the process, it will be important to maintain attention to the particular ways that racism and other systemic oppressions are at play. For example, both police and child welfare systems have operated from oppressive frameworks within and against different communities. Facilitators need to be aware that referencing systems’ involvement can raise specific fears, concerns, and histories of oppression. In addition, a restorative process can make room for discussions about the role of systemic and structural oppression, and other historical traumas, in creating our current circumstances. Without minimizing the role of interpersonal violence, healing from all levels of current and historical traumas can be part of the circle process.

10. Include follow-up. A circle or other restorative session does not stand alone. Follow-up work

should include both (or all, if polyamorous) participants and may also include support people. Healing steps or other agreements should be addressed. The patterns uncovered in preparation and during the first circle should be discussed in follow-up circles. This can continue over a lengthy period of time, with check-in circles used to monitor behavior and address any underlying issues.

CONSIDERATIONS FOR EXPANDING AND ENHANCING RESTORATIVE PRACTICES IN NEW YORK CITY

It became clear through multiple listening sessions that individuals and organizations are using restorative practices in their IPV work, building proficiency with specific communities and populations throughout the City. There was broad agreement among listening session participants that any attempt to move towards using restorative practices more broadly must incorporate the experiences, expertise, and practical skills of these current practitioners.

The group identified five key components needed to expand and enhance the use of restorative practices for IPV work:

1. Community of practitioners.

People are already using restorative practices in communities; they just might not be using that terminology.

*We have peacemakers in our communities and it's cultural—indigenous and communities of color have been doing it. It's important to learn from and honor their work.*¹⁹

The listening sessions revealed that many community-based practitioners are responding to violence with restorative processes on a somewhat ad hoc basis. While some practitioners are more seasoned and have developed protocols, others are looking for a community of practitioners with whom to brainstorm, troubleshoot, and learn. To meet this need monthly meetings can be held for practitioners to mentor one another, as well as provide guidance for problem-solving. This community of practitioners could receive referrals and would develop internal mechanisms for holding one another accountable. Ideally, this community of practitioners would be funded so that it does not only attract practitioners who can afford time off work; rather, to ensure accessibility and cultural responsiveness, practitioners would be paid for their time participating in these sessions.

2. Training.

*The goal is to train other people so they can do circles in their own communities.*²⁰

The community of practitioners would offer free training for other providers who wish to

facilitate restorative responses to violence. The training would be scaffolded based on need and expertise, offering basics in restorative justice as well as more in-depth training for seasoned practitioners. The training would focus on cultural competence and responsiveness as key aspects of any community-based process. The aim of this component would be to increase diversity across the city in terms of capacity for non-systems-based responses to violence.

3. Community education.

*We need more education because sometimes you can't even speak to your family members. They shut you down when you need people to listen. People are not fully educated so you don't have the support.*²¹

Many survivors spoke of the need in their community for more education around intimate partner violence. Facing gaslighting, minimizing, and other psychological traumas from both the person causing harm as well as their community of supporters, survivors need help undoing those narratives and finding pathways for relationships in which they feel safe as they define it, and those who cause harm need to understand the ways in which they are perpetrating it. These issues become even more complex as they intersect with cultural norms and intergenerational trauma, in both local and immigrant communities.

Indeed, norm change—through prevention and education—is a fundamental component of any restorative response to intimate partner violence, as it harnesses a community’s ability and responsibility to create safety among its members. A robust educational component that engages people in a variety of places, including schools, and focuses on promoting community conversations about intimate partner violence from culturally responsive frameworks is critical to any expansion of restorative practices within the City.

4. **Assessment and referrals.**

*I wanted someone to listen to me. I wanted to be heard, not to feel shame or be blamed.*²²

To fully embrace a restorative approach to IPV, there has to be a shift in how people are engaged from their initial interaction with a practitioner. This initial engagement should center the survivor, and attempt to understand their situation and answer their questions. The initial assessment process would be a dynamic and relaxed process—not a sterile clinical assessment—that would focus on listening to a person’s story. An intake and assessment would be involved, but the focus would be on making people comfortable and listening to their individual situation and needs at that time, including their full range of needs (not only on those focused specifically on IPV). The assessment would link the person to relevant existing local programs to meet any other needs identified (i.e., Community Based Organizations, Family Justice Centers, etc.).

5. **Community healing circles.**

*Being able to talk about the harm is important. Often, the first step is being willing to share what happened before action can be taken. Talking about it is healing in action because everyone is sharing and letting things out, even if you don’t know anyone else in the room.*²³

National research, buttressed by local experience, has demonstrated that many people find a path to wholeness, healing, and accountability among peers with similar life experience. Not every harm can be addressed or repaired, and yet people who experience harm need a place to process, move forward, and restore themselves, their relationships, families, and communities, as they see fit. Similarly, not everyone who has caused harm can do the repairing with the person they hurt, but they still may want to hold themselves accountable and find new ways to relate in relationship. Community healing circles—separated, for example, by gender, life experience, or cultural group—can hold the key for an individual’s growth and healing—as well as the healing of interpersonal relationships, family systems, and communities. These circles would be open to people who identify with the group after completing an assessment. The circles may

also be a place for a person to begin processing harm or accountability but before engaging with their intimate partners. Some practitioners have explained the use of support circles as a way to prepare for a direct circle process to repair harm.

Based on these findings, the group prepared a draft blueprint document outlining how restorative practices could be used to address intimate partner violence in New York City. Community stakeholders were then invited to provide feedback on key ideas before finalizing the report. The convening drew 24 participants, including survivors and practitioners, representing both those who had been involved in listening sessions and others who were new to the project.

Participants of the convening agreed there need to be additional options to prevent and respond to intimate partner violence, and enhanced efforts to shift the culture that enables it. The group emphasized that cross-training is key, for example in the special dynamics of IPV, in trauma and secondary trauma, and in circle practice and other restorative techniques, and ensuring that both intimate partner violence and restorative justice training holding equal weight. Training must be accessible, with people paid to both facilitate and receive training wherever possible.

At the same time, many expressed safety concerns and the need to proceed with caution. The group engaged in a thoughtful discussion about how to optimize safety, while acknowledging that no approach can be implemented without risks. We heard some important reminders, including that we need to remain focused on building cultures that do not accept gender-based violence as a whole, and compared this shift to how society approached drunk driving, in which it became “everyone’s problem.”²⁴ Participants cautioned that our approaches must stay survivor-focused, and that a primary aggressor analysis should always be a part of the initial consideration when assessing whether a restorative process is a good fit. Practitioners need to consider how power and control manifest in the relationship, and be aware of the ways in which the partner who is in control could use a restorative process to portray themselves as the person who has been harmed. That said, some participants noted that we also need to work with people who cause harm and take care not to perpetuate a bright-line dichotomy. Overall, the convening highlighted that these complex truths need to be held together to ensure that a nuanced and thoughtful analysis is a part of the foundation of safe restorative programming in New York City.

MOVING FORWARD: A FUNDED COLLABORATIVE AND A PILOT PROGRAM

A COLLABORATIVE MODEL

The myriad needs disclosed in the listening sessions and input from the group of 24 community stakeholders support the idea of forming an independent community-based collaborative of practitioners. The proposed collaborative model would serve as a mechanism to address intimate partner violence for communities and individuals who choose not to pursue criminal legal solutions, encouraging use of the guidelines for effective practice outlined above and implementing the five key components identified to expand restorative practices for IPV throughout the city. Programming would include a range of services, workshops, and opportunities for community members experiencing and causing harm. The chief objective of a collaborative model would be to increase the capacity, delivery of, impact, and field-building of restorative and community-based responses to intimate partner and family violence in New York City.

The goals of a collaborative model would be to host members of New York City's diverse communities to: (1) design responsive approaches to intimate partner violence; (2) create educational opportunities with a goal of changing norms and building capacity for

community members to interrupt violence; and (3) offer a space where people can explore the underlying dynamics of their own families and relationships and find opportunities for healing without fear of system involvement. Initially, the members of a collaborative would be comprised of individuals who are currently using restorative practices in their work, many of whom were interviewed for this report, dedicating a portion of their time to providing the services outlined below. Ideally, the collaborative model would grow, and community-based facilities would be identified where individuals could go to access restorative processes.

FUNDING STRUCTURE

Participants repeatedly brought up the need for dedicated funding in order to ensure a collaborative has the resources needed to move forward with implementing restorative practices more broadly throughout the City. Participants discussed the critical need for a funding structure that included a mix of public and private funds. Public funds would reflect the City's commitment to community-based approaches to end family and intimate partner violence and would provide access to all parts of the City, ensuring linkages with appropriate

City agencies. Further it was discussed that the private funding would secure independence from system-based regulations so that participants are given increased access to support and modes of addressing violence that are wholly separate from the current systems.

DEVELOPING AN IN-HOUSE PILOT TO PROVIDE IPV SURVIVORS WITH RESTORATIVE PROCESSES

*You have to work with both of us. That doesn't always mean it has to be together...*²²

Building upon the framework of a collaborative, participants expressed the need to also establish a collaborative-based restorative response, which would draw on the guidelines for effective practice (see above) compiled from the listening sessions. The pilot would offer a restorative process for survivors looking to: (1) address the harm with the person hurting them in an intimate relationship (the circle would also include family supports and community members); (2) create a healing circle just for the survivor and their supports and/or extended family and community; or (3) create a circle of accountability for the person causing harm, requested by a survivor who does not wish to participate and elected by the person causing harm.

The following components were outlined regarding the process and protocols for a pilot restorative response:

- The process could only be initiated by the survivor;
- Facilitators would be trained in restorative processes AND the dynamics of intimate partner violence in relationships;
- Preparation with the person causing harm would be extensive to understand their patterns of abuse and whether they are prepared to take responsibility for their actions;
- Preparation with the survivor would help understand the risks and the needs;
- Survivors and the persons who caused them harm would be invited to identify supporters to walk through this process with them, however, the survivor's consent would be required for all support persons;
- The intervention would be done using a circle process;
- Structures to address safety would be developed with survivors for use before, during, and after the circle;
- There would be significant follow-up over an extended period of time;
- At least one co-leader would identify with the survivor's culture, if at all possible;
- The goal of any circle process would generally be safety as defined by the survivor, and healing, with specific goals to be co-created with the survivor.

CONCLUSION

Similar to the rest of the country, New York's current approach to addressing intimate partner violence, which is an individualized approach that emphasizes the legal system, has done little to reduce domestic violence in recent years. Many families and communities have been living with cycles of violence across generations with no end in sight. The results of this project mirror the dialogue and steps being taken in communities around the country to identify additional strategies for our work to end violence, including the use of restorative practices. The approaches described above, including a collaborative model and restorative response program, would provide survivors with specific IPV restorative processes, and create opportunities for complex conversations, a sustained norm change effort, and intergenerational support. These approaches include the broader community in naming and ending the violence, while supporting individuals in their pursuits of safety, accountability, and healing.

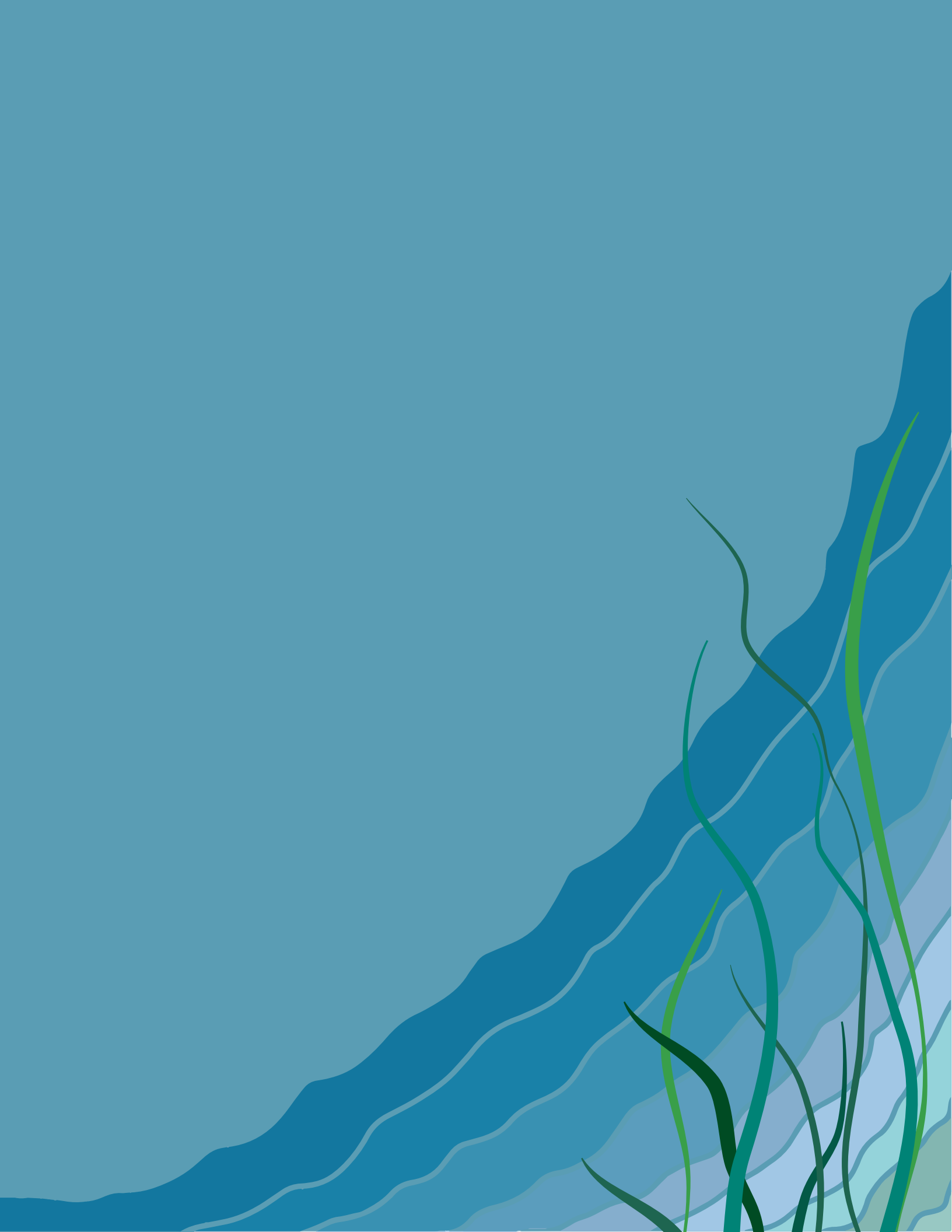


ENDNOTES

1. In 2017, NYPD responded to 190,760 domestic violence incidents; 501 rape complaints; 7799 felony DV assaults; and 51 DV homicides. These numbers rose in 2018: NYPD responded to 191,809 DV calls; 674 rape complaints; 8,213 DV felony assaults; and 54 DV homicides. In 2019, NYPD responded to 360,231 DV calls; 1,623 rape complaints; 15,325 felony assaults; and 127 DV homicides. NYPD Domestic Violence Reports. <https://www1.nyc.gov/site/nypd/stats/reports-analysis/domestic-violence.page>.
2. National Domestic Violence Hotline. Who Will Help Me? Domestic Violence Survivors Speak Out About Law Enforcement Responses. (2004). <http://www.thehotline.org/resources/law-enforcement-responses>.
3. Barata, P., & Schneider, F. Battered Women Add Their Voices to the Debate about the Merits of Mandatory Arrest. (2004). *Women's Studies Quarterly*, 32(3/4), 148-163. www.jstor.org/stable/40004585.
4. See, for example, Mills et al. "A randomized controlled trial of restorative justice-informed treatment for domestic violence crimes." *Nature Human Behavior* 3 (2019): 1284-1294.
5. Shah, P. *Seeding Generations: New Strategies Towards Services for People Who Abuse*. (2017). New York City, NY: Coalition on Working with Abusive Partners.
6. The Center for Court Innovation, North Carolina State University, & University of Vermont. *A national portrait of restorative approaches to intimate partner violence: Pathways to safety, accountability, healing, and well-being*. (2019, October).
7. *Ibid.*
8. Anonymous (2019, August 8)
9. See Navajo Nation Peacemaking Program at <http://www.navajocourts.org/indexpeacemaking.htm>; see also Kake Circle Peacemaking at <https://www.innovations.harvard.edu/kake-circle-peacemaking>; see also Sonya Shah, Carl Stauffer Ph.D, and Sarah King M.A., *The Restorative Justice Listening Project Report*, Final Report (November 2017, Zehr Institute.)
Erika Sasson is grateful to her mentors from the Navajo Nation, in particular to Raymond Deal, and to teachers from other tribal nations who have taught her along the way.
10. Mariame Kaba, "Transform Harm." Definition of restorative justice. <https://transformharm.org/restorative-justice/>.
11. Howard Zehr, *The Little Book of Restorative Justice* (Intercourse, PA: Good Books, 2002), 21.
12. Anonymous (2019, June 5).
13. Anonymous (2019, August 8)
14. Note: This project was completed in December 2019 but published during the coronavirus pandemic, which has shifted realities across the world. The practices and responses in this Blueprint have not been adapted for the virtual world and would need to be updated to reflect current limitations.

15. Anonymous (2019, December 19).
16. Anonymous (2019, May 9).
17. Anonymous (2019, May 9).
18. Dori Scallet from the Red Hook Community Justice Center (2019, September 26).
19. Anonymous (2019, June 5).
20. Elizabeth Clemants, Executive Director, Hidden Water (2019, June 5).
21. Anonymous (2019, October 28).
22. Faith, a parent advocate with a legal service provider (2019, June 24).
23. Theresa Hayes (2019, December 19).
24. The comparison to the campaign against drunk driving was shared by Quaila from the Center for Court Innovation, as a representative of her small group discussion at the convening on November 19, 2019.
25. Anonymous (2019, August 8).







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