
A National Portrait of Restorative Approaches to Intimate Partner Violence

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

**Center
for
Court
Innovation**

A National Portrait of Restorative Approaches to Intimate Partner Violence: Pathways to Safety, Accountability, Healing, & Well-Being

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Executive Summary

Through a comprehensive survey, distributed to a sample of programs across the country, this study documents how restorative approaches are currently being applied to intimate partner violence in the United States. Subsequent site visits to a subset of programs resulted in rich case study profiles. Study findings inform a set of guiding principles and practice recommendations for the field.

Methods

The study is grounded in a unique researcher-practitioner partnership with support from an advisory board of experts from the fields of restorative justice and intimate partner violence.

Potential respondent programs were identified based on feedback from members of the project team and advisory board, as well as outreach through relevant conferences and listservs. A total of 34 programs addressing intimate partner violence and/or sexual assault through restorative, indigenous, culturally-based, or transformative approaches completed the survey. Outreach sought to attract a breadth of responses.

With the aim of gaining an expanded, in-depth understanding of the diverse approaches being implemented in the field, we completed follow-up telephone interviews with ten programs and in-person visits to five of these sites. Site visits included individual and group interviews and observation of interventions (i.e., circles and group conferences) when permitted. In addition, members of the project team reviewed available program documentation (e.g., manuals, histories, evaluation studies, videos).

Survey Results

- **Origins** Asked why they were interested specifically in restorative approaches, respondents were most likely (80% of respondents) to highlight the ineffectiveness of conventional criminal justice approaches for addressing intimate partner violence and sexual assault.
- **Eligible Cases** All but two programs address intimate partner violence; half (54%) address sexual assault. Half (49%) address *both* intimate partner violence and sexual assault.

- **Format** Programs use a variety of formats, including peacemaking circles (39%), support circles (27%), family group conferencing (21%), and educational programming (18%).
- **Program Goals** Programs generally prioritized ending violence, promoting safety and empowerment, and changing social norms. Programs gave lower priority to providing an alternative to, or promoting confidence in, the justice system or providing economic services (to either party).
- **Voluntary Participation** Participants must voluntarily enter into programming across all 34 sites. This does not preclude programs leveraging legal consequences (e.g., as part of a plea agreement) to enhance the appeal of voluntary program participation.
- **Support Networks** Beyond the persons harmed and those causing harm, others who commonly participate in the programs include program staff, community members, family members and friends, neutral facilitators, and staff from other programs. Attendees are encouraged to invite support people at least some of the time in most programs (88%).
- **Collaboration** Two-thirds (66%) of programs are administered in collaboration with one or more partner agencies, most typically with a community-based domestic violence program or coalition.
- **Referral Sources** Most commonly, cases are referred by criminal court (40% often/very often receive such referrals), corrections (39%), and child welfare services (36%). More than a quarter of programs reported that informal referrals—e.g., self-referrals (30%) and community referrals (27%)—are common.
- **Service Referrals** Two-thirds of programs reported making referrals to external social service agencies to the person causing harm (66%) and/or the person harmed (60%). Referrals reflect a wide variety of needs, including counseling, housing, medical, mental health and substance use treatment, vocational, and access to benefits.
- **Program Strengths** Self-identified strengths fell into four general categories: an emphasis on participants' strengths rather than deficits; an ability to provide all members of the family with a voice; incorporation of participants' larger communities into the process; and the expertise of dedicated, flexible staff.

- **Program Challenges** Challenges noted by program representatives generally fell into four categories: resistance to restorative approaches, unmotivated participants, participants’ unmet needs beyond the program scope, and insufficient program resources.

Case Studies

Members of the project team visited five sites between January and March 2019:

- **EPIC ‘Ohana (HI)** Since 1996, this program uses family group conferencing to strengthen connections in families involved in the child welfare system. The program operates independently of the courts and child protection systems and utilizes family- and community-based ‘ohana conferences, which seek to restore family harmony. Families, along with a facilitator and support persons, identify family strengths and hopes and create plans for safer homes for children and adults. The program is inspired by Native Hawaiian culture and traditions.
- **Family Service Rochester (MN)** Founded in 1965, Family Service Rochester is a private non-profit organization that provides a range of services in partnership with Olmsted County Child and Family Services. Since 1999, a ten-person Family Involvement Strategies team has offered Family Group Decision Making to engage parents in conversations about how their abusive behavior is impacting their children. With guidance from “arms-length” facilitators and the support of selected support persons, families work to develop and implement plans related to child welfare, including child maltreatment, juvenile corrections, and children’s mental health concerns.
- **HarborCOV (Chelsea, MA)** Founded in 1998, Harbor Communities Overcoming Violence (HarborCOV) is a comprehensive domestic violence advocacy organization. In 2014, the organization began to hold community support circles in response to a violent homicide. Grounded in indigenous circle processes and facilitated by one of HarborCOV’s indigenous staff members, the community circles allowed a space for community healing. Since then, the program has expanded to offering staff circles, community circles, and survivor circles on a regular basis.
- **Men as Peacemakers (Duluth, MN)** The Domestic Violence Restorative Circles program is offered through Men as Peacemakers, a non-profit organization founded in 1996 in Duluth, Minnesota. Those harmed and those who have caused harm do not come together in a face-to-face process. Instead, those who have been harmed are invited to participate in support circles, where they meet with support persons and community

members in a safe space to discuss past violence, healing, and growth. Those who have caused harm opt to enter transition circles as part of a plea agreement or a condition of probation. These circles include the participant, circle keepers, and trained community members, including an advocate to represent the “survivor voice.” The final step of the transition circles includes a contract, which outlines the steps the participant will take to ensure the safety and well-being of themselves, others, and the community as a whole, and to safely repair harm if possible.

- **Washington County Community Circles (MN)** Washington County Community Circles is a non-profit, community-based organization that has been practicing restorative justice circles to address crime and harm since 1997. Cases can be referred either for a post-conviction sentencing circle or a circle as a condition of release following a conviction; the person harmed may forego the circle option in favor of standard processing. Circles do not proceed without consent from the person harmed; the person harmed can choose to be involved in the circles, participate in separate support circles, or decline to participate. During an initial application circle, potential participants talk about the crime in their own words and circle members ask follow-up questions regarding remorse and a desire to change. Participants may include support persons in the process.

Guiding Principles

Based on the results of the surveys, telephone interviews, and in-depth case studies, we developed the following guiding principles and practice recommendations.

Principle #1: Restorative approaches center their responses on the agency and safety of the harmed person(s). Practical steps for promoting agency of those harmed include:

- Construct a process that incorporates the harmed person’s input and approval.
- Encourage those harmed to include their support networks.
- Create space for harmed persons to tell stories that name the violence, nurture healing, and promote agency and self-actualization.

Principle #2: Restorative approaches engage the person(s) causing harm—as well as a network of invested community members—in an active, participatory process of accountability. Restorative processes aim to foster an environment that encourages participants to acknowledge the harm that they have caused. Restorative practices draw on the idea that once someone can acknowledge harm without engaging in victim-

blaming, they can begin taking steps to make things right; including identifying what else has contributed to the context or conditions which fostered harm. In addition, restorative programs view the broader community as having an important stake in creating safety, holding those who cause harm responsible, and challenging broader norms around violence. Implications for practice include:

- Include the people most affected by the violence in crafting lasting solutions that grow out of—or align with—their knowledge, experiences, and hopes.
- Limit potential harms created by top-down accountability models, while supporting active and ongoing engagement with the person causing harm.
- Enlist pro-social, anti-violence supporters to work alongside the individuals who have caused harm.

Principle #3: Restorative programs recognize that culture matters and are mindful of the tension between honoring and appropriating indigenous practices. People come with a multiplicity of experiences and identities that shape their understandings and aspirations. Ignoring the diversity of cultural values not only compromises individuals’ sense of dignity, but it disregards—or replicates—the impact of systemic oppression on interpersonal violence. Recommendations for practice include:

- Establish space for participants’ diverse cultures, while respecting the individual needs of the person who was harmed.
- Include participants across generational lines.
- Acknowledge the tension between honoring and appropriating indigenous, immigrant, and other cultural processes.

Conclusions

Our findings suggest that the programs included in this study overall prioritize survivor agency and safety, focus on active accountability for those who have caused harm, engage their communities in order to address the formerly “private” issue of intimate partner violence, emphasize voluntary participation, collaborate with community-based intimate partner violence and sexual assault organizations, and struggle with complex and diverse participant needs.

Chapter 1

Introduction

This study, funded by the U.S. Department of Justice’s Office on Violence Against Women, sought to document the current state of restorative approaches to addressing intimate partner violence and sexual assault in the United States through a comprehensive survey, distributed to a sample of programs across the country. This national portrait is intended to provide the field with a broad sense of how restorative approaches are currently being applied to intimate partner violence. A deeper dive was achieved through subsequent telephone interviews and in-person site visits with a subset of programs, resulting in rich case study profiles, which highlight specific practices. We hope that the results of this two-pronged study will lay the groundwork for future information exchange, training, and cross-site mentoring. Such efforts may facilitate programs learning from each other and encourage the dissemination of promising practices.

Project Background

For generations and until today, intimate partner violence (IPV) has been a tolerated—if not accepted—part of the fabric of daily life. The violence can take many forms, whether physical, sexual, verbal or emotional, and is intrinsically tied to access to resources, to gender and sexuality, housing, immigration status, and financial security. Over the last century, communities have organized, lobbied, demonstrated, and legislated to demand an end to gender-based and intimate partner violence. Fundamentally at stake has been a revolutionary norm change, in which this violence is no longer considered a private family dispute, but a matter of grave public concern.

During the last several decades, the criminal legal system has taken a central role as the response to intimate partner violence, which has included specialized law enforcement and prosecution units, mandatory arrest policies, and eventually the Violence Against Women Act (VAWA) of 1994. This groundbreaking bill was the first federal legislative package designed to end intimate partner violence and includes provisions on sexual assault, stalking, and a requirement that every state afford full faith and credit to protective orders issued anywhere in the United States.¹ VAWA provides for vast federal funding specifically

¹ Full text available at <http://legcounsel.house.gov/Comps/DOMVIOL.PDF>.

designated for enhanced legal responses to IPV; rates of serious assault and homicide have been reduced with large-scale VAWA implementation (Sacco 2019). In addition, many advocates emphasized the need for a coordinated community response to intimate partner violence (Pence and McMahon 1999). For decades, this collaborative approach created by advocates in partnership with criminal and civil justice agencies and community members has been part of the foundation for communities seeking to better meet the needs of survivors.

However important these shifts in policy and law have been, many survivors, advocates, and policymakers have recognized that the current legal responses to intimate partner violence do not serve all survivors. Conventional system responses use a punitive lens to enforce separation between partners, at times without regard to what individual survivors are asking for, or to implications for safety (Goodmark 2012). For many reasons, individual survivors may not want—and may not benefit from—an enforced separation from an abuser, and dual arrest policies may trigger further victimization of the survivor. Furthermore, arrest, incarceration, and the collateral consequences that result from system involvement can negatively impact whole families, as well as undercut economic stability, housing, and immigration status.

The system's punitive approach to intimate partner violence has left individual survivors—and, at times, whole communities—without access to safety or justice. In queer communities, stereotypes around what a “real” intimate partner violence victim looks like have precluded survivors from accessing services (NCAVP 2014). Native American and black women in the United States face higher rates of intimate partner violence compared to all other races (Catalano 2012). Despite this, black women are less likely than white women to access social services, attend victim support groups, or go to the hospital due to domestic violence (El-Khoury et al. 2004; Sabri et al. 2013). Black survivors may also experience harassment and abuse by police, and are disproportionately likely to face arrest (Jensen 2018). Undocumented members of the Latinx communities are also often unable to report, given the dire consequences of current deportation policies. Furthermore, the criminal legal system is itself a source of considerable violence in communities of color, particularly African American communities, as well as LGBTQ, homeless, and immigrant communities (Crenshaw 1991; Coker et al. 2015; Richie 2012; Ritchie 2017). Indeed, given this multi-faceted picture, arrest and prosecution becomes a complicated calculus for many victims of color (Davis 2000).

A Different Approach

In part as a response to the limitations of the legal system to address intimate partner violence, many jurisdictions have recently begun to slowly—and often quietly²—pilot the use of restorative approaches to respond to intimate partner violence. Restorative approaches have been used over centuries in many communities to respond to harm.³ Such approaches to crime and conflict are rooted in traditional indigenous practices, such as family group conferencing in Maori culture, peacemaking in *Diné* (Navajo) culture, circle practice within *T'lingit* First Nations, *Tloque Nahuaque* or interconnected sacredness in the Mexican and American Indian culture, or *ho'oponopono* in Native Hawaiian culture, among many others.

The general goals of these approaches are to promote the agency of those harmed, address the harms and their causes, and to provide a framework for accountability and an opportunity for healing. This is done, primarily, by widening the circle of support and protection around those who have been hurt and those affected by the harm.⁴ Often, there is an emphasis on ensuring that those who have been harmed are able to give voice to their trauma and the broader impacts of violence, and that those causing harm are asked to take responsibility for what they have done. Participants may do this separately when the safety of the survivor is at stake, or together if it is deemed appropriate. Community members may be invited to participate in the process, with the intent of breaking down the otherwise secretive nature of intimate partner violence. Those most impacted by the harm of intimate partner violence are invited to move forward on their own terms whenever possible.

² Due to the critiques of using a restorative approach as described later in the introduction—and yet because the system doesn't meet the needs of all survivors—some practitioners keep their work “under the radar.”

³ The term “restorative approach” is used to reference the general approach that was surveyed and described in this report. In practice, some of the programs refer to themselves using different terminology, but draw on similar underlying motives and draw on similar methods. It is important to note that many indigenous approaches pre-date current usage of the word “restorative” and should not be understood as to be subsumed within the “restorative” umbrella. Wherever possible, this report will attempt to use the self-identifying terms when referencing a specific program or approach.

⁴ Throughout this report, rather than language of victims and offenders, we generally speak of “those who have been harmed” and “those who have caused harm.” The movement away from static labels (such as victim and offender) is tied to the belief that people can change, especially when given permission and support to do so.

Some domestic violence advocates oppose the use of restorative justice in cases of intimate partner violence. Their criticisms grow out of several commonly identified, often conflicting, concerns about decentering the role of the criminal legal system in creating interventions with domestic violence (Ptacek 2010). Chief among these is that restorative justice is a form of mediation that treats domestic violence as a conflict or dispute that can be settled between parties.⁵ Restorative justice advocates reject this mediation approach, focusing instead on empowering the survivor and holding accountable the person who caused harm. Other concerns include that it will decriminalize violence against intimate partners, fail to communicate antiviolence norms to the public, or become focused on rehabilitation of the person who caused harm without addressing the needs of survivors. Some are concerned that survivors will be endangered physically or psychologically, or that the person who caused harm will manipulate the restorative process. This report seeks to highlight the ways in which restorative programs across the country have addressed some of these concerns.

In embarking on this project, we did not try to create a comprehensive list of all restorative approaches or practices. Instead, we focused on approaches we knew, or had some reason to expect, were being used in situations of intimate partner violence and/or sexual assault. We focused on what McCold (2000) has dubbed “fully restorative” programs—that is, programs that give preference to face-to-face dialogue and reflection, whether they bring those who have caused harm and those harmed together or not, and less on those that emphasize restorative encounters as one-time, settlement, or transactional events (e.g., community panel, restorative board). For the most part, the programs included in the study fell into three categories: peacemaking circles, family group conferences, and support circles.

Peacemaking Circles

The peacemaking circle is a process that brings together individuals who wish to resolve harm, and engage in healing, support, decision-making, or other activities in which honest communications, relationship development, and community-building are core desired outcomes. These circles offer an alternative to conventional adversarial processes that often rely on hierarchy and win-lose positioning to resolving harm. Circles vary in their purpose

⁵ Mediation typically occurs between two conflicting parties and a third impartial professional. While mediation is intended to be voluntary, as part of many court-driven alternative dispute resolution programs, in many instances it is not freely elected. Mediation typically does not include intensive preparation with each party nor is there an invitation for the process to be shaped by the culture or traditions of those involved. Mediation generally does not include mechanisms to address power imbalances that frequently exist between persons impacted by intimate partner violence (Chowdhury 2006).

and in the extent to which participants themselves design them or join in a circle with predefined structures and processes. Approaches included in this category hold in common that they aim to strengthen relationships and build community through voluntary participation and equal opportunity to speak. Peacemaking circles trace their roots and current practice to indigenous populations in both the United States and Canada.

Family Group Conferences

A family group conference is a meeting that involves a family and members of their extended network (e.g., extended kin, other individuals significant to the family) to create a plan for halting abuse or other harmful behaviors in the family. When used in child protection, youth justice, and other settings with families where intimate partner violence has occurred, the conferences are organized and facilitated by trained staff who focus on bringing the group together. The coordinators and facilitators benefit from having regular consultation with intimate partner violence experts. Key features of family group conferencing where there has been intimate partner violence include careful preparation of participants attending; protocols for safety planning; the involvement of law enforcement, correctional, or child protection as necessary; and plans for post-conference monitoring.

Support Circles

Sometimes called a circle of friends or circles of support, support circles generally aim to help people become connected to community, build relationships, and, in turn, build community. Support circles sometimes form organically, as when friends and family come together around a relative or friend who is in need. Support circles may also be offered or formed around specific issues, such as circles to support persons affected by intimate partner violence, in which case the ongoing consent of survivors of violence is required. While they are always voluntary, they vary in the extent to which the support may also involve holding a participant accountable for their behavior, as is the case in circles of support and accountability (COSA). While some support circles use peer leadership and all volunteer participants, when used in situations that involve violence, trained facilitators or circle-keepers along with community volunteers use protocols informed by intimate partner violence best practices.

A Collaborative & Inclusive Project

This study is grounded in a unique researcher-practitioner partnership, bringing together researchers from a variety of backgrounds and institutions, coupled with restorative justice and intimate partner violence practitioners. This intentional collaboration was designed to bring diverse expertise to the project. In addition, the project benefitted from an advisory

board of experts from across relevant fields, selected due to their extensive knowledge of work happening in the area of restorative justice across the country. Members of the advisory board provided guidance on the development and adaptation of the survey (discussed below) and facilitated far-reaching and inclusive outreach. The advisory board included members from diverse legal, professional, and geographic communities. The full roster can be found in Appendix A.

In addition to the multidisciplinary team, we applied an inclusive strategy for identifying programs using restorative justice and related approaches to address intimate partner violence. For example, we distributed surveys to programs beyond those formally identified as *restorative*, as well as programs not specifically targeting intimate partner violence.⁶ This inclusive approach was felt to be important based on the reality that many such programs still draw on practices and see cases of interest in the current study. Indeed, a 2005 international survey (Nixon et al. 2005) revealed more programs offering restorative justice and related approaches in matters involving intimate partner violence beyond those named specifically as IPV restorative justice programs. Our inclusive strategy allowed our team to ensure we did not overlook programs using restorative approaches that may not be explicitly identified as such.⁷

Report Overview

The next chapter provides an overview of the methodology employed, describing both the national survey and case study components. Chapter 3 presents the survey results, organized across nine key areas. Chapter 4 presents the results of the in-depth case studies. Chapter 5 outlines a set of guiding principles for practitioners, derived from the study findings. Chapter 6 concludes with a brief summary and discussion of study limitations and future steps.⁸

⁶ That is, while programs need not be specifically or solely dedicated to addressing IPV or sexual assault to be eligible, programs that did not accept IPV *or* sexual assault cases were excluded.

⁷ Only those programs that indicated in their survey responses that they actually *do* use restorative approaches and handle cases of intimate partner violence and/or sexual assault were included in the final sample.

⁸ Supporting documents—including the compendium of programs included in the study—are included as appendices.

Chapter 2

Study Methodology

In this chapter we describe our approach to the survey, including the design and content of the survey instrument, construction of the national sample, and data collection and analysis. We then describe the methods by which we selected the sites for further study and the data collection and analysis protocols implemented in those sites.

National Survey

Developing the Instrument

The survey was developed with the goal of gaining a better understanding of how programs across the country are drawing on restorative principles to address intimate partner violence and sexual assault. Specifically, the survey covered the following domains:

- Origins and goals (e.g., when and why was the program developed; what programs hope to achieve);
- Program structure (e.g., staffing, collaboration with others, format/approach, where is the program housed, who attends sessions);
- Eligibility and target population (e.g., eligible and ineligible offenses/individuals/relationships, specialized programming for specific populations);
- Referral and intake (e.g., program caseload, primary referral sources, screening and assessment);
- Compliance and completion (e.g., average time to program completion, consequences of successful completion, consequences of noncompletion); and
- Evaluability (e.g., tracking case and participant progress; previous evaluation efforts).

In addition to multiple-choice questions across these domains, programs were asked to respond to open-ended questions with definitions of key terms (i.e., harm, healing, empowerment) and to identify program strengths and challenges. A copy of the survey is included as Appendix B.

The survey was developed through an iterative process, incorporating feedback from all project team members and from the project advisory board. Many of the items allowed respondents to select multiple appropriate answers to a single survey item.

Establishing a Sample

Defining the Sampling Frame Based on a preliminary discussion and outreach to experts in the field of restorative practices—including some who would become members of the project advisory board—the project team agreed on an inclusive description of the programs of interest. Recruitment materials were directed toward “restorative, transformative, cultural, and/or community-based” programs addressing intimate partner violence and/or sexual assault across the country. A recruitment flier, distributed as described further below, included the following description (full text available as Appendix C):

[This project is] seeking to *identify broad-based restorative interventions for domestic and sexual assault in the United States*.⁹ Restorative practices, and other transformative practices, offer individuals and communities an opportunity to respond to domestic and sexual assault beyond punishment. Currently, there is no national review of these interventions, which can result in uncertain development and inconsistent operations. Often difficult to define, the [project team] hope[s] to survey programs across the country that are survivor-centered and may be focused on individual, family, or community healing when responding to domestic and/or sexual assault.

Identifying & Recruiting Programs The list of target programs originated with a list of programs known to members of the project team. Additional target programs were identified through a range of formal and informal methods, including outreach to the project advisory board, distribution of recruitment materials at relevant conferences and meetings, and posting recruitment fliers on appropriate listservs.¹⁰

⁹ In general, this project uses the term “intimate partner violence” rather than domestic violence, as the former is a more inclusive term. However, recruitment materials and the survey used the language “domestic violence” based on feedback from national domestic violence and sexual assault coalitions. These experts suggested that “domestic violence” is a more widely understood and less ambiguous term and would result in more effective outreach.

¹⁰ Examples of the venues at which we shared study information include national and statewide networks (e.g., Iowa Coalition Against Sexual Assault; National Network to End Domestic Violence, National Alliance to End Sexual Violence; Vermont Network Against Domestic &

Once we had developed a preliminary list of potentially eligible programs, we reached out to invite prospective programs to complete the survey. We also asked contacted programs to identify additional potentially study eligible programs and agencies (i.e., snowball sampling).

Final Sample We developed a list of 65 potentially eligible programs. Of these, some were deemed ineligible for the study (e.g., do not use a restorative approach, do not accept IPV or sexual assault cases), some were nonresponsive, and some were not interested in participating in the study for a variety of reasons (e.g., overburdened staff, desire to operate “under the radar”). Reasons for nonresponse were not always discernible. That is, some programs responded that they are no longer operating, do not use restorative approaches, or do not accept IPV cases. However, other programs simply never responded to requests. Therefore, it is not possible to calculate an accurate response rate of truly eligible programs. Ultimately, 35 programs responded to the survey. However, one respondent was excluded from the final analysis due to extensive missing data, for a final survey sample of 34 programs. This represents more than half (54%) of the identified programs. Appendix D presents a map illustrating the geographic distribution of the 34 sites included in the final survey sample. A complete compendium of programs included in the study is available as Appendix E.

Survey Analysis Plan

The survey was intended to be primarily descriptive in nature; specifically, the goal was to provide an overview of how programs across the country are implementing restorative or other alternative approaches in cases of intimate partner violence and sexual assault. Accordingly, analyses emphasized descriptive statistics, including frequencies, percentages, and averages. Survey questions specifically requesting extensive text response (e.g., definitions of key terms, program strengths, challenges) were coded for themes across responding programs.¹¹

Sexual Violence); conferences and meetings (e.g., National Coalition against Domestic Violence annual conference, a panel event on restorative approaches to IPV put on by the NYC Mayor’s Office/City University of New York, Batterer Intervention Service Coalition of Michigan conference, the International Restorative Justice Conference put on by the Vermont Law School, International Conference on Innovations in Family Engagement); and listservs and discussion boards (e.g., the Center for Court Innovation’s national domestic violence court listserv, the Association of Family and Conciliation Courts listserv, the Aquilia digital community discussion board).

¹¹ Additional analysis of the survey data will be the focus of a future publication.

Program Profiles

The second component of the study included follow-up outreach sites selected based primarily on survey responses, as well as feedback from members of the team and the advisory board. Follow-up took two forms: 1) program profiles informed by telephone outreach, and 2) in-depth case studies informed by in-person site visits.

Telephone Outreach

To further inform selection of sites for in-person visits, we conducted telephone interviews with select sites. The research team selected sites for follow-up telephone outreach based on survey responses, with particular consideration for geographic diversity, program age, and diversity of format. The team prioritized including a selection of program models believed to be of most interest to the field, including family group conferencing, community offender support and accountability (COSA), and support circles. In addition, we sought to include programs operating in both community-based and systems-based (e.g., operating as part of or in collaboration with Departments of Corrections or Human Services, Offices of Children and Family Services, tribal or other local governments) capacities. Finally, we sought to include at least one program that identified as indigenous and one program serving primarily persons of color. Programs that implement victim impact panels (due to their limited scope) and fatherhood programs were excluded.

Each telephone interview was conducted by two members of the project team and drew from a collaboratively developed script (Appendix F). Topics included: program origins, approach, guiding principles, training for staff and community volunteers, collaboration with advocates and other partners, use of lethality assessments, anecdotes of success and the limitations of the model, and evaluation. Finally, program representatives were asked whether they would be willing to participate in and help to coordinate a site visit. One team member took detailed notes during each phone interview.

We selected 12 programs for telephone interviews. Representatives from two programs (indicated with an asterisk) were not available to participate, for a final sample of ten telephone interviews:

- National Compadres Network (established 1988);
- EPIC ‘Ohana Inc. (1996);
- Washington County Community Circles (1997);
- Family Services of Rochester (1999);
- Inafa' Maolek (1999)*;

- Caminar Latino (1990)*;
- New York University’s Center on Violence & Recovery (2004);
- Vermont Department of Corrections (2007);
- Minnesota Department of Corrections’ COSA (2008);
- Men As Peacemakers (2010);
- Meskwaki Victim Services (2011); and
- HarborCOV (1998).

In-Depth Case Studies

With the aim of gaining an expanded, in-depth understanding of the diverse approaches being implemented in the field, we undertook a series of in-person site visits.

Site Selection In consultation with the advisory board, the project team selected programs for in-person site visits with an eye toward regional, cultural, and programmatic diversity. In addition, the team sought sites that were sufficiently established to offer insights into organizational development and growth.

Following the initial telephone outreach, six programs were contacted to gauge their willingness and capacity to host a site visit; all agreed to participate. One site subsequently withdrew after delays because of timing concerns. A letter detailing the terms of participation in the site visits is included as Appendix G. Sites were informed of the participant consent process, steps to assure individual confidentiality, and the process for review of program summaries to be included in the final report. In-person site visits lasted one day, with the exception of the Hawai‘i visit, which lasted three days to facilitate travel to two separate islands.

Data Collection The teams visiting sites aimed to respond flexibly to the agenda and schedules developed by the sites, affirm the program leadership by having them guide the visit, and respect the participants’ wishes regarding observation and notetaking.

The Site Visit Guide The site visits were intended to provide information about how the programs applied restorative approaches in the context of IPV. *A Listening Guide for the Site Visits* served as a reminder to researchers of areas to identify in reviewing program documents and to explore during the site visits (Appendix H).

Document Review Survey responses, telephone interview notes, and program websites were reviewed in preparation for site visits. Before, during, and after the visits, the programs

provided additional documentation for review (e.g., program descriptions, manuals, histories, evaluation studies, videos).

Onsite Methods With the agreement of the sites, the researchers collected data through multiple methods. These included meetings, interviews, and observation of interventions (i.e., circles and group conferences). Depending on the preferences of the programs and as allowed, team members sat in on interventions either as non-participating observers or as participants in the intervention. Oral consent was obtained from all program representatives and participants (Appendix I).

Team members took detailed notes during interviews and staff-led information sessions. Notes were not taken while observing interventions, such as a conference or circle, so as not to distract from that intervention. Notes taken later reflect only the intervention *process*, not the specifics of participants' cases.

Thematic Coding

Site visit notes and other program documentation were reviewed by team members—first by those who participated in the site visit and then during a group analysis meeting with the full project team—and coded for general themes related to restorative justice, intimate partner violence, and/or sexual assault.

Chapter 3

Survey Results

The survey was completed by representatives from 34 programs. Most (82%) were completed between March and May 2018.¹² Additional outreach by members of the project team and advisory board resulted in five more surveys being completed between July 2018 and January 2019. Respondents were primarily program directors, chief executive officers, or managers (81%); a handful of responses were provided by other program staff (19%).

Defining Terms

We asked survey respondents to define three key terms the project team deemed to be central to either a restorative approach or working with those who have experienced intimate partner violence or sexual assault: harm, healing, and empowerment.¹³

Harm

There were two general trends in how responding programs defined harm. Most respondents (n=15) focused specifically on abuse and violence. Definitions of this nature include responses such as “assault or other criminal activity”; specific named forms of abuse (e.g., child maltreatment, child abuse or neglect, domestic violence, child trauma of any type); and “using violence (verbal, emotional, sexual, or physical).”

Other respondents focused less explicitly on injury or abuse, in favor of a more holistic and broader understanding of harm (n=7). Examples of these broader definitions of harm include, “action, attitude, or process that creates imbalance, hurt, or feeling of being unsafe” and “a violation of a person’s safety or privacy expectation.” Three respondents alluded to impacts at multiple levels: “Actions/choices that negatively impact self, others, or community”; “an impact that fractures the community connection and establishes power and control.”

¹² Most (85%) completed the survey between March and May 2018. Additional outreach by members of the project team and advisory board resulted in four more surveys being completed

¹³ Not all programs responded to open-ended questions: 10 of the 34 programs in the final sample did not provide a definition of harm, 11 did not provide a definition of healing, and 13 did not provide a definition of empowerment.

Healing

Definitions of healing frequently reflected some sense of moving forward and past the harm; ten of the 23 definitions elicited responses of this nature. “The process of recovering from harm and proactively planning for future action and behavior”; “a positive change in [the participant’s] feeling, outlook.” Three responses focused on improved linkages—between individuals or as part of a larger community. “Working toward wholeness as an individual, in relationship with others, or as a community.” Another three responses evoked the idea of giving participants a chance to be heard and understood—though not necessarily at the cost of being held accountable for harm caused. “People finding their voices”; “having a voice, empathy, insight, accountability.”

Empowerment

Responses were more consistent with regard to the definition of empowerment, with many respondents (n=15) mentioning having a voice, being heard, and/or having choice about what happens with their case. “Giving [participants] voice and control over the process.” Four respondents explicitly stated that they purposefully avoid the term “empowerment.”

Program Origins

Programs were asked when, why, and how they implemented restorative programming to address intimate partner violence and/or sexual assault. Responses are presented in Table 3.1. The oldest program in our sample began operations in 1977. The majority (73%) were created after 2000 and nearly half (48%) were created in the past ten years.

Asked why they were interested specifically in restorative approaches, respondents were most likely (80% of respondents) to highlight the lack of effectiveness of conventional criminal justice approaches for addressing intimate partner violence and sexual assault. Other frequent responses included familiarity with such approaches, desire for culturally appropriate responses, and client feedback. Twenty respondents reported being introduced to restorative approaches through word of mouth (26%), conference presentations (18%), or a combination of the two (15%).

Only two programs (6%) reported a top-down mandate from legislators. Two-thirds (66%) of programs are administered in collaboration with one or more partner agencies.¹⁴ Most commonly, such collaboration was with a community-based domestic violence program or coalition—46% reported this type of partnership. Other partners included community corrections, criminal court, schools, and community-based sexual assault programs or coalitions.

Table 3.1. Program Origins

	Number of Programs	34
Program Operations		
Average program age (years) ¹		Average: 13 Range: 1-40
Continuously operational since start date		89%
Funding Source²		
Dedicated permanent funding		26%
Grant funded		29%
Unfunded		17%
<i>Multiple funding sources</i>		40%
Introducing an Alternative Approach		
Interest in an alternative approach prompted by:²		
Lack of effectiveness of standard approaches		80%
Familiarity with restorative approaches ³		60%
Desire for culturally appropriate responses		43%
Feedback		
From clients		40%
From other professionals		31%
Not enough programs to address IPV/SA		34%
Serving diverse populations		31%

¹ As of survey completion date.

² Respondents could select more than one answer; percentages may add up to more than 100%.

³ As noted in the main text, "restorative approach" is used as a shorthand throughout the report for the types of alternative approaches explored through this project.

Program Structure

Approach & Format

Table 3.2 presents information on program approach and format. Twenty-four of the programs identified using more than one approach; respondents most frequently identified

¹⁴ Responses to collaboration items may have been hindered by the wording of the lead-in question, which may have given the impression that our interest was limited to collaborating agencies that helped to *administer* their program. Results are therefore not presented in detail.

their programs as community-based (71%) and restorative (60%). Some programs did *not* identify their approach as restorative. Indeed, three of the eight programs that identified as “transformative” did *not* identify as restorative; similarly, three of the five “indigenous” programs did not call their approach restorative.

Programs use a variety of formats, including peacemaking circles (39%), support circles (27%), family group conferencing (21%), and educational programming (18%). Fourteen of the programs indicated that they draw from an existing curriculum.

Table 3.2. Program Approach and Format

	Number of Programs	34
Approach¹		
Restorative		60%
Transformative		23%
Indigenous		14%
Community-based		71%
Family-based		29%
Faith-based		6%
Alternative sentencing		3%
Program Format¹		
Peacemaking circle		39%
Support circle for person harmed		27%
Family group conferencing		21%
Educational		18%
Victim impact panel		9%
Men's support circle		9%
Mediation		6%
Therapeutic community		6%
Curriculum		
Program uses existing curriculum		40%

¹ Respondents could select more than one answer; percentages may add up to more than 100%.

Who Is Involved

Table 3.3 presents information on the people involved in the program—from staff to participants and community support persons—as well as measures taken to maximize program accessibility. Beyond the persons harmed and those causing harm, others who commonly participate in the programs include program staff, community members, family members and friends, neutral facilitators, and staff from other programs. Attendees are encouraged to invite support people at least some of the time in most programs (88%). Indeed, 64% of programs reported that participants are *often* or *always* invited to include support people.

Table 3.3. The People

	Number of Programs	34
Attendees		
Who regularly participates? ¹		
Professional/Official Roles Represented		
Program staff		72%
Neutral facilitators/circle keepers		63%
Staff from other programs		53%
Peacemakers		19%
Employers		16%
Community/Support Roles Represented		
Community members		69%
Family members		66%
Friends/neighbors		50%
Elders		22%
Are participants encouraged to invite support people?		
No		12%
Sometimes		24%
Often/Always		64%
Accessibility		
Non-English Programming Available ²		71%
Programming offered in Spanish		51%
Translators available		60%
Program agreements in participants' primary language(s)		56%

¹ Respondents could select more than one answer; percentages may add up to more than 100%.

² Includes those with Spanish-language programming options **plus** those with translators available.

Half of respondents reported offering programming in Spanish; 71% have either non-English programming or translation available. More than half of programs (56%) also reported that they have translated program materials into languages other than English.

Program Completion

The number of sessions required to complete programming varies not only across programs, but within programs, based on the specifics of a case. In one, participants might complete the program in as little as one session; in another, participants return weekly over the course of a year; in a third, participation spans 24 months, but participants only attend four sessions—one approximately every six months. The estimated average time to program completion was 216 days (median: 158 days). While some of the programs may be quite intensive, overall, the average time to program completion is not much longer than the typical 26-week batterer intervention program—a default justice system response to intimate partner violence in many jurisdictions.

Target Population

Table 3.4 presents characteristics of the cases and participants. All but two programs address intimate partner violence; half (54%) address sexual assault. Half (49%) address *both* intimate partner violence and sexual assault. Just under half (48%) reported using a lethality assessment to inform eligibility or programming.

Most programs are available to cis gender men (94%) and women (86%), and transgender participants (80%). Fewer programs are open to child participants, but this does not necessarily mean that programs are not addressing cases in which children are involved. Just over a third of programs (37%) accept adolescent dating relationships. Despite accepting an array of cases, few programs reported having specialized programming for specific populations. Programs were most likely to have specialized programming based on participant gender, with 40% having programming for men and 34% having programming for women.

Ineligible Cases

Few programs exclude potential participants based on either criminal history or current charges. Of those that do exclude potential participants based on current charges, programs are most likely to exclude individuals facing felony (17%) or misdemeanor (11%) sexual assault charges or felony intimate partner violence charges (11%). Only a handful of programs exclude potential participants with a history of intimate partner violence or sexual assault charges; more programs exclude those with prior child sex arrests (n=14%) or convictions (n=17%).

Referral & Intake

Caseload

Estimates of program referrals were problematic and, for this reason, only *actual* reported participant caseloads are presented in Table 3.5.¹⁵ The average number of participants across the programs is skewed by a handful (n=5) of programs with more than 100 participants; the median shows that half of these programs see 25 participants or fewer annually.

¹⁵ Of the 23 programs that said they track referrals, only 16 actually provided referral numbers. Based on these programs' reported participant caseloads, referral data appeared to be inaccurate (e.g., referrals smaller than or matching participant caseloads).

Table 3.4. Target Population

Number of Programs		34
Which does your program address?¹		
Domestic Violence		94%
Sexual Assault		54%
Intimate partner sexual assault		48%
Sexual assault among non-intimates		
Friends or colleagues		46%
Acquaintances		49%
Strangers		46%
% of programs that address both DV and SA		49%
Assessment		
Program uses lethality assessment		48%
Specific lethality scores render some ineligible		9%
Program Eligibility¹		
Eligible individuals		
Men		94%
Women		86%
Children		
Ages 12 and under		37%
Ages 13-18		49%
Transgender participants		80%
Eligible relationships		
Adult intimate partners		80%
Same-sex relationships		74%
Family members ²		69%
Non-family relationships ³		60%
Teen/adolescent dating partners		37%
Special programming available for:		
Men		40%
Women		34%
LGBTQ participants		17%
Young adults (18-24)		20%
Teens		26%
Children		20%
Immigrant/refuge populations		17%
Other		17%
Excluded Allegations/Histories		
Current		
Open court case		
Felony domestic violence case		11%
Misdemeanor domestic violence case		9%
Felony sexual assault case		17%
Misdemeanor sexual assault case		11%
Family court case		9%
History		
Prior domestic violence		
Arrest		3%
Conviction		6%
Prior sexual assault		
Arrest		6%
Conviction		9%
Prior child sex abuse ⁴		
Arrest		14%
Conviction		17%

¹ Respondents could select more than one answer; percentages may add up to more than 100%.

² E.g., parents/children, siblings, grandparents/grandchildren.

³ E.g., neighbors, friends, roommates.

⁴ 11% of responding programs exclude potential participants with past child sex abuse allegations.

Table 3.5. Referral & Intake

Number of Programs		34
Referral Numbers		
Program tracks number of referrals		66%
Total number of participants ¹		
Average		67
Median		25
Range		3-345
Referral Sources²		Mean Score³
Probation/corrections		2.94
Criminal court		2.91
Self-referral/walk-in		2.55
Child welfare services		2.52
Victim advocacy organizations		2.42
Family/community members		2.40
Community organizations		2.16
Family court		2.03
Private therapists/counselors		1.81
Schools/Universities		1.77
Police		1.74
Adult protective services		1.61
Tribal court		1.25
Program updates referral sources on progress		
Always		32%
Sometimes		41%
Never		26%
Opting In		
Some persons/cases automatically eligible		31%
Consent of harmed party <u>always</u> required ⁴		37%
Participation is mandatory		0%
What % declines to participate?		
Person who caused harm		Mean: 24% / Range: 0-98%
Person harmed		Mean: 26% / Range: 0-100%
Who can find a case ineligible?²		
Judge		40%
Probation		37%
Prosecutor		27%
Victim advocate		23%
Defense attorney		17%
Children's attorney/law guardian		10%
School administrator		10%
Parent or guardian		10%
Police		7%

¹ Reported 2017 caseload. Three of the 23 programs reporting that they track referrals did not provide participation numbers.

² Respondents could select more than one answer; percentages may add up to more than 100%.

³ Responses are coded as a five-point Likert scale, where 1=never, 2=rarely, 3=sometimes, 4=often, and 5=very often. Accordingly, higher mean scores report these sources refer cases more frequently.

⁴ Another six programs (17%) report that consent is required in some, but not all, circumstances.

Referral Sources

Cases are referred from a wide variety of sources. The reported frequencies of referral sources are presented in Appendix J. Most commonly, cases are referred by criminal court (40% often/very often receive such referrals), corrections (39%), and child welfare services (36%). More than a quarter of programs reported that informal referrals—e.g., self-referrals (30%), community members (27%)—are common. Table 3.5 presents referral sources ranked from most to least common. Respondents were asked to rank the frequency with which they receive referrals from each source on a one (never) to five (very often) Likert scale.

Among the 20 programs that receive referrals from criminal court, the most referred types of cases are: assault (80% commonly receive such referrals), criminal violation of a protective order (65%), and harassment (45%). Of the 16 programs reporting referrals from family court, the most frequently referred family court cases are child protection (41% commonly receive such referrals), visitation (35%), custody (29%), and civil violation of a protective order (29%). (Results presented in Appendix K.)

Most programs update referral sources on participant progress in some (41%) or all (32%) cases. Visual review of the responses suggests that programs that commonly receive referrals from criminal courts and corrections more frequently reported updating the referring agency on participant progress than programs that do not receive such referrals. This may reflect the potential for legal implications of noncompliance when criminal charges are involved.

Opting In

Some individuals and cases are automatically program eligible for just under one-third of programs (31%). However, even where some cases are automatically program eligible, participation is not mandatory in any of the programs. On average, programs estimate that only about a quarter of potential participants decline to participate. However, a small minority of programs report that more than half of those referred decline to participate.¹⁶

System players may have the ability to render some cases ineligible. The list of those who can make such a determination presented in Table 3.5 largely reflects common referral sources. The 40% of programs reporting that a judge can deem cases ineligible and the 27% of programs reporting that a prosecutor has this ability reflect the 39% of programs that receive a substantial proportion of referrals from the criminal court (see Appendix J). Similar trends are seen with programs that report frequent referrals from schools (13%) and school

¹⁶ A third of the programs (31%) did not estimate how many potential participants decline.

administrator-determined ineligibility (10%) and police referrals (10%) and ineligibility determinations (7%).

Screening & Assessment

Table 3.6. Screening & Assessment

	Number of Programs	34
Screening		
How are referrals screened?³		
Interview with person who caused harm		74%
Interview with harmed person		56%
Interview with referral source		27%
Professional judgement of referral source		24%
Assessment		
Program uses an assessment instrument		50%
Who is assessed?³		
All referred persons		14%
All those who caused harm referred		14%
All harmed persons referred		6%
What does the assessment screen for?³		
Program eligibility		30%
Needs (person who caused harm)		27%
Needs (person harmed)		24%
Lethality		18%
Risk of future (non-lethal) violence		15%
Risk of flight		0%
What is informed by assessment results?³		
Program eligibility		31%
Service referrals		23%
Program structure		14%
Program intensity		11%
Program length		9%
Supervision intensity		3%

¹ Seven of the 23 programs reporting that they track referrals did not provide referral numbers.

² Two of the 23 programs reporting that they track referrals did not provide participation numbers.

³ Respondents could select more than one answer; percentages may add up to more than 100%.

While half of the programs reported using some sort of an assessment instrument, only a third of programs (30%) reported using such an instrument to determine program *eligibility*. More commonly, eligibility was informed by interviews with the person who caused harm (74%) and/or the person harmed (56%). Among respondents that identified a specific assessment tool used by their program, nine reported that they had developed their own in-house assessment tool. Others reported using a general risk assessment tool (Ohio Risk Assessment System); IPV risk assessment tools (the Danger Assessment, Spousal Assault

Risk Assessment); sexual violence risk assessment tools (MN Sex Offender Screening Tool, Static-99); trauma screening tools (Adverse Childhood Experiences screen); tools assessing protective factors (FRIENDS' Protective Factor Survey); and tools to inform safety planning (Victim Inventory of Goals, Options, & Risks). Assessment results provide programs with insights into the needs of those who caused harm (27%) and those harmed (24%) and help programs gauge risk of lethality (18%) or continued non-lethal violence (15%). As reflected in Table 3.6, assessment results do not inform program structure, intensity, or length in most programs.

Program Goals

We asked programs to rate goals from not important (1) to extremely important (4) in three areas: outcomes for the person harmed, outcomes for the person causing harm, and outcomes for the broader community. Greater mean scores in Table 3.7 reflect higher priorities across programs. Full program responses are presented in Appendix K.

In general, programs tended to prioritize ending violence, promoting safety and empowerment, and changing social norms. Programs gave lower priority to goals related to providing an alternative to or promoting confidence in the justice system or providing economic services (to either party). We ask respondents to provide additional program priorities beyond those specified in the survey. Among the more common respondent-identified goals were those related to child placement and safety (e.g., stable/permanent placement, healing for children) and improved family support and communication.

Outcomes for Harmed Person

Common concerns among victim advocates are that restorative approaches may prioritize mutual healing at the cost of victim safety and empowerment or that such approaches may pressure victims to reconcile with their abuser. However, as illustrated in Table 3.7, programs in our sample prioritize victim empowerment, improved support network, safety, satisfaction with the process, and healing above improved communication, treatment, or restitution.

Outcomes for Person Causing Harm

Similarly, program priorities for those causing harm do not appear to place healing or communication above safety concerns. Top-rated program goals include reduced violence and offender accountability. More than half also rated rehabilitation/treatment, healing, improved communication with the harmed person, community reintegration, and procedural satisfaction as important goals (very or extremely, see Appendix K).

Table 3.7. Program Goals¹

	Mean Score
Number of Programs	34
Outcomes for Harmed Person	
Empowerment	3.50
Safety	3.45
Satisfaction with the process	3.32
Improved support network	3.30
Healing	3.13
Alternative to the criminal justice system	2.60
Improved communication with person causing harm	2.56
Treatment	2.43
Confidence in the justice system	2.27
Economic services	2.15
Restitution	1.90
Outcomes for Person Causing Harm	
Reduced recidivism	3.42
Accountability	3.30
Rehabilitation/Treatment	3.03
Healing	2.85
Community reintegration	2.75
Improved communication with person harmed	2.71
Satisfaction with the process	2.70
Empowerment/Giving "voice"	2.64
Alternative to the criminal justice system	2.52
Confidence in the justice system	1.85
Economic services	1.83
Social/Community Benefits	
Reduction of violence	3.64
Changing norms	3.48
Increased public safety	3.42
Community healing	3.15
Repaired relationships	3.06
Community satisfaction with the process	2.91
Affirmation of cultural traditions	2.79
Alternative to the criminal justice system	2.70

¹ Responses are coded as a four-point Likert scale, where 1=not important, 2=somewhat important, 3=very important, 4=extremely important. Accordingly, higher mean scores indicate more central program goals.

² Includes programs that rated the goal somewhat, very, or extremely important.

Social/Community Benefits

Top-rated goals for the broader community reflect similar priorities and include reduction of violence, changing social norms, and improved public safety.

Service Referrals

Two-thirds of programs (66%) reported making referrals to external social service agencies. Of the programs reporting that they make such referrals, nearly all refer both the person causing harm (100%) and the person harmed (91%). About one-third (34%) of programs reported providing service referrals for children; one-third (34%) reported providing service referrals for family members other than those directly involved in the conflict; nearly as many programs reported offering service referrals for other community members (29%).

Responses suggest referrals for a wide variety of needs. Most frequently reported referrals include counseling (63%), victim advocacy (60%), housing (57%), medical (57%), mental health (57%), substance use treatment (57%), educational (54%), employment (51%), legal (49%), vocational training (43%), and federal benefits programs (e.g., SNAP, WIC; 37%).

Evaluability

Table 3.8. Data Collection & Evaluation

	Number of Programs	34
Participant Feedback		
Participants complete exit survey		63%
Data Tracking		
How does program track current participants?¹		
Computerized management information system		56%
Spreadsheet (e.g., Excel)		26%
Microsoft Access		3%
Paper files		9%
Other (i.e., "collective memory"; individual team member's records)		6%
Evaluation		
Evaluation conducted in past 5 years?²		
No, the program has not been evaluated		50%
Yes, a process evaluation was conducted		28%
Yes, an impact evaluation was conducted		34%

¹ Programs identifying more than one method of collecting program data are coded as using the most technologically sophisticated method.

² Five programs reported that both a process and impact evaluation had been completed in the past five years; percentages add up to more than 100%.

We sought to understand the extent to which existing programs have previously been evaluated and/or are collecting information that would make future evaluation feasible. Results in Table 3.8 are cautiously promising; 81% of programs report using some type of computer-based tracking system (e.g., automated management information system, spreadsheet) and only a handful of programs (n=5) rely solely on paper files or less reliable methods for tracking case information. More than half of programs (63%) ask participants to

complete an exit survey at program completion. Half of programs have already been part of a process evaluation (13%), an impact evaluation (19%), or both (16%).

Program Strengths & Challenges

Finally, respondents were asked to identify their programs' greatest strengths and challenges.

Strengths

Program strengths generally fell into four categories:

- **Strengths-Based Approach** Several respondents emphasized the importance of a strength-based approach, particularly in contrast to conventional criminal justice approaches to IPV and sexual assault. “[The program] is solution-focused and draws on people’s strengths instead of deficits.” “We are strengths-based, culturally responsive, trauma informed and focus... on [participant] voice.” “We bring healing to people in a powerful [way] that they do not forget... We connect to other opportunities of strength and healing.”
- **Focus on Participants** In several cases, the holistic approach embraced by programs was contrasted—explicitly or implicitly—to conventional approaches that focus more narrowly on victims and offenders. Without undermining accountability or sacrificing victim safety, programs valued their ability to serve the entire family and to give individual participants voice, regardless of their role in the incident leading them to the program. For instance, respondents appreciated “having programming for all parts of the family”; a “family-centered” approach. Additionally, “letting the person seeking services define goals, expectations and outcomes” was reported as a program strength.
- **The Role of Community** Respondents highlighted the importance of their community-based approach to addressing IPV and sexual assault. Several pointed to the community volunteers and ongoing support of the communities in which they are housed as program strengths. For instance, “building meaningful and lasting community connections between returning citizens and community members”; “strong community support, good number of active volunteers”; “a deeply grounded, community-based approach.”
- **Staff and Collaborators** Not only did respondents value the participation of community members, but the expertise, flexibility, and dedication of the staff and collaborating agencies was reported to help participants and the programs overall. One respondent described strengths in “the relationships that participants develop with

facilitators... the trust/good reputation [we] have with community [collaborators], such as [Department of Social Services], Probation.”

Challenges

Challenges generally fell into four categories:

- **Resistance to Restorative Approaches/Reliance on Punitive Approaches** A handful of programs reported that local stakeholder adherence to conventional criminal justice approaches or resistance to alternative approaches posed a challenge to program referrals and ongoing operations. One respondent reported that providers and community members in the largely rural area served by the program “feel the criminal legal system can solve violence in our communities.” Another reported that a “misunderstanding of restorative justice” undermined program success.
- **Unmotivated Participants** Participants whose enrollment is compelled or mandated pose a challenge.¹⁷ “Working with a mandated population can be challenging. There are attendance issue and attrition issues.” In one program, perpetrators of sexual assault were felt to be more likely to see the benefits of program participation versus those involved in IPV cases, who “often do not face the same stigma and often have networks of people welcoming them back home. As a result, these offenders are often unmotivated to participate and engage with [the program].”
- **Extensive Participant Needs** Participants were reported to face a wide array of needs unrelated to their IPV or sexual assault case, but with implications for their participation and continued success. Specific needs mentioned by respondents include appropriate and affordable housing, employment and training, immigration assistance and related documentation, re-entry programming, substance use treatment, and access to living wages.
- **Lack of Resources** Programs too were challenged by unmet needs. Funding uncertainty and/or insufficient funding is a challenge for many programs. Beyond money, respondents pointed to the need for more staff and volunteers—in particular, those whose demographic profile mirrors that of participants, additional training for existing staff, infrastructure (e.g., meeting spaces), and appropriate local collaborators. Staff burnout and high turnover was a related challenge raised by some.

¹⁷ While none of the programs reported that participation was truly mandatory, some programs do accept cases referred by the courts, where alternative options (e.g., incarceration sentences) may compel participation.

Chapter 4

Case Studies

This chapter presents results of the qualitative study component, including abbreviated case summaries from the five sites that members of the project team visited between January and March 2019:¹⁸ EPIC ‘Ohana (Hawai‘i); Family Service Rochester (Rochester, MN); HarborCOV (Chelsea, MA); Men as Peacemakers (Duluth, MN); and Washington County Community Circles (Washington County, MN). The summaries below are adapted from the notes of those in-person meetings and program observations, site’s survey responses, and the telephone interviews conducted before the in-person visit.

While in Chapter 3 we opted to use the language of “harmed persons” and “persons causing harm,” the language used throughout this chapter reflects the terms preferred by the practitioners at each of the sites profiled. Therefore, the language differs across program descriptions below. We felt it important to preserve the language of the practitioners both in deference to their expertise *and* as a reflection of their programs’ priorities and approach.

EPIC ‘Ohana (HI)

EPIC ‘Ohana is dedicated to strengthening family connections with and around children and youth involved with the child welfare system. Working outside the court and child protection systems, EPIC ‘Ohana offers a hospitable space in which families (along with relatives and other informal support persons) create plans for safer homes for children and adults. This family- and community-based approach is called ‘ohana conferencing. With approval from the relevant protective authorities, families’ plans are incorporated into ongoing service plans.

Philosophy

Child protection caseloads across Hawai‘i are disproportionately skewed toward families of Native Hawaiian and Polynesian descent (HDHS 2017). Fundamentally, ‘ohana conferencing is a means to address the historic and systemic oppressions that have torn families from their cultural roots. *‘Ohana* is a Native Hawaiian term that refers to family and more broadly to

¹⁸ Brief profiles of five additional sites, based on telephone interviews with program representatives, are presented in Appendix L.

the kinship network. Founded in the latter half of the 1990s, EPIC ‘Ohana was deeply affected by the Native Hawaiian sovereignty movement that resurged during that time (Goodyear-Ka‘ōpua 2018). The program was supported by the children’s charitable trust established by the last reigning Hawaiian monarch, Queen Lili‘uokalani. Especially relevant to intimate partner violence is the cultural practice of *Ho‘oponopono*, which means “to put right.” It is not about reconciling a couple in isolation, but about establishing harmony across a family as a group. Healing comes from recognizing a common heritage, voicing grievances, and untangling knotted relationships (Friesema 2013).

Operations

EPIC ‘Ohana been in operation for more than two decades, since 1996. Today, the organization serves multiple islands and offers 800 to 1,000 conferences annually. The high volume can be attributed to having a statutory definition of ‘ohana conferencing (HI Rev Statute 2016), endorsement of conferencing by the family court, and automatic referrals from child protection when children enter care. EPIC ‘Ohana has a full-time staff of 53, with 38 more part-time employees.

An evaluation of the program found that when conferences, combined with outreach to locate and engage family, happen early in a case, children are less likely to enter care and are returned home faster than children without this intervention (HDHS 2012).

The Process

Prior to convening the ‘ohana conferences, coordinators prepare every participant for the meeting and emphasize that the conference is not an investigation or trial. The facilitators ensure that a family brings in support persons from their kin or community networks. The support persons are vital: They help the family make better decisions, and they are there to follow through with the family after service providers leave the picture.

The facilitated conference begins by setting forth the purpose of the gathering, sharing the participants’ connection to the children, looking back at the families’ strengths, and looking forward to their hopes and dreams. From this foundation, the group turns to worries, legal issues, and potential services. The service providers leave the room so that the family members and their support persons can move into private time. EPIC ‘Ohana considers the private time “essential” and “sacred”: It is when the family can eat together, “talk story”—derived from Native Hawaiian oral tradition—and create a plan for a safer home together. Afterwards, the whole group reconvenes, and the family’s plan is reviewed and, as needed, negotiated with the service providers. The written plan is later sent to all participants. The

conference begins and ends in a way of the family's choosing, such as a hand shake, a hug, a prayer, or song.

Special Considerations for IPV Cases Additional safety measures are applied in cases of intimate partner violence. Any person who has been abused, committed abuse, or both must be accompanied by a support person at the conference. If there are protective orders, split conferences are held; if a victim advocate is involved in the case, the advocate is included in the conference and works with the facilitator to design a safety plan for the conference and post-conference periods. During breaks, the facilitators will check with the advocate about safety, and will always check to see if everyone is feeling well enough to continue (and to ensure no undue pressure is taking place). Facilitators are prepared to shut down a conference if they sense abuse or harm, though program representatives report that they have never had to call the police during a conference and have ended conferences peacefully when necessary.

Special Considerations for Sexual Assault Cases In cases of child sexual abuse, additional safety procedures are applied. In some cultures, it is taboo to talk about sex with men and women in the same room. For this reason, EPIC 'Ohana may first bring the whole family together, excuse the men so that the abuse can be discussed, and then reconvene as a group. When working with abusive fathers, an interviewee explained, "We are trying to build safety. Try to stay very focused. Stay in touch with their humanity. Use their names. They still can have a connection with their children. It can be hard though. We try to be compassionate to everyone." When appropriate, EPIC 'Ohana will utilize a cultural consultant to assist in bridging between the process and the family.

Family Service Rochester (MN)

Family Service Rochester is a private non-profit organization founded in 1965 that provides a range of services in partnership with Olmsted County Child and Family Services. The agency has a long history of involvement with abusive partners and a distinctive approach to engaging families at the intersection of serious child welfare protection issues and intimate partner violence. The interest in developing a new approach flowed from the experience of staff and leadership, client feedback indicating that conventional programs were not meeting their needs, and their proximity to the Duluth model. Family Service Rochester replaced practices of finding the non-abusive parent guilty of "failure to protect" with efforts to hold the abusive partner accountable, reframed safety planning as a fluid process requiring

ongoing attention to the needs of family members, and developed a practice that recognized that many partners experiencing intimate partner violence will stay together.¹⁹

In response to lessons learned broadly and by staff regarding intimate partner violence, Family Service Rochester created two enhancements. The first is a pathway for an IPV-informed response to child protection concerns when a child has been in the presence of the violence. This response focuses on child safety through the safety of the non-offending parent while holding the offending parent accountable. The second enhancement—and the one of primary interest here—is an opportunity for clients to engage in Family Group Decision Making (FGDM) via Family Involvement Strategies (FIS).²⁰ Operating within the agency since 1999, the FIS team is a group of ten coordinators who are neutral and independent social workers. Although the FIS team is located in the same building as and funded by the Olmsted Co. Child and Family Service, the FIS is managed separately, and works to ensure that their “arm-length” independence is seen in the eyes of families.

Philosophy

FIS began by using family group conferencing, the key aims of which include connecting families with community resources and resources within their own extended or chosen family and community, while holding offenders to account for their behavior, all in service of the primary goal of child safety and wellbeing. In general, the values underlying family group conferencing prioritize the rights of children to maintain their family and cultural connections, see children and their families as part of a broader family system, view the family as having the capacity to protect and care for children, and value a reduced role of the state in making stipulations for child welfare.²¹ While maintaining the importance of inclusive family group participation, the model prioritizes addressing power imbalances within the family prior to full family engagement.

Family Service Rochester leaders do not characterize their work as “restorative justice,” despite many staff members being trained in circle-keeping and victim-offender conferencing. These meetings are not used to discuss past or present violence or abuse. “We are not tackling head on the violence in the home,” rather they aim to engage parents around

¹⁹ Olmsted Co. Child and Family Services. n.d. *Lessons Learned in Integrating Domestic Violence and Child Protection*.

²⁰ Family group conferencing is facilitated by the family involvement strategies (FIS) team.

²¹ For a comprehensive list of underlying values, see the American Humane Association’s Family Group Decision Making Guidelines, available at <http://cssr.berkeley.edu/cwscmsreports>.

how their abusive behavior is impacting their children. In speaking of the family group conference approach, one representative explained what they do has “a restorative nature that allows people to move forward and heal when there has been a fracture in family system relationships ... Just as family conferencing is not a therapeutic approach but there are therapeutic benefits, there are restorative components in the process.”

Operations

Annually, the FIS team facilitates around 1,000 conference meetings from Olmsted county and another 200 from surrounding service areas (one referral or case may have multiple meetings). Of the 1,200 meetings, about 75 are full, intensive family group conferences; the majority are less intensive, shorter conferences that build on conferencing principles.

The Process

Special Considerations for IPV Cases Before a family impacted by intimate partner violence is referred to FIS, Family Service Rochester’s domestic violence response team engages the family in a unique group consultation framework (Lohrbach and Sawyer 2003, 2004; Sawyer and Lohrbach 2005),²² ensuring that the review of each case is informed by an intimate partner violence lens (Olmsted County Community Services 2001). Programming and case management decisions are informed by the scoring of a validated lethality assessment (Campbell 1985), but priority is given to consideration of the immediate impact on the non-offending parent over any assessment score. When an opportunity for family-drive decision-making arises, an IPV specialist explains the conferencing process and, together, family members and program staff determine a clear purpose for the meeting before it moves forward. The non-abusive partner provides ongoing consent to family group decision making; the process will not move forward without this consent.

Family Group Decision Making As of 1999, neutral and independent social workers, employed as FIS coordinators, engage families in family group decision-making, working to develop and implement plans related to child welfare, including child maltreatment, juvenile corrections, and children’s mental health concerns.

Prior to any family group decision-making process, both parties are engaged in a preparation process. This process includes safety planning and determining which extended family and

²² See <https://www.youtube.com/watch?v=CX20sIAD2ds> for more information. The current model also draws significantly from elements of Signs of Safety approach to casework (Turnell and Edwards 1999) and, more recently, from the Safe and Together Institute.

other supporters should be included in the conference. While all family members can identify family/support persons, the non-abusive parent must give consent for their participation. Comprehensive safety planning might include entry and exit plans, pre- and post- meeting check-ins, seating arrangements, and other consideration to promote the non-abusive parent's ability to speak freely. Team members also plan with the abusive partner to identify who should attend sessions and to strategize how they will manage should something disagreeable or triggering come up during the conference, including who to ask for support after the session. "If enough safety is not able to be 'wrapped,' then we will not bring the person who harmed and the person who was harmed together in the same room." In the event that the abusive partner attempts to exert control during a conference, a team member will address them directly to put a stop to whatever mechanism appears to have surfaced.

The family group conferencing model emphasizes rigorous preparation as well as private family time. Program representatives report that the model is best suited for making long-range plans (e.g., permanency plans), rather than decisions that require quick turnaround (e.g., logistics of getting the child to and from school). For matters of daily routine and those requiring speedy decision-making, the team developed flexible approaches that preserve the key principles of making "family-driven plans" and position families as leaders in decision making. To meet such diverse situations, the team offers a menu of shorter, less intensive approaches, including a family case planning conference, a process for court-ordered settlements, and a rapid response option. Depending on the approach, the exact format of the sessions varies. For instance, in a case planning conference, the facilitator is present throughout the shorter conversation, whereas a full family group conference includes "private family time" for the family to plan without professionals present.

HarborCOV (Chelsea, MA)

Founded in 1998, Harbor Communities Overcoming Violence (COV) is a comprehensive domestic violence advocacy organization that provides free safety and support services, along with housing and economic opportunities that promote long-term stability for people affected by violence and abuse in the Boston area. Through a commitment to social and economic justice, HarborCOV seeks to address violence within the context of family, culture, and community. HarborCOV's mission is to provide linguistically and culturally appropriate, high-quality emergency and support services to; safe affordable transitional and permanent low-income housing for; and advocates on behalf of victims of intimate partner violence, while working to educate the public about its causes and consequences.

Operations

HarborCOV is staffed by 15 full-time and 15 part-time employees. Staff are predominantly women of color and collectively speak 12 languages and come from more than a dozen countries around the world.

Philosophy

In 2014, after a stray bullet killed one of their shelter residents, HarborCOV held community circles as a way to support staff and clients alike. Grounded in the indigenous circle process and facilitated by one of HarborCOV's indigenous staff members, the community circles allowed a space for community healing. Since then, the leadership has expanded to offering staff circles, community circles, and survivor circles on a regular basis. Now, circle process is a key component of the relationship/community building, anti-oppression and anti-racism foundation upon which they work. Program representatives report that the circle process has transformed the work of HarborCOV; staff members report that the model keeps them more connected and supported.

HarborCOV does not identify what they are doing as restorative justice for several reasons. The origins of the circle practice at HarborCOV were to foster healing and community building, and not to bring together people who have experienced harm with those who have caused them harm. While they have occasionally been asked by a survivor to work with a perpetrator, it is rare and “an entirely different framework for us.” In addition to questioning the idea of restoring (i.e., “restoring to what?”), the leadership is skeptical of using the restorative justice process that, locally, is emerging out of law enforcement and/or the court system—the very systems that have caused harm to the immigrant and communities of color they serve. “When anything becomes systematized, it only works for certain people.” HarborCOV sees a critical part of its work as partnering with these systems to affect broader change and remove barriers for survivors, particularly those who face multiple challenges to obtaining culturally and linguistically grounded support from these systems, rather than becoming an extension of them.

The Process

Each of HarborCOV's circles is similar in structure. There is a centerpiece and the circle begins and ends ceremoniously (e.g., lighting a candle, ringing a bell). The circle “host” offers a verbal recognition that the circle process was gifted to HarborCOV by indigenous elders, and that we are visitors on a land that was taken from indigenous people. The host continues to explain that circle is a sacred space in which people are invited to speak and listen from the heart. Participation is voluntary, and while there are hosts who ask questions,

there is no facilitator. A talking piece is passed around the circle to regulate who speaks and who listens at any given time. The talking piece is also only an invitation to speak and can be passed without judgment. Circles are grounded in a set of values created by each group (i.e., staff, community, survivors); values are written on a piece of paper and sit inside the circle. Each circle can have an interpreter in the circle as needed. Translation happens simultaneously and the interpreter equally participates in the circle as well.

Staff Circles Staff circles are held once a week. These circles often center on what their circle agreements/values mean for their work with one another and the families they serve, understanding and responding to trauma, healing, team building, anti-racism work, immigrant rights, healthy masculinity, current affairs, and planning and debriefing organizational projects and events. The agreed-upon circle values include compassion, love, respect, trust, forgiveness, commitment, healing, humility, and accountability.

One staff member described the impact of circles, “I was here before and after circle process was started and there’s a real difference in our team and the sense of accountability we have with each other.” For others the circle process helps to hold leadership accountable to addressing hierarchy that still exists within the organization. Circle has changed the dynamics: from staff helping individual victims with individual problems to engaging a community in an effort to support survivors, minimizing the dynamic of helper/victim. “Circle has helped me to understand people’s strengths...It’s easy to see a person’s suffering first and treat those needs... and circle helps to see peoples’ strengths... Circle assumes that every person is good, wise, not everyone is broken, in-need, and traumatized.” This change was reported by staff to be a relief and to lift the burden of “fixing” those they serve.

Community Circles Community circles allow HarborCOV and its community partners to explore the root causes of domestic violence; discuss the impact of intimate partner violence on the community; identify processes and improve upon system responses that are implicitly (or overtly) oppressive; and share experiences of trauma, healing, and success. During our visit, staff was planning a circle for men with power in the community on the topic of “healthy masculinity.” A staff member described, “We are trying to hit the most masculine systems: police, the fire department, and city hall.” The planning committee included three HarborCOV staff members and two male community members volunteers; the two-hour planning session was conducted entirely and productively in a circle format.

Survivor Circles Survivor circles began several years ago when HarborCOV staff observed that survivors were not showing up for conventional “support groups.” Staff

introduced the circle process and since that time, survivor support happens exclusively in circle and attendance has increased. Survivors have ownership of the circle and have agreed upon the following values: Faith, healing, open-mindedness, possibility of trust, compassion, respect, love, new beginnings, undivided attention, and optimism. Originally, staff organized two circles—one in English and one in Spanish. The survivors, some of whom live together, said that they have had to rely on each other in so many ways outside of circle, they wanted to be together in circle. They decided to have a bilingual circle and use an interpreter, who both interprets and sits as an active participant. The survivor circles often work on topics such as sharing stories of resilience, wellness, healing, self-esteem, healthy relationships, self-care practices, and challenges in their lives. HarborCOV staff also sit in survivor circles as active participants.

Men as Peacemakers (Duluth, MN)

The Domestic Violence Restorative Circles (DVRC) program is offered through Men as Peacemakers, a non-profit organization founded in 1996 in Duluth, Minnesota, after a series of local intimate partner homicides. The overall goal of Men as Peacemakers is to engage not just men, but people of all genders in preventing violence against women.

In 2007, a group that included victim advocates, researchers, batterer intervention program providers, restorative justice practitioners, a judge, representatives from probation, prosecution, defense, and staff from Men as Peacemakers began meeting regularly to discuss the problem of domestic violence crimes. In what would become a three-year conversation that led to the start of DVRC, these practitioners grappled with whether it is possible to safely and effectively utilize restorative justice in cases of intimate partner violence. These discussions were fraught with concerns, including the risk of deprioritizing women's safety and the possibility of decriminalizing violence against women. While disagreement ran high, the evidence that one-third of those mandated to local batterer intervention programs came back to court with new charges galvanized the group to explore how domestic violence advocacy and restorative practices could coalesce.

Philosophy

The leaders of Men as Peacemakers speak of the “long arc” of halting domestic violence, with no illusion that it will cease to exist in their lifetime. This long-range view permits them to center all of their work, including DVRC, on building conditions and models for community transformation.

Program representatives describe two priorities central to the work of DVRC: victim safety and victim consent. Members of the planning group agreed that a restorative process could be safely applied to “the 30%”—i.e., defendants previously mandated to batterer programs who re-offend—but rejected approaches that bring together offenders and victims in a face-to-face process. “The group wanted nothing to do with bringing them together.” Rather, program representatives felt that the best way to guarantee that survivors could safely speak in circle without the fear of reprisal was to offer separate circles: Transition Circles for offenders and optional Support Circles for survivors.²³

Originally serving as sentencing circles, offender circles were later restructured to take place post-adjudication, either as part of a plea or as a condition of probation. This “carrot and stick” approach offered the offender support, while staying connected to a system that could respond punitively to offenders who stopped attending or did not make progress. However, they also decided that there would be “no wrong door”—any defendant convicted of an eligible charge could be screened for DVRC, regardless of how they came to that conviction (e.g., plea offer, found guilty at trial). The only requirement for victim participation in Support Circles is consent. Similarly, there was to be no explicit or implied wrong door for victims offered services or Support Circles, in recognition that, “It isn’t anyone’s purpose to tell someone to leave the person causing harm, but [rather] to provide conditions in the community to hold accountability for the abusive person and safety for the survivor. Leaving can be a solution for safety [or] safety may be compromised by leaving. It’s important that victims’ ability to make that decision is respected.”

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²³ At the behest of program representatives, DVRC Support and Transition Circles are treated as proper nouns requiring capitalization.

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Operations

DVRC is staffed by a full-time program coordinator and volunteer coordinator, with support from the Men as Peacemakers co-directors and other program staff who have been trained as circle keepers. In addition, the program draws on the organization's large pool of volunteers; 140 volunteers have received training, 32 of these were actively involved in a case at the time of our visit. Volunteer training is now offered on a quarterly basis and includes such topics as in-depth exploration of patriarchy, intersecting oppression, abusive power and control, and normalizing community involvement in addressing domestic violence. Despite sizeable turnout at training sessions, program representatives report that finding a diverse set of community members to sit in circle is a challenge.

True to the original program design, current circle participants are repeat offenders who have not been successful in other interventions. Three-quarters of DVRC participants previously attempted to complete or had completed a batterer program and subsequently re-offended. DVRC typically serves around ten offender participants annually; the program has served approximately 50 participants since its inception.

The Process

Referral and Screening Referrals to DVRC come from judges, prosecutors, defense attorneys, probation, victim advocates, and program staff. Upon referral, cases are first reviewed by DVRC's multi-disciplinary steering committee, which meets monthly to review referrals and troubleshoot ongoing cases. The steering committee does not use a formal risk assessment for screening purposes; however, representatives indicate that risk is one of the considerations discussed during these meetings. If any member has reservations regarding a referral, the case is tabled until the next meeting. Program representatives report that this occurs rarely, most frequently in cases where complex mental health diagnoses or other multi-dimensional issues complicate the case.

The survivor is contacted to discuss the case, typically by a representative of the batterer program, who explains the DVRC program and ask if the survivor consents. If the steering committee approves the case and the survivor consents, the DVRC coordinator and the probation officer overseeing the case interview the potential participant, who is usually detained. This interview serves as an assessment of whether the offender is open to discussing the harm they have caused and gauges their motivation to change. Next,

volunteers participate in a pre-circle to review pertinent information about the participant and the case.

Transition Circles Transition Circles include the participant, one or two circle keepers, and two to four trained community members, with at least one victim advocate among them to represent the “survivor voice.” The inclusion of volunteers with lived or professional experience with intimate partner violence is a critical component of the circle process. The circles come together around a centerpiece; each circle begins with a ritual deemed meaningful to the participants. A talking piece is passed to designate the current speaker.

The duration of Transition Circles varies depending on participant progress, but is generally held weekly for two hours over a six-month period, followed by monthly circles over a three-month follow-up period. Circles progress through four phases: introductions, deepening relationships, addressing harm, and repairing harm. In the final phase, the circle collectively creates an individualized contract, which includes steps the offender will take ensure the safety and well-being of himself, others, and the community as a whole, and to safely repair harm as possible. This contract is later incorporated into court and probation orders.

Participants who fail to complete the circle process may continue on probation without DVRC or face incarceration, based on the recommendation of their probation officer. According to program representatives, a successful completion must include consistent reduction of “toxic beliefs around gender and their desire to use abusive tactics of power and control.”

Support Circles Survivors are offered one-on-one advocacy to help them navigate the complexities of the justice system and keep them updated on case progress in real time (e.g., safety planning, crisis intervention, legal assistance, filing paperwork, attending court hearings). In addition, survivors are invited to participate in Support Circles. During such circles, survivors and the support person of their choice join circle keepers and community members—some with relevant experience—who provide the survivor with a space to discuss past violence, healing, and growth. Survivor safety and autonomy are prioritized, and the survivor’s eligibility is not contingent on the offenders’ participation or progress. Program representatives estimate that about half of survivors offered services opt to work with the program.

While Support and Transition Circles are never combined, information may be communicated through program staff as needed, such as survivors’ safety concerns or general

updates about participant progress always with a view to ensuring the confidence and consent of the survivor.

Washington County Community Circles (MN)

Washington County Community Circles (WCCC) is a non-profit, community-based organization practicing restorative justice circles to address crime and harm across several communities in Washington County, Minnesota. WCCC most commonly operates circles for sentencing or as a condition of release by the court.²⁴ However, WCCC extended the offer of circles to support healing, build understanding, and address harm that occurs outside of the criminal system. “We seek to repair harm to victims, hold clients accountable, and build a better community in each case.”

The program model was influenced by a four-day training led by First Nation’s people in Carcross, Yukon, with band members and representatives from Mille Lacs County, Minnesota. A total of 50 residents from Washington and Hennepin Counties attended the 1997 training in Minneapolis, including advocates from a local victim advocacy organization, Tubman Family Alliance, and a former state court judge, the Honorable Gary Schurrer, who became one of the program founders. Both the Tubman advocates and Judge Schurrer shared a weariness over the lack of effectiveness of existing approaches to intimate partner violence and the dominance of the Duluth interventions, and were seeking an alternative process.

Operations

WCCC gained 501(c)(3) status in 2008, eleven years after the organization’s inception, but has retained its roots and strong connections as a community project. Without paid staff or a permanent source of funding, the organization is uniquely independent, values-centered, and able to individualize every case. There is no central office; board meetings take place inside members’ living rooms, often followed by a home-cooked meal. Circles are held at community rooms or other donated locations. To date, WCCC has trained a total of 120 volunteers, multiple community organizations, and dozens of institutional actors. They average six cases per year, with about 14 nine-person circles per case. Since its inception, a total of 127 cases have gone through the program.

²⁴ A video describing the program further is available at <https://www.tpt.org/family-matters-restorative-justice/>.

While program representatives identified the dedication of program volunteers as a great program strength, the lack of a professional infrastructure was also noted as one of the program’s greatest challenges: “Sustainability and maintaining our business model without paid staff and only volunteers, many of whom are aging...[and] challenges related to the turnover of key people in our partner organizations.”

Although the average length of the process is 15 months, progress is made on a case-by-case basis. Program representatives described one circle that continued to meet over a three-year period.

WCCC tracks new convictions among participating clients.²⁵ In addition, oral and written feedback is a graduation requirement for clients; such feedback is also offered (though optional) to participating victims.

Philosophy

Judge Schurrer was attracted to the circle process because it shared power with the community—including a voice in sentencing decisions. Moreover, he reports that he had long been critical of the view of courts as the primary mechanism for problem solving.

The conventional system doesn’t work for everyone. Jail doesn’t help people live a golden life. The courts shouldn’t have to do everything to solve everyone’s problems. Communities have a greater ability to help people change their lives than paid probation officers, judges, prosecutors, and even defense attorneys. There is something about us being volunteers that changes the dynamic. It holds more promise. We need both systems, but we have too much of the conventional system and not enough of the restorative process.

“We do not consider what we do a *program*, we consider [Circle²⁶] a way of life.” WCCC leaders described this “way of life” as guided by the values of spirituality, humility, compassion, respect, and honesty.

²⁵ See Schurrer, K. 2017. *Recidivism Analysis for WCCC, Inc.* Cottage Grove, MN: Washington Community Circles, Inc. Available at <https://www.peacemakingcircles.org/annual-reports>.

²⁶ Capitalized at the request of the program.

The Process

Cases involving intimate partner violence can be referred either for a post-conviction sentencing circle or a circle as a condition of dismissal of the charges. In the former, defendants would agree to a plea deal including a sentencing circle; this process culminates in an agreement, which becomes a legally binding sentence imposed by the court. In the latter instance, defendants agree to a plea including circle participation; those who successfully complete the requirement have their case dismissed. Defendants who do not wish to accept an offer including a circle can opt for standard case processing, either negotiating a sentence that does not include circle or going to trial.

Before referral to WCCC, intimate partner violence cases are screened by the prosecutor's office and by a representative of Tubman. A Tubman advocate contacts the victim and describes the process; if the victim consents and an agreement is reached by all parties, the case is referred to WCCC.

Once the case has been referred, WCCC contacts both parties to explain the circle process (for a second time to victims). Consent is confirmed and victims are given options for their participation in the process: a combined circle, a separate support circle for the victim, telephone updates only, or no participation at all. More than half (59%) of victims decline to participate.

The defendant is then asked to attend an application circle, where they talk about the crime in their own words and circle members ask follow-up questions regarding remorse and a desire to change. Victims who wish to may also attend the application circle to describe what happened in their own words. If the case is approved, a self-selected subset of volunteers from the application circle become the circle members dedicated to that case. If there is a volunteer with relevant experience, they may be invited to participate as a circle member.

Each participant is invited to bring support people of their choosing. Judges, prosecutors, defense attorneys, and probation officers are also invited to sit in as part of a sentencing circle. While the sentencing circle has the capacity to impose an incarceration sentence, they have never done so.

Circles are run without an agenda; members seek to be responsive to the needs of the people before them. Issues such as unemployment, mental health, and substance abuse are frequently addressed, as they are commonly seen needs among participants. In keeping with responding without an agenda and in keeping with their mantra, "control is the enemy of

Circle²⁷,” WCCC does not conduct intensive preparatory work with participants before the process. All efforts are aimed to minimize the impulse of keepers, community members, and participants to insert their own agenda.

²⁷ Capitalized at the request of the program.

Chapter 5

Guiding Principles & Implications for Practice

The programs included in this study draw from diverse principles and processes to guide their work. Drawing on their efforts, this chapter sets forth a series of guiding principles and practices informed by the survey results and case studies. Principles described herein are not intended to be all-inclusive or prescriptive, but instead to offer possibilities for restorative practice. These principles are meant to be dynamic and to inform one another.

Importantly, the guiding principles are *not* performance measures (i.e., quantitative or qualitative markers of standards for processes and outcomes). The decision not to include such markers came from the field; the community of practitioners engaged in this study advised against developing performance measures, felt to be premature to the nascent application of restorative approaches to intimate partner violence. Practitioners expressed concern that it would be difficult (or impossible) to identify a meaningful and universal set of measures. Practitioners further warned that such attempts might inadvertently stifle creativity or undermine funding for exploring new strategies to address intimate partner violence.

Guiding Principle #1 Restorative approaches center their responses on the agency and safety of the harmed person(s).

Disrupting networks of control requires elevating the voices and agency of persons experiencing harm. The programs surveyed in this study consistently prioritized empowerment of those harmed. Other top-rated program priorities for those harmed include improved support networks, safety, healing, and satisfaction with the process. Prior research suggests that women's voices are heard more in restorative processes compared to other approaches (e.g., conventional dispute resolution, courts; Burford and Pennell 1998; Maxwell 1993; Pennell and Burford 2000).

The centrality of harmed persons' experience and expertise comes to bear both inside and outside of a circle or conference. Initially, a person who was harmed is *offered* the option of a process. While programs do not require active participation from the harmed person, many

require that person's consent to move forward with the person who caused the harm. Responding programs universally maintained that those who have experienced IPV must have a real choice, barring both individuals and systems from perpetrating further harm, including implicit or explicit messages about whether to continue the relationship.

Support circles for people who have been harmed can increase feelings of agency, even without facilitating direct communication with those who caused them harm. At HarborCOV, for example, the leadership team replaced more conventional survivor support groups with the option to participate in a support circle. "Circle assumes that every person is good, wise... It allows people to come together in our individualistic society and build relationship with one another. Empowerment is a buzzword, but it really happens in circle." Agency is also tied to material supports, and research demonstrates that the increased support networks can also translate to increased material supports (Coker 1999).

Principle #1 in Practice

We suggest three overarching practical implications of the general principle.

1) Construct a process that incorporates the harmed person's input and approval. Some ways that programs can work towards agency and empowerment throughout the process include:

- Describe both the purpose and the structure of practices;
- Ensure meaningful and ongoing consent from the person who was harmed, even when they do not wish to directly participate in the process;
- Whenever possible, work closely with advocates and service providers, who may be in the best position to serve as a liaison between programs and those harmed;
- Ensure confidentiality of personal information, with exceptions for threats of harm or other mandatory reporting; and
- Assist with temporary suspension of no-contact orders for the purposes of the intervention *when directly requested by the person harmed*. Develop systems to detect and prevent coercion by the person causing harm.

2) Encourage those harmed to include their support networks. Support networks are crucial in dispelling the secrecy that enables coercive control and abuse. Engaging support networks is a key practice to expanding a sense of agency and safety. Programs can encourage meaningful support from such networks in a number of ways:

- Ask those harmed who they want (or do not want) included in the process;
- Offer individual support circles for those harmed comprised of extended family, friends, colleagues, neighbors as well as community volunteers;
- Offer flexibility (e.g., in scheduling, venue) to promote participation of those identified by the person harmed as important sources of support;
- Include the person harmed in session logistics (e.g., location, time); include safety measures (e.g., escort to transportation, code words); and
- Develop broad definitions of safety and security at the individual, family, and community level, and embrace prevention.

3) Create space for harmed persons to tell stories that name the violence, nurture healing, and promote agency and self-actualization. The restorative process allows the person harmed to tell their own story rather than having someone else speak on their behalf, a crucial shift in dynamics from conventional systemic interventions. Collective stories can also be an important part of the process of unpacking intergenerational and structural violence (e.g., see Strickland et al. 1996). Some mechanisms for incorporating supportive storytelling include:

- Respect the privacy of all participants; do not discuss others’ stories during or outside of sessions;
- Promote emotional safety in the space before inviting the sharing of stories;
- Support participants in choosing whether they will share; respect their choice to pass on speaking at any time;
- Recruit community volunteers to participate in the process and share their own related stories; and
- Remain sensitive to the ways that persons harmed are blamed and re-traumatized (e.g., through minimization, justification, denial).

Guiding Principle #2 Restorative approaches engage the person(s) causing harm—as well as a network of invested community members—in an active, participatory process of accountability.

Restorative processes aim to foster an environment that encourages participants to acknowledge the harm that they have caused. This enables a process that attends to the impacts of the harm committed, with the potential to capture the sorts of near- and far-reaching effects that are often ignored by the criminal legal system. Restorative practices

draw on the idea that once someone can acknowledge harm without engaging in victim-blaming, they can begin taking steps to make things right, and to considering what else has contributed to the context or conditions which fostered harm. It is important to note that persons who deny causing harm would be ineligible for restorative programs.

Restorative processes do not solely rely on the *individual* to process accountability. The broader community is viewed as having an important stake in creating safety and in holding those who cause harm responsible. By engaging community members to address the violence, restorative programs take issue with norms and conditions that foster intimate partner violence (e.g., sexism, racism, community violence, secrecy), while attempting to permanently break down the isolation frequently experienced by harmed persons (as opposed to the short-term separation offered by arrest and incarceration).

Not only do community members have a vested interest in promoting accountability, they may have a greater impact. One program representative explained, “Community members working with other members of the community have a greater ability to change people’s lives than paid probation officers, judges, prosecutors, and even defense attorneys. There is something about us being volunteers that changes the dynamic.” This layered conversation is intended to engage the person causing harm in a process of self-reflection, surrounded by peers who model responsibility and self-regulation, while helping to rewrite cultural narratives about violence (Braithwaite 2003; Burford and Pennell 2014, Coker forthcoming; Goodmark 2018, 2019; Jenkins 1990; McMahan, Karp, and Mulhern 2018; Morrison and Arvanitidis 2019; Pennell and Burford 2000).

Finally, the community plays a role in confronting, contextualizing, and challenging—and being accountable for—broader norms around violence. Those involved in the advocacy community have long sought to create coordinated community-based efforts to address the complexities of intimate partner violence. More recently, marginalized communities have attempted to expand this coordination to include examining the intersectionality of race, gender and sexuality, poverty, oppression, immigration status, and violence. Restorative practices seek to hold individuals accountable for the harm they have caused, by including their pro-social, anti-violence peers in a face-to-face conversation that directly addresses the individual violence, while contextualizing it in the social norms that enable it.

Representatives of several of the programs included in the study highlighted the need to extend restorative processes to a wider audience beyond those directly involved in the

violence. Without such efforts, one interviewee suggested, the broader changes to cultural norms perpetuating gendered violence will never occur.

We aren't addressing the issue of domestic violence if we are only doing circle with the men who are caught. We get criminalized early on in our schooling as marginalized men, and then that manifests itself later in our relationships ... In this patriarchal and racist society, *all* men and boys have been impacted. Because of that, we all need rites of passage, support, healing to return to our sacredness and know how to manage ourselves in a disconnected, toxic society.

Principle #2 in Practice

We have identified the following specific implications for practice related to accountability.

1) Include the people most affected by the violence in crafting lasting solutions that grow out of—or align with—their knowledge, experiences, and hopes. Active accountability requires both a person who admits that they have caused harm and a network of invested people. Programs might seek to include those most impacted by the violence through a range of strategies.

- Encourage persons who have caused harm to move beyond simple admission of wrongdoing to taking active responsibility;
- Support those causing harm to identify their own motivations to change and to take active steps toward repairing harm; and
- Encourage dialogues that are inclusive, transparent, and responsive to the harm, while maintaining the dignity of everyone in the process, including the person who caused harm.

2) Limit potential harms created by top-down accountability models, while supporting active and ongoing engagement with the person causing harm.²⁸ Criminal legal approaches impose accountability through structured supervision,

²⁸ We speak in this report about accountability and responsibility. In restorative justice, this can be understood as acting with integrity; doing a right thing in the face of having failed to meet an obligation and caused harm (Braithwaite 2006). This goes beyond simply admitting guilt, and passively complying, as is too often the outcome of criminal legal interventions. Actively accounting through dialogue for one's behavior and its impact on others is preventive. In the wake of violence, it requires commitment to finding ways to support building safety and security

reinforced by the threat of punitive sanctions for non-compliance. These methods exert control over defendants and encourage them to passively “take the punishment.” While this may be necessary to stop abusive behavior, such approaches do not consistently motivate positive behavior change. By contrast, restorative processes encourage participants to take active responsibility by acknowledging their behavior, participating in understanding and repairing the depth and breadth of its impacts, and to finding pathways towards preventing future harm. The restorative process models the behavior it expects from participants. At its full potential, a restorative process is an active and engaged process. Some practice points include:

- Refrain from using purely punitive penalties to motivate behavior change;
- Engage in ongoing monitoring and assessment of active engagement of those who caused harm in ways that are responsive to the needs of those harmed, rather than to a prescribed system response; and
- Work with those impacted by the violence to identify accountability strategies that do not cause further harm.

3) Enlist pro-social, anti-violence supporters to work alongside the persons who have caused harm. A network of individuals who can promote and support efforts to change behavior can encourage accountability among those who have caused harm, without further direct exposure for those who have been harmed. Such a support network may enable the person who caused harm to acknowledge their behavior and to continue to engage in sustained change. This dialogue promotes personal change while making space to address the complex layers of oppression that perpetuate violence.

- Include individuals who can positively support the person who caused harm (unless expressly rejected by the person harmed);
- Encourage forward-thinking problem solving and planning for the future;
- Offer opportunities to learn from others who have been impacted by their violence and from those who have previously committed violence; and

with others, and in working with others to increase the likelihood that obligations will continue to be met.

- Encourage participating community members to reflect on patterns evident from individual cases that relate to underlying community conditions that contribute to harm.

Guiding Principle #3 Restorative programs recognize that culture matters and are mindful of the tension between honoring and appropriating indigenous practices.

People come with a multiplicity of experiences and identities that shape their understandings and aspirations. Ignoring the diversity of cultural values not only compromises individuals' sense of dignity, but it disregards—or worse replicates—the impact of systemic oppression on interpersonal violence. As identified through a black feminist lens (Crenshaw 1991; Dill 1983; Pérez 2017), marginalized groups experience an intersection of oppressions of which gendered and intergenerational violence are one manifestation of both interpersonal and systemic domination. Restorative programs, often grounded in inclusive social movements, must support communities in bringing their varied perspectives to bear while working to stop intimate partner violence.

One program representative emphasized that characterizing restorative approaches as “alternative” undermines the capacity of such programs to resist punitive models and paints them forever as outsiders: “My cultural ways are not ‘alternative’ to me.” By establishing “extended kinship support and accountability,” cultural connections become a mechanism to overcome systemic racial and gendered oppression, and to stop intimate partner violence.

Principle #3 in Practice

Below are three practical suggestions for programs endeavoring to consider the role of culture in individual participants' experiences and in seeking broader cultural norm change.

- 1) Establish space for participants' diverse cultures, while respecting the individual needs of the person who was harmed.** All people need space in which to express their cultural values, histories, and connections—perhaps even more so in moments of hardship. Restorative programs need to respect and give participants the opportunity to safeguard familial and cultural groups as they strengthen their bonds, challenge each other, and reach their own agreements. However, cultures are neither monolithic nor static, and cultural norms are not always agreed upon. When safeguarding cultural practices, it becomes just as important not to presume a unified set of values, and

to create space for an individual to challenge and critique community norms, particularly those that may have contributed to the harm. Some practice points include:

- Create hospitable settings for restorative processes (e.g., selection of familiar food, venue, rituals);
- Offer interpretation so that participants can understand each other (e.g., for different languages spoken, for those with auditory or verbal limitations);
- Prepare public agencies and community organizations to support the privacy, traditions, and values of families and cultural groups (e.g., supporting but not intruding upon family rituals, knowing to keep silent, refraining from discussing what is said outside the group, only sharing outside what the group agreed upon, refraining from using labels rejected by that community);
- Discuss these traditions and values with the person who was harmed to ensure that they are comfortable and do not cause further harm;
- Invite participants to define their community and their family in the way that is most comfortable (e.g. in queer communities, this may include inviting non-biological “chosen” families);
- Use only rituals that resonate with the group (e.g. prayer, moment of silence) and with the person who was harmed; and
- Designate at least one keeper or host deeply familiar with the community’s culture.

2) Include participants across generational lines. Recognizing and making space available for people of all ages recognizes their perspectives as necessary for a holistic understanding of the causes and impact of intergenerational violence. This type of welcoming, particularly of elders, signals that members’ safety and wellbeing are interconnected.

- With input from the harmed person, reach out to a wide circle of the group’s members (e.g., through collectively developing the invitation list, preparing participants, making travel arrangements);
- Agree on terms of participation so all participants, whatever their age or abilities, can express their views (e.g., support individuals in determining how they want to take part, encourage the group to reach consensus on the terms, adjust the terms as needed throughout the process); and
- Select a location that is accessible and inviting to all.

3) Recognize the tension between honoring and appropriating indigenous, immigrant, and other cultural processes. Restorative programs have learned from diverse cultures and traditions how to carry out their work, whether they use conferencing, circles, or another format. While a cross-cultural connection can foster deeper relationships, it also poses the danger of colonizing others' practices (Battiste 2000; Burford, Braithwaite, and Braithwaite 2019). Ultimately, the principle of honoring culture includes honoring the origins and people of a given practice. Each restorative program has to determine for itself how to hold the tension between honoring and appropriating indigenous processes, by building current connections, and finding ways to honor both the past and present communities that have shared and continue to share their wisdom.

Chapter 6

Conclusion

This report is intended to paint a portrait of the current diversity of programs using restorative approaches to address intimate partner violence across the country. Through a national survey and in-depth case studies, we have identified general trends in the use of restorative approaches to IPV, as well as examples of specific models that other sites may consider. We believe the findings address some of the genuine concerns of advocates and survivors, who warn that criminal legal systems may pressure survivors into restorative programming that benefits the person who caused harm, oversell such programs as a way to “fix” the person who has caused harm, and/or lose focus on the dynamics of intimate partner violence in an effort to repair relationships. These concerns, paired with an understanding of the ways in which current legal structures are ill-equipped to respond to the needs of marginalized communities, animated much of the collaborative work of this project.

The authors in no way endorse the idea that there are only two options to address intimate partner violence: restorative practices or a criminal legal system response. Rather, the guiding principles are intended to assist with the development of theory and practice, by combining the values of restorative justice with the wisdom of those who have experienced intimate partner violence. We propose consideration of the challenges, concerns, findings, and principles as a piece of the broader field’s “growing edge”²⁹—that is, the place where new growth stems from the foundations that were previously established. It is the authors’ hope that this report assists practitioners and their communities as they explore and address their growing edges, develop meaningful processes of accountability, and expand the available pathways for survivors to seek safety, healing, and well-being.

Major Findings

While—as the results presented in Chapters 3 and 4 clearly indicate—restorative approaches to IPV are revealed to be a diverse group, some key take-aways and promising findings include the following:

²⁹ With gratitude to Laurie Tochiki, who spoke so eloquently about the growing edge of this work for all of us.

- **Prioritizing Survivor Agency and Safety** Top program priorities as reported in surveys include empowerment for the person experiencing harm, improved support network, safety, satisfaction with the process, and healing. Specific provisions for promoting safety were identified in each of the case study sites. Two of the sites (HarborCOV, Domestic Violence Restorative Circles) do not bring together those who have been harmed and those who have caused harm; one site holds split conferences when there is a protective order in place (EPIC ‘Ohana); in another, the person harmed decides whether to participate in a joint circle with their intimate partner who caused them harm (Washington County Community Circles).
- **Focusing on Active Accountability** Survey results further indicate that reduced violence and accountability for the person who caused harm are top-rated program goals. During site visits, programs discussed that denial of having caused harm was a reason to exclude someone from participation. Programs have in place practices to curtail or terminate sessions in which the persons causing harm manipulate the circles or conferences (EPIC ‘Ohana, Family Service Rochester, WCCC). The restorative processes build social supports that encourage the persons causing harm to take responsibility in making things right. DVRC draws from a justice system model, in which noncompliant participants may face criminal sentences. By contrast, some of the programs indicated on the survey that they do not cooperate with law enforcement. The level of interaction with systems of law enforcement remains an open question in the field of restorative justice.
- **Engaging and Reflecting their Communities** Survey findings suggest that many programs are drawing on communities—in the form of volunteers, community attendees, extended family participation—to address the formerly “private” issue of intimate partner violence. During site visits, program representatives stressed the importance of involving communities in challenging cultural and social norms that enable gender-based violence. Indigenous practices and programs center healing and accountability in the history and culture of the community. In this way, accountability is not reserved solely for the harming individual; both the individual and the broader social network need to come together to stop the violence.
- **Ensuring Voluntary Participation** Participation is not mandatory in any of the programs responding to the survey. In particular, the ability of those who have been harmed to opt out of the process was noted across the case study sites.

- **Addressing Diverse Participant Needs** Despite accepting a broad range of cases, very few programs reported having specialized programming available for specific populations. Moreover, survey responses suggest that program participants face an array of needs not directly related to their IPV case—e.g., housing, medical, substance abuse, mental health, training and employment, counseling—but with implications for their participation and continued success. While 66% of programs reported referring participants to external social service agencies, unmet needs were identified as an ongoing challenge for programs.
- **Collaborating with Community-Based Intimate Partner Violence and Sexual Assault Organizations** Collaboration with and referrals to IPV advocacy organizations was important to many of the programs surveyed. Two-thirds of programs responding to the survey reported administering the program in collaboration with partner agencies, and nearly half of respondents reported collaborating specifically with a community-based domestic violence program or coalition. HarborCOV originated as a comprehensive community-based domestic violence program, whereas DVRC began the initial conversation around restorative approaches with domestic violence advocates at the table who never left. WCCC founders trained in Circle process with their local domestic violence organization, whose social workers—many years later—still screen every IPV case they are referred. These collaborations have allowed for on-going training on domestic violence and sexual assault dynamics, on-site support for those who have been harmed, and continued discussions on how to expand survivor agency, safety, and well-being.
- **Responding to Limitations of Available Responses** A majority of survey respondents (80%) traced their interest in developing an alternative approach to the lack of effectiveness of standard responses to intimate partner violence.
- **Assessing the Field of Practice** Currently, there is limited—though positive—research supporting the use of restorative practices, especially as applied to intimate partner violence. Most of the programs included in the current study are engaged in documentation activities—e.g., tracking program data through a computerized system. This finding suggests that, given the necessary interest and funding, many of these programs could potentially be in a position to engage in future evaluation efforts. Due to small caseloads in some programs, conventional impact evaluations may not be feasible; alternative methods such as storytelling, community validation, or others may yield more meaningful results.

Study Limitations

There are several study limitations of note. First, despite extensive outreach efforts, we cannot definitively say that we identified every relevant program. In fact, we know from our contact with a handful of programs that expressly declined to draw attention to their work by participating in the study that the entire universe of programs implementing restorative approaches to intimate partner violence is *not* reflected in our results. Therefore, survey findings may not accurately reflect the full array of practices undertaken by programs across the country. In particular, we believe there is far more programming occurring in tribal communities than is represented by our results and we encourage further study of tribal programs specifically. Even among the 65 programs we identified, we do not have a reliable method for assessing which programs were truly eligible for inclusion in the study and which of the 31 non-responding programs were simply not engaged in the kind of practices we were interested in studying.

Second, the survey instrument itself was an imperfect tool. In part, challenges of the instrument stem from the nature of restorative work—many of the underlying concepts proved difficult to conceptualize in a survey. We saw these challenges reflected in the definitions we solicited from programs, as well as in themes that arose during site visits that were largely absent from the survey results (e.g., the centrality of culture in restorative approaches; differences in how to identify and define the work). The case studies enabled us to explore many of these less easily operationalized concepts, though on a limited scale (i.e., in five sites). Additional challenges arose from the inclusion of numerous survey items that allowed respondents to select unlimited responses, which complicated interpretation of survey results.

As in so much of the research in this field, this study does not include direct feedback from those who have experienced intimate partner violence. While such feedback was beyond the scope of the current project, we acknowledge the need to hear from those who are most closely impacted to best inform practice. This issue tracks with general wisdom around restorative practices, in which those closest to the problem will be closest to the solution.

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Appendix A

Advisory Board Roster

- **Juan Carlos Areán** Futures Without Violence
- **Richard Biehl** Department of Policy, City of Dayton, Ohio
- **Jamie Burke** New York City Defense Bar
- **Donna Coker** University of Miami School of Law
- **Penelope Griffith** Collaborative Solutions for Communities
- **Claudia Kearney** Center for Family and Community Engagement, North Carolina State University
- **Mimi Kim** Creative Interventions, California State University, Long Beach
- **Audrey Moore** New York County District Attorney's Office
- **Jessica Nunan** Caminar
- **Sue Osthoff** National Clearinghouse for the Defense of Battered Women
- **Kay Pranis** Consultant
- **Karen Tronsgard-Scott** Vermont Network Against Domestic and Sexual Violence

Appendix B

Survey Instrument

CENTER FOR COURT INNOVATION

National Portrait of Alternative Approaches to Domestic Violence and Sexual Assault

The Center for Court Innovation, in collaboration with researchers at North Carolina State University, are examining alternative approaches to domestic violence/family violence (DV) and/or sexual assault (SA). Through this project, we hope to gain a better understanding of how restorative and other alternative approaches are used nationally. Ultimately, the project will yield three products: (1) a national compendium of restorative justice programs; (2) a research report describing program practices nationally (reported anonymously and in the aggregate); and (3) a set of performance measures developed with the unique characteristics of such programs in mind. All three products will be submitted to our funders at the Office of Violence Against Women (OVW) and will be made publicly available.

The attached survey represents the first step in this project. We ask that you work with others in your agency or organization to complete this survey, reflecting programming and practices related to alternative approaches applied to domestic violence and/or sexual assault. If your agency serves additional, non-domestic violence/non-sexual assault populations, please limit your responses to only those approaches that are used in response to domestic violence/sexual assault. If a single program serves persons with both intimate and non-intimate relationships, please include that program in your responses. If your agency has more than one program for domestic violence/sexual assault populations, please complete a separate survey for each program.

We anticipate it will take approximately 30 to 60 minutes to complete the survey. You can begin the survey and return to it at a later time. Please complete the survey by March 16, 2018. Thank you.

Please answer the questions in this survey candidly and to the best of your knowledge. If there are some questions that are not relevant to your program or to which you do not know the answer, please skip those questions.

The contact information designated below (*) may be included in a national compendium of programs. Other contact information will be available only to the research project team and will be used for additional outreach/followup.

Agency/Organization*:

Agency Address*:

Agency Telephone*:

Agency Email (if applicable)*:

Program Name (if different than agency name)*:

Contact Person Name:

Contact Person Position:

Contact Person E-mail:

Program Origin

Your responses to the questions below will be seen only by the team conducting the research. The final research report will include aggregate responses across all the responding programs, but will not identify specific programs by name.

What prompted your interest in developing an alternative approach to addressing domestic violence/sexual assault? *Check all that apply.*

- Not enough existing programs to address domestic violence and/or sexual assault
 - Lack of effectiveness of standard approaches to domestic violence and/or sexual assault
 - Familiarity with restorative/transformational/indigenous approaches
 - Feedback from clients
 - Feedback from other professionals
 - Mandated from top-down
 - Mandated by legislation
 - Offering culturally appropriate responses
 - Serving diverse populations
 - Other
-

How were you first introduced to alternative approaches to addressing these issues? *Check all that apply.*

- Word of mouth
- Conference/presentation

- Mandated from top-down
 - Mandated by legislation
 - Other
-

What month and year did your program first open/begin? (dd/mm/yyyy)

Has your program remained continuously active/open since its start date?

- Yes
 - No
-

If you answered no to the previous question, please explain.

Is your program currently funded?

- Yes, the program has a dedicated permanent funding source
 - Yes, the program has grant funding
 - Yes, the program is funded as a pilot/on a trial basis
 - Yes, the program has multiple funding sources
 - No, the program is unfunded
 - Other
-

To your knowledge, is your program based upon a preexisting restorative justice curriculum or program model?

- Yes
 - No
-

If yes, please name the original program(s) and briefly describe adaptations made to implement the program for your setting/population:

Program Structure

How does your program refer to its approach? *Check all that apply.*

- Restorative
- Indigenous
- Transformative
- Community-based
- Family-based
- Faith-based
- Alternative sentencing
- Other

Is the program a collaborative effort between your agency/organization and another organization(s)?

- No, the program is not a collaborative effort
- Yes, the program is a collaborative effort

How many people work in your program? Please indicate how many of each of the following work for your program:

Full-Time Staff:	<input type="text"/>
Part-Time Staff:	<input type="text"/>
Volunteers:	<input type="text"/>
Interns:	<input type="text"/>
Other:	<input type="text"/>

Program Population

The following questions use language such as "**the person who caused harm**" and "**the harmed person.**" Understanding that harm is often ongoing, these terms should be understood to refer to **the specific harm that resulted in the intervention referral.**

Which of the following does your program address? *Check all that apply.*

- Domestic violence
 - Sexual assault
-

If your program addresses sexual assault, which types of sexual assault are eligible for your program? *Check all that apply.*

- N/A, my program does not address sexual assault
 - Sexual assault by family
 - Sexual assault by intimate partner
 - Sexual assault by friends, colleagues, or others who are well-known
 - Sexual assault by acquaintances
 - Sexual assault by strangers
-

Which of the following are *eligible* to be participants in your program? *Check all that apply.*

- Adult intimate partners
- Teen/adolescent dating partners
- Family members (e.g., parents/children, siblings, grandparents/grandchildren)
- Non-family relationships (e.g., neighbors, friends, roommates)
- Same-sex relationships
- Men
- Women
- Transgender participants
- Children, ages 12 and under
- Children, ages 13-18

- Adults
 - Other:
 - Other:
-

Are persons with any of the following characteristics considered *ineligible* for your program? *Check all that apply.*

- N/A, All of these are program eligible
 - Those with open felony domestic violence case
 - Those with open misdemeanor domestic violence case
 - Those with open felony sexual assault case
 - Those with open misdemeanor sexual assault case
 - Those with open family court case
-

Are persons with any of the following characteristics *ineligible* for your program? *Check all that apply.*

- N/A, All of these are program eligible
 - Those with prior domestic violence allegations are ineligible
 - Those with prior domestic violence arrests are ineligible
 - Those with prior domestic violence convictions are ineligible
-

Are persons with any of the following characteristics *ineligible* for your program? *Check all that apply.*

- N/A, All of these are program eligible
 - Those with prior sexual assault allegations are ineligible
 - Those with prior sexual assault arrests are ineligible
 - Those with prior sexual assault convictions are ineligible
-

Are persons with any of the following characteristics *ineligible* for your program? *Check all that apply.*

- N/A, All of these are program eligible
- Those with prior child sex abuse allegations are ineligible

- Those with prior child sex abuse arrests are ineligible
 - Those with prior child sex abuse convictions are ineligible
-

Would a specific score on a lethality assessment render someone *ineligible* for your program?

- N/A, we do not have access to lethality assessment scores
 - No
 - Yes
-

If yes, what scores would render someone ineligible?

Please describe any additional characteristics that would make a person ineligible for your program that are not covered by the previous questions:

If participants are referred to your program from the criminal or tribal court, what are common charges faced by participants? *Check all that apply.*

- N/A, cases are not referred from the criminal or tribal court
- Unknown (i.e., the program does not track/know the pending criminal charges)
- Assault
- Sexual assault
- Harassment
- Stalking
- Menacing
- Violation of protective order
- Other:

If participants are referred to your program from the family court, what are common family court case types referred? *Check all that apply.*

- N/A, cases are not referred from the family court
 - Unknown (i.e., the program does not track/know the pending family case type)
 - Civil violation of a protective order
 - Civil request for a protective order
 - Visitation
 - Custody
 - Divorce
 - Juvenile matters
 - Child protection (abuse/neglect)
 - Other:
-

Are some persons automatically considered eligible for your program?

- Yes
 - No
-

Which persons are automatically eligible?

Is consent from the harmed person required for participation in your program?

- No
 - Yes, always
 - Yes, sometimes. Explain:
-

Please indicate whether you have specific programming for any of the following populations. *Check all that apply.*

- Men
 - Women
 - LGBTQ participants
 - Children
 - Teens
 - Young adults (18-24 years)
 - Immigrant/Refugee populations
 - Other:
-

In what languages is your program offered? *Check all that apply.*

- English
 - Spanish
 - Other:
 - Other:
-

Do you have staff who are fluent in the language(s) that spoken by program participants?

- No
 - Yes, all of the languages spoken by participants
 - Yes, some of the languages spoken by participants
-

Do you have language translators available?

- No
 - Yes
-

Are program agreements made available in all participants' primary languages?

- No
- Yes, materials are translated into all primary languages

Yes, materials are translated into some primary languages

Program Referral and Intake

How often do each of the following sources make referrals to your program?

	Never	Rarely	Sometimes	Often	Very Often
Criminal court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Probation/correction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child welfare services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult welfare service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schools/universities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private therapists/counselors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim advocacy organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family/community members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-referral/walk-in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which parties have the discretion to find a case ineligible for your program? *Check all that apply.*

- Judge
- Prosecutor
- Defense attorney
- Children's attorney/law guardian
- Probation
- Police

- Program staff
 - Victim advocate
 - School administrator
 - Parent or guardian
 - Other:
-

Which of the individuals directly involved in the violence can decline to participate? *Check all that apply.*

- N/A, participation is mandatory
 - The person who caused harm can decline to participate
 - The person harmed can decline to participate
 - Other family members can decline to participate
 - Others involved in the violence can decline to participate
 - Other:
-

Approximately what percentage of:

	Percentage
Those who caused harm decline to participate?	<input type="text"/>
Those harmed decline to participate?	<input type="text"/>

If the person harmed declines to participate, can your program still proceed in working with the person who caused harm?

- No
 - Yes
-

If the person who caused harm declines to participate, can your program still proceed in working with the person harmed?

- No
- Yes

At what point in the legal process are cases referred to your program? *Check all that apply.*

- N/A, program does not take court referrals
 - At arrest (police diversion/referral)
 - Prior to case filing by the prosecutor (prosecutor-led diversion)
 - Prior to case resolution/pre-plea
 - As part of a plea entered in court
 - Other
-

How does your program screen referrals? *Check all that apply.*

- Interview with the harmed person
 - Interview with person who caused harm
 - Interview with the referral source
 - Structured screening survey/tool
 - Professional judgement of referral source
 - Other:
-

Does your program use an assessment instrument?

- Yes
 - No
-

If yes, what is the name of the assessment tool(s)? If your program created the assessment tool in-house, please indicate "in-house instrument" in addition to the name of the tool.

If yes, who receives the assessment? Check all that apply.

- All referred persons
- All those who caused harm referred

- All harmed persons referred
 - Some referred persons
 - Other:
-

If yes, what does the assessment screen for? Check all that apply.

- Program eligibility
 - Lethality
 - Risk of future (non-lethal) violence
 - Risk of flight (for person who caused harm)
 - Needs of person who caused harm
 - Needs of person harmed
 - Other:
-

If yes, what aspects of your program are informed by the assessment results? Check all that apply.

- Program eligibility
 - Program length
 - Program intensity
 - Supervision intensity
 - Program structure
 - Service referrals
 - Program participants
 - Other:
-

Does your program track the number of referrals made?

- No
 - Yes
-

How many people are referred to your program during each of the periods below? How many people actually participated (i.e., attended at least one program session) in your program during each of the periods below? *If data is not available, please indicate "DK" (don't know).*

	Number Referred	Number Participated
Since program inception	<input type="text"/>	<input type="text"/>
In 2016	<input type="text"/>	<input type="text"/>
In 2017	<input type="text"/>	<input type="text"/>

Does your program regularly update referral agencies on participant progress?

- Yes, always
 - Yes, Sometimes
 - No
-

How does your program update referral agencies on participant progress? *Check all that apply.*

- In-person
 - Telephone
 - Fax
 - Email
 - Other:
-

The Intervention

What format is your program? *Check all that apply.*

- Peacemaking circle
- Support circle for person(s) harmed
- Men's support circle
- Restitution for person harmed
- Family group conferencing
- Mediation

- Victim impact panel
- Therapeutic community
- Education
- Batterer intervention program
- Other:

Please rate the goals of your program:

Outcomes for Harmed Person

	Not Important	Somewhat Important	Very Important	Extremely Important
Restitution for harmed person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healing for harmed person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empowerment/giving "voice" to harmed person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment for harmed person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Economic services for harmed person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved communication with person causing harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety for harmed person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harmed person's satisfaction with the process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harmed person's confidence in the justice system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternative to the criminal justice system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved support network for harmed person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate the goals of your program:

Outcomes for Person Causing Harm

	Not Important	Somewhat Important	Very Important	Extremely Important
Accountability for person causing harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healing for person causing harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehabilitation/treatment for person causing harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Economic services for person causing harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community reintegration for the person causing harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved Communication with Harmed Person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empowerment/giving "voice" to person causing harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced recidivism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person causing harm's satisfaction with the process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person causing harm's confidence in the justice system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternative to the criminal justice system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate the goals of your program:

Social/Community Benefits

	Not Important	Somewhat Important	Very Important	Extremely Important
Community healing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduction of violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased public safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changing norms around domestic violence/sexual assault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repaired relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not Important	Somewhat Important	Very Important	Extremely Important
Affirmation of cultural traditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community satisfaction with the process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternative to the criminal justice system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe additional program goals/benefits not captured in the above categories:

Are participants encouraged by your program to include/invite support people?

- No
- Yes, sometimes
- Yes, often
- Yes, always

Who else—other than the people involved in the domestic violence/sexual violence and their support people—regularly participates in your program sessions? *Check all that apply.*

- Program staff
- Staff from other programs
- Peacemakers
- Neutral facilitators/circle keepers
- Other community members
- Other family members
- Elders
- Friends/neighbors
- Employers
- Other:

Program Compliance and Completion

Understanding that restorative approaches may be highly individualized, how many program sessions do participants participate in, on average?

Understanding that approaches may be highly individualized, how long does it take participants in your program to complete the number of sessions indicated in your previous response? Please include a number, along with the unit of measurement for your response (i.e., days, weeks, or months).

Days

Weeks

Months

Does your program track completion information?

- No
 Yes, for some participants
 Yes, for all/virtually all participants
-

Of all those referred to your program since its inception, how many cases fit into each of the categories below? (If your program does not track caseloads, please indicate "No Data.")

	Number
Remain open:	<input type="text"/>
Were successfully closed:	<input type="text"/>
Were unsuccessfully terminated:	<input type="text"/>
Were closed for another reason (e.g., death, moved):	<input type="text"/>

Which of the following might result in termination from your program? *Check all that apply.*

- N/A, there is no termination in my program
- Harmed person no longer willing to participate
- Person who caused harm no longer willing to participate
- Program loses contact with one or all involved persons
- New violence occurs
- Participant(s) are arrested and/or incarcerated
- Little or no progress is made toward healing
- Repeated absences by participants
- Participants are present but unengaged

Please elaborate on your response above or describe other possible causes of termination from your program.

Does your program ever issue interim sanctions (i.e., something prior to program termination) for participants who break program rules?

- Yes
- No

What types of noncompliance might lead the program to issue an interim sanction? *Check all that apply.*

- N/A, my program does not use interim sanctions
- Absent for one program session
- Absent for more than one program session
- Bad attitude during program session(s)
- Failure to follow up with program recommendations
- Failure to complete healing steps or other interim goals
- New criminal charges
- Violation of protective order
- Other:

What types of interim sanctions does your program utilize? *Check all that apply.*

- N/A, my program does not use interim sanctions
 - Verbal admonishment from program staff
 - Verbal admonishment from other program participants
 - Adjustment to program plan (e.g., additional sessions required, weekly phone check-ins)
 - Written apology to other program participant(s)
 - Oral apology to other program participant(s)
 - Community service
 - Other:
-

Which of the following are possible legal/structural incentives for persons who caused harm to participate in the program? *Check all that apply.*

- N/A, there are no legal/structural incentives
 - Legal case favorably resolved (e.g., charges reduced or dismissed, sentence reduced)
 - Protective order amended (e.g., changed to non-harassing order, order vacated)
 - Visitation/custody order amended (e.g., non-supervised visitation permitted, shared custody)
 - Safe/permanent living arrangements established for child
 - School disciplinary action/suspension favorably resolved
 - Other:
-

Does your program make referrals to social service agencies?

- Yes
 - No
-

Who might be given referrals to services? *Check all that apply.*

- Harmed persons
- Persons causing harm

- Children
 - Other family members
 - Other community members
 - Other:
-

What types of service referrals does your program make? *Check all that apply.*

- Educational
 - Employment
 - Vocational training
 - Medical (including Medicaid, Medicare)
 - Housing (including Section 8)
 - Legal
 - SNAP, WIC, and/or other federal benefits programs
 - Counseling
 - Victim advocacy organizations
 - Mental health treatment
 - Substance use treatment
 - Other:
-

Do you ask participants to complete an exit interview or survey upon program completion/termination?

- Yes
 - No
-

Please describe any additional methods you have used for capturing participant satisfaction with your domestic violence program:

Collaboration

Do you collaborate with other agencies to administer your program?

- Yes
 - No
-

What other types of agencies/organizations collaborate with you on your program? *Check all that apply.*

- Criminal court
 - Tribal court
 - Family court
 - Probation/corrections
 - Schools
 - Private therapists
 - Community-based domestic violence program/coalition
 - Community-based sexual assault program/coalition
 - Faith based organizations
 - Substance use services
 - Mental health providers
 - Other community-based organizations
 - Other:
-

Do you have routine meetings with collaborating agencies to go over specific participants?

- Yes, routine in-person meetings
 - Yes, routine phone/virtual meetings
 - No
-

How frequently do you have regular meetings with collaborating agencies to go over specific participants?

- Daily
- Weekly

- Biweekly
 - Monthly
 - Quarterly
 - Biannually
 - Annually
 - Other:
-

Do you meet routinely with collaborating agencies to develop curriculum, review policies, and/or deal with ongoing administrative tasks related to your program?

- Yes, routine in-person meetings
 - Yes, routine phone/virtual meetings
 - No
-

How frequently do you have meetings with collaborating agencies to develop curriculum, review policies, and/or deal with ongoing administrative tasks related to your program?

- Daily
 - Weekly
 - Biweekly
 - Monthly
 - Quarterly
 - Biannually
 - Annually
 - Other:
-

Tracking

How does your program track information on active participants? *Check all that apply*

- Program does not track any participant information
- Computerized management information system

- Spreadsheet (e.g., Excel)
 - Microsoft Access
 - Paper files
 - Other:
-

Has your program been evaluated in the past 5 years? *Check all that apply. For purposes of this question, a process evaluation describes the program and/or documents program implementation; an impact evaluation measures program effects on target outcomes.*

- No, the program has not been evaluated
 - Yes, a process evaluation was conducted
 - Yes, an impact evaluation was conducted
-

Was the evaluation conducted by an outside evaluator or by program staff?

- Outside evaluator
 - Program staff
-

Would you be willing to consider allowing the research team to conduct a site visit to your program to learn more about your practices and/or pilot performance measures?

- Uncertain
 - Yes
 - No
-

Working Definitions

Understanding that there is not a universally agreed upon definition for many of the concepts covered in this survey, please provide a brief description or definition of the following terms related to your program's work.

	Definition
Harm	<input type="text"/>
Healing	<input type="text"/>

Definition

Empowerment

What does a successful resolution look like for participants in your program?

What does an unsuccessful resolution look like for participants in your program?

Final Comments

Briefly, what are your program's greatest strengths?

Briefly, what are the greatest challenges facing your program?

Please use this space to describe anything important about your program that you feel was not captured in the above questions.

Are there other programs or organizations you would recommend we reach out to as part of this project?

Thank you for your time!

Please proceed to the next question to print out a copy of the survey for your records.

Appendix C

Study Recruitment Flier

Are you part of a **restorative, transformative, cultural, and/or community-based program** that addresses **intimate partner violence**?

Do you know of such a program in your community?

If so, we would love to hear from you and learn more about those practices.

The Center for Court Innovation, together with North Carolina State University and national leaders on domestic and sexual violence and restorative justice, are seeking to **identify broad-based restorative interventions for domestic and sexual violence in the United States**. Restorative practices, and other transformative practices, offer individuals and communities an opportunity to respond to domestic and sexual violence beyond punishment. Currently, there is no national review of these interventions, which can result in uncertain development and inconsistent operations.

Often difficult to define, the Center and its partners hope to survey programs across the country that are survivor-centered and may be focused on individual, family, or community healing when responding to domestic and/or sexual violence. This project aims to create a detailed national portrait of these alternative practices. The portrait will inform the development of performance measures that reflect these programs' unique ability to create positive impacts among survivors, family members, and their communities. The project team would use results to identify best practices and testable hypotheses for future research.

If you know of a restorative, transformative, cultural, and/or community-based program that addresses domestic or sexual violence, please let us know.

Name of Program: _____

Contact Person: _____

Email Address: _____

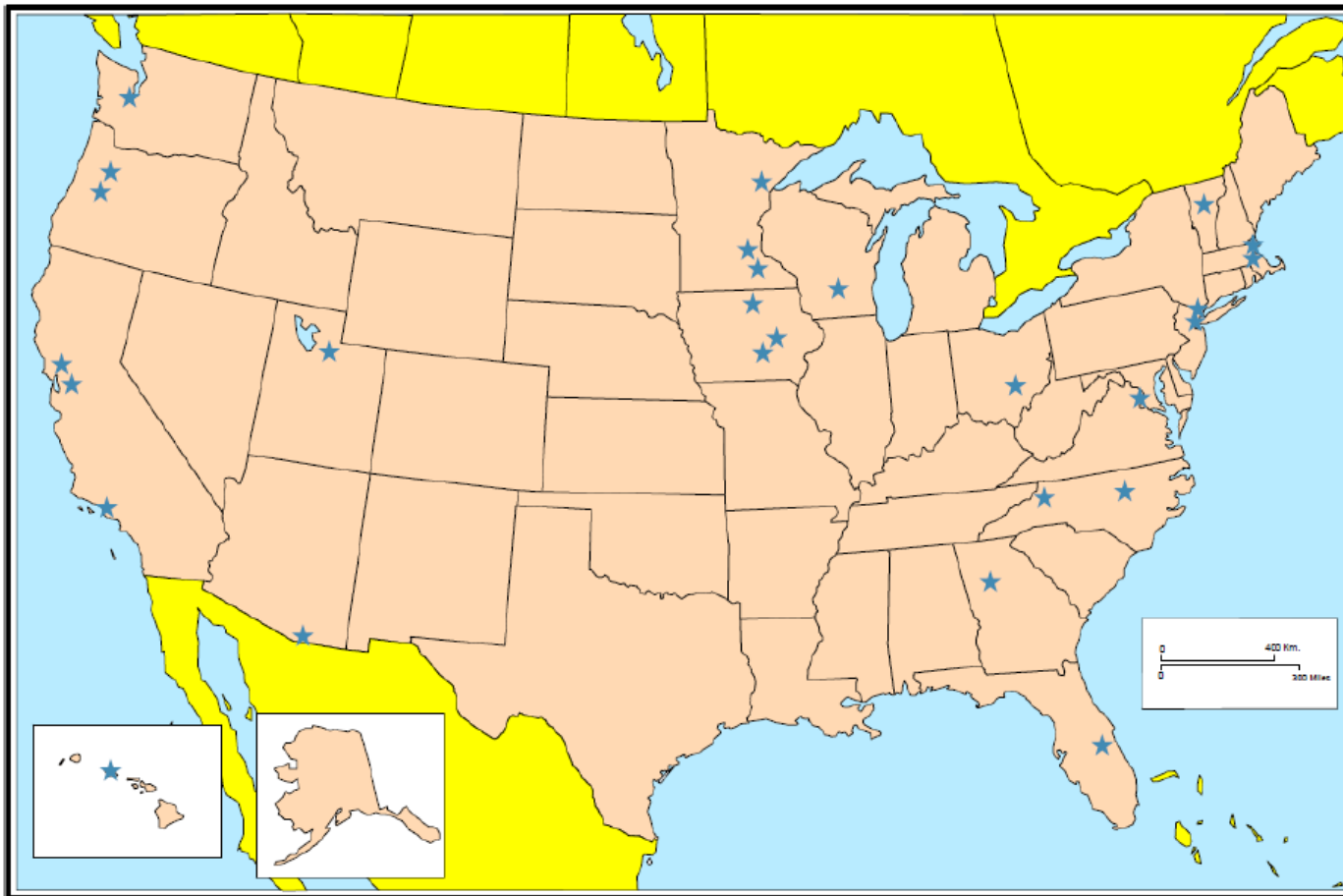
Phone Number: _____

**For more information, please contact:
Isabella Banks at banksi@courtinnovation.org**

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Appendix D

Locations of Programs Responding to Survey³⁰



³⁰ Represents a total of 34 survey responses. Six programs overlapped geographically and are represented by shared location indicators. One program (located in Guam) is not included on the map.

Appendix E

National Compendium of Programs

MIDWEST

Amani Community Services
2315 Falls Ave
Waterloo, IA 50701

Athens Area Mediation Service
396 Richland Avenue
Athens, OH 45701

Crisis Intervention Services
P.O. Box 656
Mason City, IA 50402

Family Service Rochester
4600 18th Ave NW
Rochester, MN 55901

Men As Peacemakers
Domestic Violence Restorative Circles
Program
123 W. Superior St.
Duluth, MN 55802

Meskwaki Family Services
Meskwaki Victim Services
1834-340th ST
Tama, IA 52339

Minnesota Department of Corrections
Minnesota Circles of Support &
Accountability
1450 Energy Park Drive
St. Paul, MN 55108

University of Wisconsin Law School –
Frank J. Remington Center
Restorative Justice Project
975 Bascom Mall
Madison, WI 53706

Washington County Community Circles,
Inc.
7064 S. West Point Douglas Road
Cottage Grove, MN 55016

NORTHEAST

Edwin Gould STEPS TAP
Teen Accountability Program
151 Lawrence Street
Brooklyn, NY 11201

HarborCOV
PO Box 505754
Chelsea, MA 02150

New York University – Center on
Violence & Recovery
Circles of Peace
411 Lafayette Street, 3rd Floor
New York, NY 10003

Our Restorative Justice
175 Cabot St, Suite 100
Lowell, MA 01854

THRIVE Communities of Massachusetts
Circles of Support and Accountability
175 Cabot St. Suite 100 - EforAll
Lowell, MA 01854

Vermont Department of Corrections
NOB 2 South, 280 South Drive
Waterbury, VT 05671

SOUTH

Alexandria Dept. of Community & Human
Services
Family Engagement Unit
2525 Mt. Vernon Avenue
Alexandria, VA 22301

Buncombe County DHHS
CPS – Family Justice Center
35 Woodfin St.
Asheville, NC 28801

Caminar Latino, Inc.
PO Box 48623
Doraville, GA 30362

Devereux Advanced Behavioral Health
5850 T G Lee Blvd
Orlando, FL 32822

Pathways to Change
Strong Fathers
960 Corporate Drive, Suite 408
Hillsborough, NC 27278

The SPARC Foundation
Anew
276 E Chestnut St.
Asheville, NC 28801

WEST

Community Restorative Justice Solutions
256 24th St.
Richmond, CA 94804

Construyendo Circles of Peace
404 W. Crawford St.
Nogales, AZ 85621

Domestic Violence Safe Dialogue
Domestic Violence Survivor Impact Panel
1750 SW Skyline Blvd., Suite 202
Portland, OR 97221

Domestic Violence Safe Dialogue
Safe Dialogue Program
1750 SW Skyline Blvd., Suite 202
Portland, OR 97221

Domestic Violence Safe Dialogue
Speakers Workshop
1750 SW Skyline Blvd., Suite 202
Portland, OR 97221

EPIC ‘Ohana
‘Ohana Conferencing
1130 N. Nimitz Suite C-210
Honolulu, HI 96817

Family Peace Center
1505 Dillingham Blvd. Suite 208
Honolulu, Hawaii 96817

Hawaii Friends of Restorative Justice
P.O. Box 3654
Honolulu, HI 96811

Inafa' Maolek
297 West O'Brien Drive
Hagatna, GU 96910

National Compadres Network
7648 Greenleaf Ave
Whittier, CA 90602

Oregon Department of Human Services
Leveraging Intensive Family Engagement
(LIFE)
500 Summer Street NE
Salem, OR 97301

The Ahimsa Collective
1510 Fourth Street
Berkeley, CA 94710

Valley Behavioral Health
Forensic Clinic
1020 South Main Street, Suite 300
Salt Lake City, UT 84101

Appendix F

Telephone Interview Protocol

In advance, the caller will send out an email about the purpose of the call, address human subject issues, and ask if they would be willing to receive a call and if so when and with whom. For the calls with programs that we want to visit, the email will also include a description of the purpose of the site visit and what would happen during a site visit.

1. The origins of programs may influence their future course. On your survey, you noted that your program began in [year] and that at the start your interest in developing an alternative approach to addressing intimate partner violence was prompted by [survey response(s)]. Today, has your program stayed with its original motivation or has your program gone in other directions? Could you tell us about what influenced your thinking on your program? [Check on changes in mandate, funding sources, referral source]
2. We would like to hear more about your program's approach. On your survey you noted that the format for your program is Could you describe it to us? What has helped you carry out this approach? What would help you carry out this approach even better? Could you share with us materials that describe your program model [e.g., existing curriculum, flyers, publications]?
3. What does the training for your volunteers and staff entail? Who are the trainers or thought leaders that have helped you design this work?
4. Do you collaborate with community-based victim advocates and if so, how?
5. In this project, we are trying to gain a better understanding of how restorative and other approaches are used and how well they fit with or meet your local needs.
 - a. Would you tell us the ways that you think restorative approaches, as you are using them, fit with what you know and with your experiences in working with interpersonal violence?
 - b. What are you most hopeful about in terms of the fit?
 - c. What are your biggest ongoing concerns?
6. Will you describe an example, no names please, of a situation that worked the way, or close to the way it should, and tell us the story of a restorative approach?

What were your concerns at the start? What things happened in the course of this example that were reassuring to you? Anything happen that worried you? What were they?

Any situation or case where things didn't go as well, or maybe not well at all, that you could share and tell us your learnings from that?
7. We are interested in learning about your program evaluation. [If the program has been evaluated] On your survey, you noted that you have conducted evaluation on [process evaluation, impact evaluation]. Could you tell us what questions you asked and what you

were hoping to evaluate? Did you learn what you set out? Did you learn anything inadvertently? In what ways has the evaluation influenced how you carry out your program? [If the program said that it has not been evaluated go directly to this question] Do you have future plans for conducting (another/an) evaluation? [If yes] what are these future plans? What would assist you with carrying out this evaluation? Would you be willing to provide de-identified and/or aggregate information on caseload, etc.?

8. Can you offer us one guiding principle of your work?
9. Would you leave us with a few words we can take forward as questions or advice or even messages to others who are sharing their experiences with us?
10. Who else would you recommend we speak with to get a fuller picture of this work—either locally or nationally? Who has influenced your thinking?

Questions for calls where we may want to conduct a site visit:

11. On your survey, you indicated that you would [be willing or might be willing] to have us visit your program. We are planning to conduct the site visits in Who would need to give permission for the visit? We have a written description of what would happen on a site visit that we will send to you. During the visit, we would want to talk with people knowledgeable about your program. To give us a good picture of your program:
 - a. Whom do you think it would be important for us to talk with?
 - b. Who is the primary person who could schedule a visit, reach out to stakeholders, schedule interviews with stakeholders, etc.? And their contact info.
 - c. Is there a regularly scheduled time that relevant stake holders come together to meet and could we attend?
 - d. Do you allow or would you consider allowing us to observe one of your restorative sessions?
 - e. If visited, could our final report (which will be available to the public) name you and discuss your site in detail or would you want to remain anonymous?

Appendix G

Sample Site Visit Letter



Research. Development. Justice. Reform.

520 Eighth Avenue, New York, New York 10018
p. 646 386 3100
f. 212 397 0985
courtinnovation.org

Greg Berman, Director

Date

Dear _____,

We appreciate your openness to our visiting your program. We are conducting research under the auspices of The Center for Court Innovation. The Center is a New York City-based non-profit. Its mission is to help create a more effective and humane justice system. The Center, in partnership with Dr. Joan Pennell and Dr. Sarah Desmarais (North Carolina State University) and consultant Dr. Gale Burford (University of Vermont) are producing a National Portrait of Restorative Approaches to Intimate Partner Violence.

We began this project in 2016 out of a recognition that people across the country are using restorative approaches to address intimate partner violence, sexual assault, and teen dating violence, but that there is a dearth of knowledge of who is doing what. We also realize that programs may identify their approach in different ways such as transformative, tribal peacemaking, community-based, or family-based. The purpose of our project is to identify who is working this way and to share information and wisdom with one another and with those who want to begin this work.

We will prepare a summary of what we learn during the visit and give you the opportunity to review and revise our summary. We will publish a national compendium that will be publicly available, along with a report on policy implications and next steps for ensuring safe and effective restorative approaches to intimate partner violence. With your permission, we will include the name of your program in the report. We will NOT identify the names of the people with whom we spoke on the visit.

We are impressed and encouraged by the work of _____ and wish to highlight your process and accomplishments in our final report. To that end, we would like to send two members of our team to _____ for a ___ day visit. We wish your guidance on how best to plan out the visit. Please share any information that will ensure we make a successful and respectful visit.

Should you have any questions or concerns, please contact us.

Sincerely,

Hillary Packer
hpacker@nycourts.gov
(646) 329-4353

Gale Burford
gale.burford@uvm.edu
(802) 859-0497

Operating Programs: Bronx Community Solutions, Brooklyn Justice Initiatives, Brooklyn Mental Health Court, Brooklyn Treatment Court, Brownsville Community Justice Center, Child Witness Support Program, Civil Alternatives, Crown Heights Community Mediation Center, Domestic Violence Courts, Harlem Community Justice Center, Harlem Reentry Court, Legal Hand, Midtown Community Court, Newark Community Solutions, Parent Support Program, Peacemaking Program, Project Reset, Poverty Justice Solutions, Queens Youth Justice Center, Red Hook Community Justice Center, Save Our Streets, Staten Island Justice Center, Strong Starts Court Initiative, Westchester Court Education Initiative, UPNEXT, Youth Court, Youth Justice Board

Appendix H

Site Visit Listening Guide

The table below is a “reminder” guide for identifying principles/strategies/issues the site visitors are interested in knowing more about. There is no need to “fill in” the following table but do check when you are on site to see if you have some relevant information to help you build a narrative in your report. The intention here is not to set up ‘differences’ between RJ and IPV but to capitalize on the language of both.

Visitor Listening Guide for RJ	Visitor Listening Guide for IPV
Principles/strategies/issues that address: <ul style="list-style-type: none"> • Building communities of care • Affirming individual and collective strengths • Resolutions • Healing • Reparation • Responsibility/Accountability • Voice of person harmed • Changing norms • Use of rituals • Impact of harms • Others? 	Principles/strategies/issues that address: <ul style="list-style-type: none"> • Preparation for meetings • Safety measures during meetings • Follow up after meetings • Blaming • Denial • Intimidation • Collusion • Patterns of coercive control • Gender balance • Women’s leadership • Survivor voice • Others?

Document Review

How program staff identify their work, or components of it, and characterize it in their written materials. The following list is not comprehensive and is not designed to serve as a question. We ask that you take note of the primary language used to identify the work. The language for RJ and IPV may well inform each other.

RJ	IPV
<ul style="list-style-type: none"> • Restorative justice, approaches, or practices • Indigenous justice, approaches, or practices • Transformative/alternative/social justice, approaches, or practices • Relational approaches/practices • Peacemaking/Truth and reconciliation • Whole of family or family engagement 	<ul style="list-style-type: none"> • Survivor support • Child/youth support • Survivor choice/inclusion • Child/youth choice/inclusion • Battering intervention/ (BIP) • Fathering education

RJ	IPV
<ul style="list-style-type: none"> • Community approach • Healing • Mediation • Circles • Family group conferencing/family group decision making • Other: 	<ul style="list-style-type: none"> • Social networking • Coordinated response • Safety planning • Safety conferencing • Other:

Questions for Programs

Not all site visits will present the opportunity to ask all the following question. We offer them if there are opportunities such as focus groups of staff, volunteers, program “graduates,” or program community partners:

1. We would like to *hear* about your goals and your success in achieving them. Please tell us about your indicators of success (formal or informal). And to what extent are you successful in achieving your goals?

2. Who are the partners with whom you work in the DV/IPV network? Or are you central to the DV/IPV network? How about in the RJ Network? (Possible follow up questions: Are you located in close proximity to these other services? Do you think this makes any difference?) What is working best and what challenges do you have in partnering?)

3. What are the most important “take-aways” about your RJ/IPV work that you hope we will notice or understand about your work?

4. What challenges in applying your principles and sticking to them over time have you run into in working with IPV and what have you done to engage with these challenges?

If they have not talked about the following issues, inquire about:

- a. We see that you handle x types of IPV situations. Can you tell us a little about how you decided to take these types?
- b. IPV situations often raise issues around the safety of participants. Can you tell us about how the restorative process addresses those issues? What are the particular strengths of your process in attending to safety? How do you address any safety issues that arise during the process?

- c. Many who work in IPV talk about accountability for the person who has caused harm. How does the restorative process address accountability? Any challenges or strengths in the restorative process in addressing coercion or blaming?
5. Will you tell us what your hopes/plans are for the future of your IPV/DV work? And anything else you would like us to take forward about your work?

Appendix I

Site Visit Consent Forms

Oral Consent for Stakeholder Interviews

The Center for Court Innovation is studying programs across the country like _____. We want to understand how these programs work and what they do. As part of this project, we want to hear from you about your program.

What you tell us will be included in a publicly available report. This report will describe your program and others doing similar work across the country. The report will include information about your program—including the program name—but will not include any personally identifying information, such as the names of those who spoke with us. You choose what you want to share with us. Let us know if you share anything with us that you do *not* want included in the report. We will respect your wishes on what to include about your program.

You do not have to participate in today’s conversation. You may stop participating in the discussion at any time, and you can refuse to answer any question that is asked.

If you have any questions about the study, you can contact Amanda Cissner at the Center for Court Innovation at (607)342-5272 or via email at cissnera@courtinnovation.org. We have business cards for you to take in case you want to contact us later.

If you agree to participate and understand that your participation is voluntary and that you can stop participating at any time or refuse to answer questions asked of you, please say “yes.”

Signature of Researcher, Indicating Consent Received

Date

Oral Consent for Program Observation/Participation

The Center for Court Innovation is studying programs across the country like _____. We want to understand how these programs work and what they do. As part of this project, we would like to participate in your circle today.

If you agree to let us sit in today's circle, we will take part in the circle. We will not take notes during the circle and we will not write down the names of anyone in the room or any of the specific things that you or others say today. We will use this opportunity to get a better sense of how this program works. A description of the program will be included in our report, but it will not include anything specific about you or any information that would identify you.

You do not have to agree to have us participate. If you do agree but change your mind at any point during today's session, we will respect your wishes and leave the room. Your willingness to let us participate today will not have any impact on your work with _____.

If you have any questions about the study, you can contact Amanda Cissner at the Center for Court Innovation at (607)342-5272 or via email at cissnera@courtinnovation.org. We have business cards for you to take in case you want to contact us later.

If you agree to participate and understand that your participation is voluntary and that you can stop participating at any time or refuse to answer questions asked of you, please say "yes."

Signature of Researcher, Indicating Consent Received

Date

Appendix J

Program Referral Sources & Case Types

	Number of Programs	34
Referral Sources	% Rarely/ Never	% Often/ Very Often
Probation/corrections	40%	39%
Criminal court	43%	39%
Child welfare services	55%	36%
Self-referral/walk-in	46%	30%
Victim advocacy organizations	55%	29%
Family/community members	53%	27%
Family court	73%	18%
Community organizations	61%	16%
Schools/Universities	74%	13%
Police	71%	10%
Private therapists/counselors	69%	9%
Adult protective services	81%	6%
Tribal court	94%	3%
Common Case Types Referred from Justice System		
Criminal Charges¹		
No cases referred from criminal court		37%
Some cases are referred from criminal court		57%
<i>Assault (non-sexual)</i>		80% ²
<i>Violation of protective order</i>		65% ²
<i>Harassment</i>		45% ²
<i>Stalking</i>		30% ²
<i>Menacing</i>		30% ²
<i>Sexual assault</i>		10% ²
Family Court Cases¹		
No cases referred from family court		54%
Some cases are referred from family court		48%
<i>Child protection (abuse/neglect)</i>		41% ³
<i>Visitation</i>		35% ³
<i>Custody</i>		29% ³
<i>Civil protective order</i>		
<i>Violation</i>		29% ³
<i>Request</i>		24% ³
<i>Divorce</i>		24% ³
<i>Juvenile matters</i>		18% ³

¹ Respondents could select more than one answer; percentages may add up to more than 100%.

² Percent of the 20 programs that report any referrals from criminal court.

³ Percent of the 16 programs that report any referrals from family court.

Appendix K

Program Goals (Rated)

	Not Important	Somewhat Important	Very Important	Extremely Important
Number of Programs		34		
Outcomes for Harmed Person				
Empowerment	7%	7%	17%	70%
Improved support network	13%	7%	17%	63%
Safety	3%	10%	26%	61%
Satisfaction with the process	7%	13%	23%	60%
Healing	10%	16%	26%	48%
Alternative to the criminal justice system	33%	13%	13%	40%
Improved communication with person causing harm	19%	30%	30%	22%
Treatment	25%	29%	25%	21%
Confidence in the justice system	27%	37%	20%	17%
Economic services	42%	15%	27%	15%
Restitution	41%	36%	17%	9%
Outcomes for Person Causing Harm				
Accountability	3%	21%	18%	58%
Reduced recidivism	3%	6%	36%	55%
Rehabilitation/Treatment	6%	19%	39%	36%
Healing	6%	33%	30%	30%
Empowerment/Giving "voice"	15%	36%	18%	30%
Alternative to the criminal justice system	27%	24%	18%	30%
Community reintegration	9%	34%	28%	28%
Satisfaction with the process	9%	36%	30%	24%
Improved communication with person harmed	10%	32%	36%	23%
Economic services	43%	37%	13%	7%
Confidence in the justice system	42%	36%	15%	6%
Social/Community Benefits				
Reduction of violence	0%	12%	12%	76%
Increased public safety	3%	18%	12%	67%
Changing norms	0%	15%	21%	64%
Community healing	9%	18%	21%	52%
Repaired relationships	3%	30%	24%	42%
Alternative to the criminal justice system	27%	15%	18%	39%
Affirmation of cultural traditions	12%	33%	18%	36%
Community satisfaction with the process	12%	18%	36%	33%

Appendix L

Brief Program Profiles

Telephone interviews were conducted with representatives of five programs beyond the sites described in Chapter 4: Meskwaki Victim Services (Iowa), Minnesota Department of Corrections Community Offender Support and Accountability (COSA) program, New York University’s Center on Violence & Recovery, National Compadres Network (California), and Vermont’s Department of Corrections’ COSA.

Meskwaki Victim Services

In 2011, Meskwaki Victim Services was founded to provide services to members of the Meskwaki Nation Sac and Fox Tribe who had survived sexual assault, along with their families. Quickly, the staff learned the needs of the community also demanded comprehensive services for survivors of intimate partner violence. Applying a client-centered empowerment model to these (all) women, the program committed to combining counseling services and referrals with advocacy—in whatever form needed—to clients. “Meeting clients where they are” was employed literally; the four-person full-time staff often traveled to meet clients at offsite locations where the client felt comfortable (e.g., local parks or eateries).

Representatives reported that their survivor-driven approach led them to conclude that it was important for the program to work with clients’ abusive partners when the survivor requested it. As long as the risk to the survivor is deemed to be low or moderate (based on lethality-like safety assessment), the program will work with abusive partners. Staff members provide the same comprehensive services and advocacy to the people causing harm as to those victimized by it.

Program policy requires that abusive partners elect services on a voluntary basis. While occasionally services may be recommended (e.g., by the criminal court or probation), the organization does not mandate participation and system-involved clients are informed that they cannot be mandated to participate in programming. Most commonly, clients and their abusive partners work alone with separate advocates before they are brought to a meeting together. Then, with the consent of both people, the parties meet for a face-to-face dialogue. Program representatives report high needs among clients; of the 10-12 couples served each year, all of the abusive partners the program has worked with are survivors of serious trauma themselves.

While only one staff member identifies as indigenous, representatives report that culturally-responsive services permeate Meskwaki's work. For example, staff stressed the importance of avoiding labels (such as domestic violence victims) or otherwise pathologizing clients, and respecting tribal community norms regarding use of psychiatric medication. Clients are invited to participate in indigenous practices such as spoon carving or weaving; program staff report that they consciously incorporate the belief systems and traditions of those whom they serve.

Minnesota Department of Corrections COSA

Minnesota's Department of Corrections' Community Offender Support and Accountability program (COSA) program began in 2008 with an aim of reducing recidivism for people convicted of sexual assault. Fully funded by corrections, the program employs three full-time staff and engages approximately 60 community volunteers, who sit in circle with people re-entering society after a period of incarceration. While the program began by serving people with sexual assault convictions, they have expanded to serve military veterans regardless of conviction charge, life sentence offenders being paroled after long-term incarceration and, at the time of our interview, were hoping to expand to non-military offenders.

Program staff believe that that COSAs are part of a restorative justice grassroots effort that educates the community and helps to dispel myths about people convicted of sex crimes; the premise of the program is that community safety is increased when community engages with people because the experience of isolation increases sex offenders' risks of re-offending.

Participation in COSA is offered to eligible incarcerated people prior to release. If they elect to participate, the circle members will begin meeting with the "core member" prior to their release from prison. Volunteer members and a volunteer coordinator travel to the prison to meet with the core member to become acquainted, identify goals for reentry, develop operational rules and set expectations for reentry. Upon the core member's release, the group meets for one to two hours per week for up to one year. The victim of the core member's crime is not included or invited into the process. However, the project has included community members who have survived violence. The model uses a talking piece and emphasizes the importance of storytelling by volunteers. Frequently, volunteers offer additional support outside the circle, such as conducting internet searches or submitting online applications for persons registered as sex offenders who are barred from using the internet.

The 20-hour volunteer training includes principles of restorative justice, information about the criminal system as well as ongoing trainings on topics such as risk assessment, how to support sobriety, cultural awareness, and historical trauma. Supervising agents speak to volunteers about the parole conditions set for each core member and how volunteers can effectively support compliance with those conditions. A survivor of sexual assault also speaks during the training.

New York University’s Peacemaking Model

In 2004, New York University’s Center on Violence & Recovery developed a restorative justice peacemaking model to address abusive behavior in instances of domestic violence (defined as intimate partner or family violence). The model is adaptable to local context and can be tailored and customized to relevant state laws and policies.

The process includes the offender and a support person, the victim (along with a support person) if they chose to participate, a trained community volunteer, and a specially trained restorative justice circle keeper. Participating victims may opt to attend all or some of the circles. The circles also include persons who serve as “safety monitors.” This person is a support for the participant, but who will also communicate with the circle keeper and law enforcement, if necessary to monitor and maintain safety.

Program representatives report that discussions may surround the crime committed, participants’ capacity for behavior change, and their triggers for violence. In addition, participants may discuss external factors, such as “socio-economic status, cultural norms, racial oppression and religious beliefs [that] affect the dynamic of abuse” (Mills, Barocas, Ariel 2013). A talking piece is used; guidelines and values are established by the group. Consensus decision-making is guided by a social contract, which is reviewed on a weekly basis and serves to set and maintain group expectations and monitor participants’ behavior (Mills et al. 2013).

Circle keepers and volunteers are trained separately, with the circle keepers often supporting the volunteers’ training. A key factor in training clinicians to be circle keepers is encouraging the practice of drawing from ones’ own experience—something often discouraged in mainstream practice of mental health professionals. Training also includes information on program evaluation so that organizations adopting the model can plan to evaluate their implementation.

In a randomized trial conducted between 2005 and 2007, offenders who pled guilty to misdemeanor domestic violence crimes in Nogales, AZ were placed in either a regular batterer intervention program (BIP) or the Circle of Peace program, an adaptation of NYU's peacemaking model. Participants in the peacemaking program had lower re-arrest rates than those who were sentenced to a BIP, however, the only statistically significant differences detected were for non-domestic violence re-arrests (Mills, Barocas, Ariel 2013).

National Compadres Network

Based in San Jose, California, the National Compadres Network works with communities across the country to create systems of change and provide support for transformational trauma and healing. Its many initiatives focus on fatherhood, rites of passage, relationship violence, teen pregnancy prevention, cultural competence, juvenile justice, social services, advocacy, racial equity, and evidence-based research and evaluation. The National Compadres Network provides training and capacity building and has created curricula to facilitate indigenous, culturally-based, trauma-informed, healing-centered programs to address and provide space and promote healing from trauma while moving towards respectful and equitable relationships. Program representatives report that their work seeks to transform hurt and woundedness into valued connectedness—across personal, relational, communal, and societal levels.

The program founder acknowledges the importance of accountability, but stresses the need to “understand that we are really trying to interrupt cycles of violence, generational trauma, and imbalance and address the root of where the violence stems.” Toward this end, the program maintains that *all* men—not only those accused of violence—should be part of the restorative work.

We boys and men of color get criminalized early on in our schooling as marginalized men, ... that manifests itself later in our relationships and in our community. In this patriarchal and racist society, all men and boys have been impacted ... we all need healing, rebalancing, rights of passage, and support and decolonization, to return to our sacredness and know how to manage ourselves in an honorable way in this often oppressive disconnected, toxic society.

To that end, National Compadres Network views the restorative process as intersectional and intergenerational. Beyond any single intervention, the program is seen as a commitment by individuals, families, communities, and systems to transform the trauma and hurt into relationships based on healing and interconnected responsibility.

Vermont Department of Corrections COSA

Vermont's Department of Corrections' Circles of Support and Accountability (COSA) program began its planning phase in 2002, building on the success of statewide Community Justice Centers with applying citizen involvement and restorative justice principles with probation-level offenses.

Since 2005, approximately 435 COSAs have been completed across the state. Eligible participants include those being released from incarceration to community supervision who have been assessed as being at moderate- to high-risk for committing new sexual offenses, intimate partner and/or general violence, as well as other felonies, and who are also lacking positive peer supports.

Program representatives report that the program seeks to create a balanced reentry process drawing on both volunteers and professionals including probation and parole. The COSA training encourages community volunteers to bring their experiences and voices to the process of supporting those re-entering the community following a period of incarceration. In-service training opportunities include relevant topics such as trauma and addiction. The staff reports that they are hopeful that the model's principles will continue to ripple throughout the system, further advancing the collaborative community relationships and practices throughout Corrections. In their experience, COSAs reduce reoffending in local communities by expanding pro-social networks for individuals post-incarceration.