

REMARKS OF

HANNAH PENNINGTON, ASSISTANT COMMISSIONER FOR POLICY AND
TRAINING

MAYOR'S OFFICE TO END DOMESTIC AND GENDER-BASED VIOLENCE

BEFORE THE NEW YORK CITY COUNCIL
COMMITTEE ON WOMEN AND GENDER EQUITY AND COMMITTEE ON
JUSTICE

**"Oversight – Efficacy and Efficiency of Batterer Intervention
Programs"**

November 20, 2019

Good morning Chairpersons Rosenthal and Lancman, and members of the City Council Committees on Women and Gender Equity and Justice. I am Hannah Pennington, Assistant Commissioner of Policy and Training at the Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV). I am pleased to be here today with our colleagues at the Mayor's Office of Criminal Justice (MOCJ) and ENDGBV's Deputy Commissioner and General Counsel Elizabeth Dank, to speak with you about batterer intervention programs, which we refer to as abusive partner intervention programs, or APIPs.

ENDGBV, which was re-launched and expanded in 2018 via Executive Order 36, develops policies and programs, provides training and prevention education, conducts research and evaluations, performs community outreach, and operates the New York City Family Justice Centers (FJs). We collaborate with City agencies and community stakeholders to ensure access to inclusive services for survivors of domestic and gender-based violence, including: intimate partner and family violence, elder abuse, sexual assault, stalking, and human trafficking.

ENDGBV works closely with the City's domestic violence advocates, who for decades have worked tirelessly to increase supportive services for domestic violence survivors and their families. Today, New York City has the largest network of Family Justice Centers in the country and a rich and vast network of local domestic violence service providers, offering a range of crisis and supportive services for victims of domestic violence. While New York City has put significant resources into building a network of services and programs for domestic violence survivors and their children, in recent years the City has increased its focus on interventions for abusive partners.

We know, as many domestic violence advocates frequently report, that while most survivors want the abuse to stop, many do not want their partners to be arrested or incarcerated. Working with abusive partners, or people who cause harm, is a critical component in our efforts to interrupt violence between intimate partners, to support survivors, and to foster healthy relationships and communities. As such, improving New York City's capacity to provide effective services for abusive partners is essential in our overarching goal to reduce the pervasiveness of intimate partner violence.

Recognizing this need to develop innovative and non-mandated programming for abusive partners, the City announced the ***Interrupting Violence at Home*** initiative in 2018 to develop evidence- and trauma-informed intervention models that address abusive behavior, and to reduce future abuse in intimate partner relationships. The non-mandated, community-based programming for people causing harm in their relationships created through the *Interrupting Violence at Home* initiative is part of the City's commitment to the creation of innovative tools and strategies to end violence.

ENDGBV worked closely with local experts, providers, advocates and survivors to develop this initiative, in particular the Coalition on Working with Abusive Partners (CoWAP) and the Interagency Working Group (IWG) on Abusive Partner Interventions, which included a research project by the Center for Court Innovation (CCI) and independent consultant Purvi Shah, supported by Chapman Perelman Foundation.

Under this initiative, the City will:

1. Create *Respect and Responsibility*, the first City-funded community-based program for abusive partners who are not mandated to participate by the criminal justice system.
2. Create *Respect First*, the first City-funded trauma-informed and culturally-competent accountability program for teens who have demonstrated unhealthy relationships with intimate partners and/or family members.
3. In collaboration with MOCJ and the Office to Prevent Gun Violence (OPGV), incorporate Domestic Violence Coordinators at NYC Crisis Management System (CMS) sites to enhance the identification and response to domestic violence in communities served by CMS sites.
4. Develop a best practice guide for implementing restorative justice practices in community-based models to address domestic violence in New York City.
5. Develop a specialized ENDGBV training curriculum to provide City agency staff and community based organization skills to better identify and engage with abusive partners, including tools to understand risk factors, and identify high levels of risk.

In New York City, between 2010 and 2018, the NYPD had previous contact with the victim and the offender in only 40 percent of the intimate partner homicides. A key focus of the *Interrupting Violence at Home* program is creating a baseline of information regarding the identification, engagement and intervention of abusive partners outside of the criminal justice system. This information is critical in order to continue to drive down domestic violence incidents and enhance accountability for abusive partners, as well as enhance survivor safety.

In addition to developing new programming outside of the criminal justice system, the City is also seeking to innovate programming within the criminal justice system and for families. MOCJ currently funds an APIP for criminal justice mandated participants and through DVTF funding recently expanded that program to Staten Island and contracted with CCI to develop a trauma informed curriculum to be used for that program following a new procurement process. In addition, in 2018, the Administration for Children's Services (ACS) announced a three (3) year demonstration project called A Safe Way Forward, an innovative program that provides services to the entire family including the person causing harm, which will include an APIP component. Prior to that, in 2017, the Department of Probation (DOP) launched a new Queens Domestic Violence program to provide specialized domestic violence programming and supervision practices responsive to individual client risks and needs. The Queens program enhances offender accountability, including the provision of a new APIP modeled off of the preexisting successful APIP used by DOP in a Bronx program called Promoting Accountability and Community Ties (PACT).

We are at a critical time in New York City as we move forward with innovating the design and delivery of abusive partner programs both within and outside of the criminal justice system and are eager to establish an evidence-based and design programming that is reflective of and tailored to the needs of abusive partners, while prioritizing survivor safety. We look forward to continuing to collaborate with our City agency colleagues, our community partners, survivors and other stakeholders to enhance abusive partner programming in New York City. Thank you for the opportunity to discuss this issue, and we welcome any questions the committees may have.



Batterer's Intervention Programs: NYC Overview

City Funded Batterer's Intervention Programs

~ \$11.1 M

Total FY20
Budget

4 City
Agencies:

MOCJ

ACS

ENDGBV

DANY

Power and Control Program (PAC): PAC works with the criminal and family court systems citywide and offers court-mandated programming in lieu of punishment. PAC address issues of abuse and coercion in relationships through the evidence-based equality-model curriculum that centers around feminism.

A Safe Way Forward: A new City effort to address the needs of survivors who may wish to keep their families together or maintain contact with perpetrators of IPV. This is a demonstration project with a \$19 M commitment over three years, managed by ACS in collaboration with ENDGBV.

Interrupting Violence at Home: This initiative will aim to address abusive behavior by working with people who cause harm in intimate partner relationships by developing and utilizing evidence-based, trauma-informed, and restorative justice intervention models.

Manhattan DA (DANY): As a part of the Office's Criminal Justice Investment Initiative, DANY has invested \$1.5 M over three years in asset forfeiture (\$500K per year) to create its own batterer's intervention program that aims to be more holistic and counseling focused for the offender, rather than punitive.

City Programming and Funding by Agency

Program	Agency	Service Provider	FY20 Amount
<i>Historical City Programming</i>			
PAC Program	MOCJ	QCC Services	\$925 K
<i>New City Initiatives/ Programming</i>			
A Safe Way Forward	ACS	Safe Horizon, Children's Aid Society	\$6.4 M
Interrupting Violence at Home	ENDGBV	TBD	\$3.3 M
Manhattan District Attorney	DANY	Urban Resource Institute	\$500 K
TOTAL			\$11.1 M

New York City Council Hearing
Committee on Justice System jointly with the Committee on Women and Gender Equity
Oversight - Efficacy and Efficiency of Batterer Intervention Programs
Testimony submitted by Deanna Logan, Deputy Director of Crime Strategies and
Shekera Algarin, Senior Counsel, Mayor's Office of Criminal Justice
November 20, 2019

Good afternoon, Chairpersons Lancman and Rosenthal, and members of the Committee on Justice System and the Committee on Women and Gender Equity. My name is Deanna Logan and I am the Deputy Director of our Crime Strategies Unit of the Mayor's Office of Criminal Justice ("MOCJ"). Thank you for the opportunity to testify today. I am joined today by Shekera Algarin, who serves as our Senior Counsel.

The Mayor's Office of Criminal Justice advises the Mayor on criminal justice policy and is the Mayor's representative to the courts, district attorneys, defenders, and state criminal justice agencies, among others. MOCJ designs, deploys, and evaluates citywide strategies to increase safety, reduce unnecessary arrests and incarceration, improve fairness, and build the strong neighborhoods that ensure enduring public safety.

While crime has fallen to historic lows in the city, domestic violence persists. Today, domestic violence accounts for 40 percent of assaults and 20 percent of homicides in the city. Additionally, the effect of domestic violence stretches well beyond the crime rate. It can lead to a cross-generational continuation of violence, affect survivors' and their families' financial security, and impact the City's resources and service systems, including the shelter system.

Addressing the impacts of domestic violence requires a holistic approach. At MOCJ, we have worked with our partners in the District Attorney's office to shape and fund resources such as a DV complaint rooms that provide survivors appropriate space and privacy when sharing their experiences, and DV units throughout the city that promote high quality incident responses. At the same time, we also know that expanding effective programming opportunities for people who come into contact with the justice system is a key strategy to continue lightening the touch of enforcement while simultaneously reducing overall crime in our city. It's for this reason and others that we believe that Abusive Partner Intervention Programs (APIP) are essential to combatting domestic violence in New York City.

Currently, the Mayor's Office of Criminal Justice maintains a contract with the Program for Power and Control (PAC), which is an APIP that is available in all five boroughs. PAC addresses domestic violence through educational programming rather than a sole focus on punishment. Its curriculum aims to address issues of abuse and coercion in relationships and is informed by the Duluth Model curriculum, which is designed to teach new patterns of thought and behavior. Through the program, participants attend one hour of programming for 24 weeks.

As with all models of engagement that address how we change and give incentives for modifying behavior, time and experience shape what we know to be the most effective protocols. When thinking about an APIP we know that any model selected must be trauma-informed. Moreover, we also know that what were once dominant theories about the role of financial payments and accountability have not proven effective over time. As such, MOCJ is exploring the development of a fee free model as part of a trauma-informed curriculum for both men and women whose involvement with the justice system is related to domestic violence.

In addition, MOCJ's work continues to advance and improve as we seek new and innovative approaches to address the intersection of domestic and gun violence. This will be aided by a grant that we received from the National Council of Juvenile and Family Court Judges (NCJFCJ) in April of this year. As part of this grant, Brooklyn was selected as one of six sites nationally to participate in the Firearms Technical Assistance Project (FTAP). The objective of this project is to improve public health and safety in Brownsville, Brooklyn by helping the community implement policies, protocols, and promising practices to prevent people who abuse their partners from having unlawful access to firearms. As part of this project, a number of participants including the Center for Court Innovation, International Association of Chiefs of Police, National Center on Protection Orders and Full Faith & Credit, and the National Domestic Violence and Firearms Resource Center shared their insights into the strengths and challenges of civil protection orders and other criminal domestic violence processes related to the prevention of unlawful access to firearms. Following those conversations, a management team led by our office along with the New York City Police Department, Kings County District Attorney's Office discussed ways to improve coordination amongst system partners. While many resources already exist, it became apparent that enhanced coordination coupled with new ways to incentivize the removal of guns from abusive partners can help curb the flow of firearms and reduce fatalities. As we continue this work we look forward to disseminating information more widely about effective strategies and lessons learned, along with identified approaches to protect victims, children, and others while promoting victim autonomy and safeguarding due process rights.

Adding to these initiatives, the Office to Prevent Gun Violence, which is housed within MOCJ, contracts with CCI to offer intimate partner violence related supports to the Crisis Management System (CMS) sites citywide. This initiative is called Reimagining social Intimacy through Social Engagement, or RISE. Through RISE, there are seven staff that support the CMS sites: one supervisor and six coordinators, each of which serves two to three CMS sites. The coordinators train CMS staff on intimate partner violence, educate the community about how to have safer and healthier relationships, and offer support to individuals causing harm in their relationships. The coordinators have already begun hosting community workshops and trainings for CMS staff and are on track to gradually roll out trainings for all CMS providers serving our city.

In addition to our affirmative programs, we also want to make sure the Council is aware of our NYC Crime Victim Services Finder (the Finder) in accordance with Local Law 162. This resource

serves as a centralized locator of city-funded crime victim service providers and is available for victims, service providers, advocates, and others who are interested in learning more about available services in New York City. By offering a Finder that is housed on MOCJ's website and available on third party websites that cater to crime victims in the city, we hope to raise awareness on the myriad services offered throughout the city. The Finder is also available through NYC HOPE, the City's Resource Directory for domestic and gender-based violence, which connects New Yorkers with information and resources to help those experiencing dating, domestic, or gender-based violence. As we know, victims of domestic violence are often in need of other support services ranging from job access, housing assistance and more. Lawyers and other social service providers, too, benefit from the Finder in being able to coordinate to serve their clients. For these reasons we're proud of our work on the Finder, and since its launch, have found it to be yet another critical tool in ensuring those who are impacted by crime, including domestic violence, are connected to the services they need to heal, fill essential needs, and start to repair the harm that has been caused to them.

Thank you for the opportunity to testify here today. I would be happy to answer any questions.



Eric Gonzalez
District Attorney

**TESTIMONY OF BROOKLYN DISTRICT ATTORNEY ERIC GONZALEZ
BEFORE THE NEW YORK CITY COUNCIL COMMITTEES ON THE JUSTICE SYSTEM
AND
WOMEN AND GENDER EQUITY**

**“THE EFFICACY AND EFFICIENCY OF BATTERER INTERVENTION PROGRAMS”
NOVEMBER 20, 2019**

GOOD AFTERNOON. THANK YOU CHAIRMAN LANCMAN AND MEMBERS OF THE COMMITTEE ON THE JUSTICE SYSTEM, AND CHAIRWOMAN ROSENTHAL AND MEMBERS OF THE COMMITTEE ON WOMEN AND GENDER EQUITY, FOR THE OPPORTUNITY TO TESTIFY TODAY REGARDING BATTERER INTERVENTION PROGRAMS (BIPS), ALSO KNOWN AS ABUSIVE PARTNER INTERVENTION PROGRAMS.

DOMESTIC VIOLENCE, SPECIFICALLY INTIMATE PARTNER VIOLENCE, ACCOUNTS FOR A LARGE PERCENTAGE OF 911 CALLS, NYPD ARRESTS, AND PROSECUTIONS IN THE BROOKLYN DISTRICT ATTORNEY’S OFFICE. HISTORICALLY, THE NUMBER OF DOMESTIC VIOLENCE CASES IN MY OFFICE HAS REMAINED STEADY

AT APPROXIMATELY 10,000 INTIMATE PARTNER VIOLENCE CASES EACH YEAR, THE VAST MAJORITY OF WHICH ARE MISDEMEANOR CRIMES. DOMESTIC VIOLENCE ACCOUNTS FOR A LARGE PERCENTAGE OF CASES IN THE CRIMINAL JUSTICE SYSTEM, BUT IT IS NOT JUST A CRIMINAL JUSTICE MATTER – IT IS A PUBLIC HEALTH CRISIS. DESPITE THIS REALITY, AND DESPITE THE PUBLIC’S INCREASING AWARENESS OF AND EMPATHY TOWARDS SURVIVORS, THERE IS STILL, UNFORTUNATELY, A SIGNIFICANT SHORTAGE OF EFFECTIVE, EVIDENCE-BASED PROGRAMMING AND SERVICES THAT FOCUS ON PREVENTION AND INTERVENTION.

IT HAS BEEN 25 YEARS SINCE THE PASSAGE OF THE FEDERAL VIOLENCE AGAINST WOMEN ACT, BUT WE STILL KNOW VERY LITTLE ABOUT THE CAUSES AND CURES OF INTIMATE PARTNER VIOLENCE. WE NEED TO INVEST MONEY IN RESEARCH AND EFFECTIVE EVIDENCE-BASED PROGRAMING. WE ALSO NEED PROGRAMMING THAT TAKES A HOLISTIC APPROACH TO THE ISSUES FACING THOSE WHO COMMIT THESE CRIMES. WHILE SENDING DOMESTIC ABUSERS TO JAIL MAY PROTECT SURVIVORS OVER THE SHORT TERM, INCARCERATING OFFENDERS AND HOPING THAT THEY WON’T REOFFEND WHEN THEY’RE RELEASED HAS NOT BEEN AN EFFECTIVE WAY TO KEEP SURVIVORS SAFE OVER THE LONG TERM. WE CANNOT PROSECUTE AND INCARCERATE OUR WAY OUT OF THIS PUBLIC HEALTH CRISIS. BUT

OUR COUNTRY HAS NOT MADE IT A TRUE PRIORITY TO STUDY THE ROOT CAUSES OF DOMESTIC ABUSE AND HOW TO PREVENT IT. AS WITH SO MANY OTHER PRESSING ISSUES THAT NEED OUR ATTENTION, THERE SIMPLY HAS NOT BEEN ADEQUATE FUNDING.

IN MY OFFICE, WE DETERMINE ON A CASE-BY-CASE BASIS WHETHER TO OFFER AN INDIVIDUAL CHARGED WITH A DOMESTIC VIOLENCE OFFENSE THE ABILITY TO PARTICIPATE IN A BIP AS PART OF THEIR PLEA DISPOSITION. IF OFFERED THE PROGRAM, A DEFENDANT CAN CHOOSE BETWEEN TWO DIFFERENT PROVIDERS. THE PAC PROGRAM REQUIRES PARTICIPANTS TO ATTEND A 1-HOUR SESSION, ONCE A WEEK, FOR 24 WEEKS. THEY RECEIVE FUNDING FROM THE MAYOR'S OFFICE OF CRIMINAL JUSTICE. THE OTHER PROGRAM IS RUN BY THE TREATMENT ALTERNATIVE FOR SAFER COMMUNITIES, OR TASC, WHICH REQUIRES PARTICIPANTS TO ATTEND A 2-HOUR SESSION, ONCE A WEEK, FOR 16 WEEKS. TASC DOES NOT RECEIVE OUTSIDE FUNDING AND IS A SOLELY FEE-BASED PROGRAM. BOTH ARE EDUCATIONAL PROGRAMS, WHERE THE PARTICIPANTS AND A TRAINER DISCUSS ISSUES SUCH AS POWER AND CONTROL DYNAMICS, HEALTHY AND UNHEALTHY RELATIONSHIPS, EFFECTIVE COMMUNICATION SKILLS, AND CONFLICT RESOLUTION SKILLS.

BOTH PROVIDERS CHARGE A FEE TO PARTICIPATE, BUT SET RATES ON A SLIDING SCALE. THE FEE HAS BEEN A SIGNIFICANT BARRIER, AS MANY DOMESTIC VIOLENCE OFFENDERS SAY THAT THEY CANNOT AFFORD THE COST OF THE PROGRAM. THERE IS SOME SCHOLARSHIP MONEY FOR THOSE THAT CANNOT AFFORD THE FEE, AND THERE ARE A COUPLE OF PROGRAMS AVAILABLE IN THE CITY THAT DO NOT REQUIRE PAYMENT. ONE OF THOSE PROGRAMS REQUIRES THE PARTICIPANT TO HAVE MEDICAID. HOWEVER, SOME ADVOCATES ARE OPPOSED TO HEALTH INSURANCE COVERING BIPS BECAUSE IT WOULD REQUIRE DOMESTIC VIOLENCE OFFENDERS TO OBTAIN A MENTAL HEALTH DIAGNOSIS, SUCH AS INTERMITTENT EXPLOSIVE PERSONALITY DISORDER. FROM ONE PERSPECTIVE, THE ACT OF DOMESTIC VIOLENCE IS A CHOICE SOMEONE MAKES; BY TURNING IT INTO A PSYCHOLOGICAL DIAGNOSIS, WE ARE REMOVING ACCOUNTABILITY FROM THE BATTERER. REQUIRING OFFENDERS TO PAY FOR THE PROGRAM IS ONE WAY OF MAKING THEM TAKE RESPONSIBILITY FOR THEIR BEHAVIOR. AS PART OF THE RECENT WAVE OF CRIMINAL JUSTICE REFORMS, THAT THINKING HAS BEEN CHALLENGED AS UNFAIR TO THOSE CHARGED WITH CRIMES. BUT SOME IN THE DOMESTIC VIOLENCE ADVOCACY COMMUNITY MAINTAIN THAT REQUIRING THE

OFFENDER TO PAY FOR THE PROGRAM IS AN IMPORTANT PIECE OF ACCOUNTABILITY.

BUT THE TRUTH IS, WE SEND VERY FEW DOMESTIC VIOLENCE OFFENDERS TO BIPS BECAUSE MANY DON'T AGREE TO PARTICIPATE, WHETHER FOR COST REASONS OR OTHERWISE. AND FOR EVEN THOSE WHO AGREE TO PARTICIPATE, THERE IS CURRENTLY VERY LITTLE EVIDENCE TRACKING THE EFFICACY OF THESE PROGRAMS.

THE CENTER FOR COURT INNOVATION (CCI) CONDUCTED STUDIES IN BROOKLYN AND THE BRONX IN THE EARLY 2000'S. THE BROOKLYN STUDY COMPARED RECIDIVISM RATES FOR PARTICIPANTS SENT TO TWO DIFFERENT TYPES OF BIPS; ONE BASED ON AN EDUCATIONAL MODEL, THE OTHER USING COGNITIVE BEHAVIORAL THERAPY. THE BRONX STUDY EXAMINED RECIDIVISM RATES FOR THOSE SENT TO A BIP VERSUS THOSE JUST MONITORED BY THE COURT. IN BOTH STUDIES, THERE WAS NO SIGNIFICANT DIFFERENCE IN RECIDIVISM RATES.

FURTHERMORE, DETERMINING THE SUCCESS OF THESE PROGRAMS IS MUCH MORE COMPLICATED THAN EXAMINING RE-ARRESTS AND RECIDIVISM RATES. MANY SURVIVORS DO NOT CALL THE POLICE AGAIN IF THE DEFENDANT RE-OFFENDS. OR THE ABUSER COULD HAVE MOVED ON TO A NEW RELATIONSHIP, AND HIS NEW PARTNER, ALTHOUGH ABUSED, MAY NOT REACH OUT TO LAW

ENFORCEMENT. VERY FEW, IF ANY, PARTICIPANTS WOULD EVER AGREE TO SPEAK TO US ABOUT POST-PROGRAM BEHAVIOR, PARTICULARLY IF THEY ARE CONTINUING TO ABUSE THEIR PARTNERS. WE WOULD HAVE TO REACH OUT TO SURVIVORS AND ESSENTIALLY POLL THEM ON WHETHER THE PROGRAM WORKED, AND THIS MAY RE-TRAUMATIZE SURVIVORS.

CCI HAS RECENTLY DEVELOPED A NEW ABUSIVE PARTNER CURRICULUM AFTER CONDUCTING RESEARCH ON INNOVATIVE PROGRAMMING IN THE UNITED STATES, CANADA, AND ENGLAND. CCI'S NEW PROGRAM APPEARS TO BE A MUCH MORE RESPONSIVE AND COMPREHENSIVE PROGRAM FOR ABUSERS THAT INCLUDES IN ITS CURRICULUM THE FOLLOWING: RISK AND NEEDS ASSESSMENTS, COGNITIVE BEHAVIORAL LEARNING, TRAUMA-INFORMED PRACTICES, AND PROCEDURAL FAIRNESS. I AM HOPEFUL ABOUT THIS NEW PROGRAM AND AM LOOKING FORWARD TO ITS IMPLEMENTATION. I WAS ALSO PLEASED TO HEAR ABOUT THE FIRST LADY'S INTERRUPTING VIOLENCE AT HOME INITIATIVE FOR ABUSIVE PARTNERS WHO ARE NOT INVOLVED IN THE CRIMINAL JUSTICE SYSTEM.

AND OF COURSE, APPROPRIATE INTERVENTIONS FOR THOSE WHO HARM IS ONLY ONE PART OF AN OVERALL SAFETY PLAN FOR SURVIVORS OF INTIMATE PARTNER VIOLENCE. I WOULD BE REMISS TO SPEAK HERE TODAY ABOUT DOMESTIC

VIOLENCE WITHOUT ALSO ADDRESSING THE SPECIFIC NEEDS OF SURVIVORS WHO COME TO MY OFFICE SEEKING OUR ASSISTANCE – TO OBTAIN JUSTICE, BUT ALSO FOR HELP IN GETTING BACK ON THEIR FEET. WITHOUT ADEQUATE RESOURCES, SURVIVORS ARE OFTEN FORCED TO STAY IN ABUSIVE RELATIONSHIPS. BASED ON WHAT WE HEAR FROM SURVIVORS, THEIR MOST CRITICAL NEEDS INCLUDE BASIC LIFE NECESSITIES SUCH AS FOOD AND CLOTHING, AS WELL AS EXPENSES ASSOCIATED WITH MOVING, SUCH AS A MOVING VAN, FIRST MONTH’S RENT, POTS AND PANS, AND FURNITURE. MANY SURVIVORS ALSO NEED ASSISTANCE WITH CHILD CARE. THE LACK OF CHILD CARE OFTEN FORCES A SURVIVOR TO REMAIN DEPENDENT ON HER ABUSER BECAUSE IT INTERFERES WITH HER ABILITY TO ACCESS SERVICES. WE OFTEN HEAR FROM SURVIVORS THAT THEY CANNOT COME TO OUR OFFICE TO DISCUSS THEIR CASE BECAUSE THEY HAVE NO ONE TO WATCH THEIR KIDS OR PICK THEM UP FROM SCHOOL. FINALLY, SURVIVORS NEED ASSISTANCE WITH HOUSING. THEY ARE STRUGGLING WITH THE CITY’S LIMITED SHELTER BEDS, AND AS WE ARE ALL WELL AWARE, THE LACK OF AFFORDABLE HOUSING IN NEW YORK CITY.

COMBATting THE PUBLIC HEALTH CRISIS OF DOMESTIC VIOLENCE – BY PREVENTING ABUSE ON THE FRONT END AND SUPPORTING SURVIVORS ON THE

• BACK END – MUST CONTINUE TO BE ONE OF OUR TOP PUBLIC SAFETY PRIORITIES. I
THANK THE CITY COUNCIL FOR YOUR ATTENTION AND COMMITMENT TO THESE
ISSUES.



**New York County District Attorney's Office
Testimony of Audrey Moore, Executive Assistant District Attorney and Chief of the Special
Victims Bureau**

**New York City Council Committees on the Justice System and Women and Gender Equity
Oversight Hearing on the Efficacy and Efficiency of Batterer Intervention Programs
November 20, 2019**

Good afternoon, Chairs Lancman and Rosenthal, and members of both committees. My name is Audrey Moore and I am an Executive Assistant District Attorney and Chief of the Special Victims Bureau at the Manhattan District Attorney's Office. I am joined by my colleague Maggie Wolk who is the Chief of Strategic Planning and Policy. On behalf of District Attorney Vance, we thank you for the opportunity to testify before you today.

Today's hearing is being convened at a time when incidents of domestic violence locally and nationally continue to increase even as rates of other types of crime have dropped. Domestic violence – and intimate partner violence, in particular – is a long-standing, ongoing problem that seems to resist traditional models of law enforcement. Millions of people are affected each year, costing society billions in healthcare, lost wages, and traumatized lives. In 2018, the NYPD responded to over 13,000 domestic violence complaints in Manhattan—that is more than 35 incidents each day. The prevalence of domestic violence is not just a criminal justice crisis; it is a national public health crisis that affects all neighborhoods and communities, and threatens our most vulnerable family members, particularly women and children.

One of the first steps DA Vance took when he was elected in 2010 was to create a Special Victims Bureau to enhance the training, supervision and coordination of resources applied to prosecution cases involving some of the City's most vulnerable victims. DA Vance was also a champion, key implementer, and partial funder of the Manhattan Family Justice Center when it opened in Manhattan in 2014. In 2014, our Office likewise convened the Domestic Violence Initiative, a yearlong series of working groups comprised of criminal justice stakeholders, public health officials and community-based organizations that were brought together to develop recommendations to prevent domestic violence and enhance responses across systems.

One of the key recommendations from the working group members (which was later identified as a key recommendation of the City's Domestic Violence Task Force), was the creation of a trauma-informed abusive partner intervention program in Manhattan. In recent years, there has been a growing focus on the impact of trauma on individuals' well-being and the need to consider this pervasive public health issue in the delivery of behavioral health and other social services. Research suggests a link between the experience of childhood trauma and adversity and

the perpetration of future domestic violence. We therefore set out to develop and implement an abusive partner intervention program that is trauma-informed and addresses the underlying behavior associated with abusive behavior. Unlike traditional methods that focused solely on issues of power and control, our goals were more expansive. In addition to holding the abusive partner accountable for their behavior, our new model aims to increase the likelihood that the abusive partner will gain insight into their behavior, develop empathy for survivors, accept responsibility for abusive behavior, respond to the intervention, and engage in meaningful and sustained behavior change.

As a part of the DA Vance's [Criminal Justice Investment Initiative](#), our office invested \$1.475 million to pilot a trauma-informed Abusive Partner Intervention Program that offers a more holistic approach than traditional batterer intervention programs.

With the support of our technical assistance consultants at the CUNY Institute for State and Local Governance, our Office released a request for proposals in November 2016 soliciting a vendor to implement this model. A multi-disciplinary team of reviewers scored the responses to our RFP and selected the Urban Resource Institute (URI) to create and pilot the new program. URI has extensive experience providing client-centered services to domestic violence survivors and other vulnerable populations, and has successfully operated programming for perpetrators of violence.

Since there were no local examples that could serve as models, as this was the first time a truly trauma-informed APIP was being developed in New York City, we engaged URI in a 10-month planning process and sought the expertise of two leading experts in the field of abusive partner intervention and trauma – Chris Huffine and Kerry Moles. Mr. Huffine is the Executive Director of Allies In Change, a Portland-based non-profit that offers a wide range of counseling services and batterer intervention programs and is nationally recognized as a leader in this area, and Ms. Moles is the Executive Director of Court Appointed Special Advocates of New York City with over 25-years of experience in child welfare, domestic violence and youth development. These national experts assisted URI in adopting a curriculum, developing policies and procedures that reduce re-traumatization, and training staff on trauma-informed approaches.

Over the course of the 26-session program, participants learn skills to actively evaluate their choices and develop accountability for their actions by discussing and reflecting upon learned behaviors, life stressors, regulating emotions, family functions, and the impacts of trauma. URI employs highly trained facilitators to deliver this curriculum, in both English and Spanish, on a rolling basis. Each session lasts approximately two hours. The newly developed curriculum teaches abusive partners to change the justifications, attitudes, and beliefs perpetuating their abuse. The program operates out of a newly designed space in Central Harlem. Unlike other APIPs, URI offers a wide range of free, voluntary services to participants, including case management, trauma-specific interventions, and referrals to address other needs, such as job readiness and housing support.

Cases are screened by the resource coordinator in the domestic violence court part as well as by the leadership of the Office's Domestic Violence Unit. While we weigh victim input in our decision-making, program-based dispositions are ultimately case-specific and only offered after

a careful review of an individual's criminal record, DV and DIR history, and current violent behavior. Because the program is free, no individual is denied placement due to high costs or inability to pay.

After a referral is made, URI utilizes a series of screening and assessment tools to complete a risk assessment before accepting a potential participant into the program. Through this process, URI identifies an individual's needs (such as an immediate need for substance abuse treatment) and level of access to resources including: medical insurance and providers, transportation, housing, overall health, employment, criminal justice supports, educational supports and services, paid supports such as mental health providers and natural supports such as family and friends. Understanding the long-term and short-term needs of abusers can help providers better address the underlying reasons for their abusive behavior.

The first TI-APIP group began on July 30, 2019. There have been fifteen referrals to date and nine male-identified individuals have enrolled in the program. All nine are actively participating in one group. Two additional individuals are pending a clinical assessment and/or court approval, while four individuals were denied placement for reasons such as serious mental illness or criminal history.

During its first year of implementation, the APIP will serve 20 individuals total. During years two and three, the program will serve 40 individuals per year.

The safety of survivors and children remains a top priority of this initiative. Coordinated communication between URI and court stakeholders, as well as established protocols for reporting non-compliance, breaches in orders of protection, and victim and child safety concerns, ensure that non-compliance is addressed swiftly and law enforcement is informed immediately of risks to a survivor's well-being.

The program connects survivors to a wide range of resources through both the Manhattan District Attorney's Witness Aid Services Unit and URI's crime victim services. Survivors have immediate access to counseling, safety planning, legal services, referrals to shelters, advocacy for government entitlements, and workforce development programming. Survivors have agency to determine when, if, and to what extent they would like to remain in contact with the program.

Finally, to test the efficacy of this model, we are funding a process and outcome evaluation. The Urban Institute, a nationally recognized research institution has been selected as the evaluator and will have a preliminary report available in the summer of 2022. Final results will be available in January 2023.

Thank you for the opportunity to testify before you today and describe the process we underwent to develop and implement this innovative model. With continued support from our partners, we will continue to use all the levers available to us to address this public health crisis with the hope of creating approaches that lead to lasting change and reductions in intimate partner violence.

**Center for Court Innovation Testimony
New York City Council
Committee on Women and Gender Equity
Hearing on the Efficacy and Efficiency of Batterer Intervention Programs
November 20, 2019**

Abusive partner intervention programs were originally created as part of a coordinated community response to intimate partner violence, serving as a viable court disposition or mandate, especially when a jail sentence was not an option.¹ Currently, programs are also used in civil disposition for protection order, juvenile delinquency, and child protective proceedings. A 2007 study conducted by the Center for Court Innovation (the Center) found more than 2,200 abusive partner intervention programs nationally, with several states—including California, Florida, Rhode Island, and Oregon—requiring certain offenders or people who cause harm to attend programs as part of a court disposition.² Additional research has found that four out of five participants in abusive partner intervention programs nationally are court-ordered.³

While the link between courts and abusive partner intervention programs is well-established, debate continues among researchers and practitioners about how to measure effectiveness. When research focuses exclusively on criminal recidivism, abusive partner intervention programs may have limited effect. Furthermore, a recent literature review found that abusive partner intervention programs do not reduce re-offending, or show only marginal effects.⁴

However, research that takes a broader perspective has shown impact.⁵ For example, Project Mirabal researchers expanded measures of “success” to include six factors such as respectful and effective communication, space for action for survivors, and safe shared parenting. Researchers found positive improvements in study participants in these areas.⁶ This research and the reflections of practitioners have spurred a period of adaption among

¹ Pence, Ellen and McMahon, Martha. *A Coordinated Community Response to Domestic Violence*. University of Victoria, 1997. and Pence, Ellen and Shepard, Melanie T. *Coordinating Community Responses to Domestic Violence: Lessons from Duluth and Beyond*, 1999.

² Labriola, Melissa, Rempel, Michael and Davis, Richard C. *Do Batterer Programs Reduce Recidivism? Results from a Randomized Trial in the Bronx*. Center for Court Innovation, 2007.

³ Bennett, L. and Williams, O. 2004. “Controversies and Recent Studies of Batterer Intervention Program Effectiveness.” University of Minnesota, Applied Research Forum.

⁴ Miller, M., Drake, E., & Nafziger, M. (2013). *What works to reduce recidivism by domestic violence offenders?* (Document No. 13-01-1201). Olympia: Washington State Institute for Public Policy.

⁵ Kelly, L. and Westmarland, N. (2015) *Domestic Violence Perpetrator Programmes: Steps Towards Change*. Project Mirabal Final Report. London and Durham: London Metropolitan University and Durham University.

⁶ *Id.*

many program providers.⁷ Indeed, very few programs are currently operating as they did even five or ten years ago, and many have expanded their approaches in order to increase impact. Best practices will continue to evolve, but a growing body of evidence suggests that programs can improve outcomes by incorporating comprehensive assessments that gauge level of risk, trauma, hope and other needs; cognitive-behavioral learning strategies; and accountability mechanisms that reflect and value culture and community and incorporate self-reflection. By incorporating these strategies, programs may be better able to hold people who cause harm accountable and enhance the safety and well-being of survivors.

In New York City, such questions have catalyzed a new effort to plan and implement a comprehensive approach for abusive partner intervention and services for people who cause harm as a crucial part of the City's work to support survivors, foster healthy relationships and communities, and end violence. Building from an October 2015 policy roundtable hosted by the Mayor's Office to End Domestic and Gender Based Violence (ENDGBV) and the Coalition on Working with Abusive Partners (CoWAP), the Interagency Working Group on New York City's Blueprint for Abusive Partner Intervention (IWG) was created to coordinate efforts to improve abusive partner interventions in New York City.

The IWG engaged the Center and Purvi Shah, an expert on racial and gender justice issues, to create a vision for this work in New York City. After a year of focus groups and listening sessions with criminal and civil legal system stakeholders, community-based organizations, advocates, survivors and abusive partners, the *Seeding Generations* report documented citywide recommendations for abusive partner intervention and engagement. The recommendations highlighted the need to create multiple pathways to accountability and healing for abusive partners and ensure case management and wrap-around services to support and maintain behavioral change. Additionally, it underscored the need to provide specific funding for providers as well as citywide coordinators to help mobilize current and future programming.⁸ In 2018, First Lady Chirlane McCray also developed and spearheaded the Interrupting Violence at Home Initiative, a groundbreaking citywide effort to provide intervention services for abusive partners and comprehensive training for those who engage them.

In partnership with the City, as a result of these efforts, the Center has been working on five new approaches to working with people who cause harm. To respond to the needs of male abusive partners mandated by the courts to programming, the Mayor's Office of Criminal Justice (MOCJ), together with ENDGBV, contracted with the Center to create the *Dignity and Respect* curriculum. Designed with input from national experts, local criminal legal stakeholders, and intimate partner violence survivors, *Dignity and Respect* aims to hold people who cause harm accountable for their behavior and provide tools to influence their thoughts, beliefs, actions, and values to both reduce recidivism and improve safety for survivors. The curriculum focuses on four areas of accountability and change: self, intimate partner relationships, family, and community. Using cognitive-behavioral strategies to help participants understand how their thoughts and beliefs influence their behavior, *Dignity and*

⁷ Gondolf, E.W. (2012). *The future of batterer programs: Reassessing evidence-based practice*. Boston: Northeastern University Press.

⁸ Shah, Purvi. *Seeding Generations*. Center for Court Innovation, 2017. Available here: <https://www.courtinnovation.org/publications/seedinggenerations>

Respect also looks at the impact of trauma on past and current intimate partner violence and uses a culturally-responsive approach to engage participants in developing healthy relationships. The Center created both 16 and 26 week curricula that include substance use treatment readiness (i.e. for individuals with co-occurring issues) and individual goal setting sessions.

Additionally, in partnership with international expert on women's use of force, Melissa Scaia, the Center created 16 and 26 week curricula for female defendants mandated by the court to programming to address violence used in their intimate partnerships. *Turning Points: A Non-Violence Curriculum for Women* is a group curriculum for women who have been violent in their intimate partner relationships. Given that many women who use force are victims of intimate partner violence themselves, the focus of the curriculum is on exploring the nature of their intimate relationship and their ability to function within it in ways that are life giving, dignifying, and life sustaining, rather than life draining and diminishing. The curriculum is designed to draw on their strengths, providing education and support and helping them envision a future that is free of both their violence as well as that of their partners.⁹

The Center also just recently began working with ENDGBV and outside experts to design a specialized curriculum and train-the-trainer workshop to educate City agency staff and other social service professionals on why people may use harm in intimate partner relationships, how to use a trauma-informed approach when working with people who cause harm, and how to identify, engage, and respond appropriately when intimate partner violence is identified.

Through Project RISE, the Center also plays a role in addressing the intersection of intimate partner violence and gun violence in partnership with the Mayor's Office to Prevent Gun Violence (OPGV). RISE staff work within the City's Crisis Management System (CMS) sites to build the capacity of CMS workers to respond to intimate partner violence and support healthy relationship norms by delivering tailored training around intimate partner violence, assisting with resource coordination, and providing individual guidance to staff members on how to respond when intimate partner violence situations arise. RISE staff also create educational campaigns and community events to support positive community norms around anti-violence and healthy relationships, and intentionally engage individuals who have caused harm.

Finally, the Center is currently working with Charlene Allen, an expert with over 20 years of experience working with survivors of crime and trauma, and Purvi Shah, to explore how restorative justice can be incorporated as one possible response to address intimate partner violence in New York City. Further drawing on *Seeding Generations*, the purpose of this project is to provide another pathway to accountability, safety, healing, and well-being for people who cause harm, survivors, and the broader community that may have also been affected by the harm or helped perpetuate it. The need for alternative processes to address harm is particularly important for individuals who want help, but for reasons of culture, safety, or other individual circumstances do not call the police or desire a system-based response. After months of listening sessions with local stakeholders and survivors, the forthcoming report will elevate the innovative work already happening nationally and locally to address intimate partner violence

⁹ Scaia, Melissa. *Domestic Violence Turning Points* adapted for New York City, 2019.

with restorative practices, offer lessons learned from listening sessions, and provide a framework that can be used to support practitioners in this work and spur future restorative programming that addresses intimate partner violence in the City.

In summary, there has been a great effort in the past five years to address the needs of intimate partner violence survivors and their abusive partners cause harm and create multiple pathways to accountability, healing and safety. We look forward to the continuation of this work.

**TESTIMONY - PROFESSOR LINDA G. MILLS, NEW YORK UNIVERSITY AND
NYU CENTER ON VIOLENCE AND RECOVERY**

It is an honor to appear before you today regarding the important question of the efficacy and efficiency of Batterer Intervention Programs, also known as BIPs. My name is Professor Linda G. Mills from New York University. For the past 20 years, my research focus has been on creating effective treatment programs for people who commit domestic violence (“DV”) crimes with a focus on reducing violence and enhancing victim safety. My research partner, Dr. Briana Barocas and I, have collaborated with judges, treatment providers, victim advocates and community members in implementing and studying a comparison between batterers’ treatment and restorative justice, using randomized controlled designs. Our research has been funded by the National Science Foundation and the National Institute of Justice, among others.

For many years now, researchers have evaluated the effectiveness of BIPs. In sum, the studies suggest there is little evidence that BIPs are effective in reducing subsequent violence. Professor Gondolf’s studies published in 2004 and 2007 suggest there may be evidence to the contrary -- but this study is an outlier in a sea of disappointing results. There are 2500 BIPs in this country and we continue to present them to those convicted of DV crimes as a treatment that will help them. We force people, who often struggle to put food on their table, to pay for these programs. It is a travesty - for victims and all those affected -- that we do not focus more of our attention on identifying effective interventions. Today’s hearing is a step in this important direction. Thank you.

More recently, there are many more promising outcomes in the research related to the reduction of violence over time. These studies suggest that when BIPs are combined with other treatment approaches, including Acceptance and Commitment Therapy, Cognitive Behavioral Treatment and in the case of our own research, Restorative Justice, they can be more effective in reducing subsequent violence when compared to a typical BIP. In our study, recently published in [*Nature Human Behaviour*](#), attached to my testimony, we compared two treatment modalities: a “hybrid” program that combined 12 weeks of BIP with 6 weeks of restorative justice treatment to 18 weeks of “pure” BIP. We found astonishing results: there was a **53% reduction in new arrests** for those enrolled in the “hybrid” BIP + restorative justice program compared to the typical BIP. We also saw a **52% reduction in the severity of crimes** committed in the hybrid BIP + restorative justice, compared to those in BIP-only. In this study, 42 percent of victims participated in at least one restorative justice session. This evaluation took place in Utah where the state permits victims to join the treatment, following the completion of a number of sessions of BIP by the person who was convicted of the crime.

I understand that the City of New York may be interested in experimenting with alternatives to BIP, which may include a victim who agrees to participate. This is laudable and important. Let me add that in a [*previous study*](#), published in the *Journal of Experimental Criminology*, we showed that there was no evidence that when victims participate in restorative justice treatment, that it put them at any more risk, compared to BIP.

NYU’s Center on Violence and Recovery has been the pioneer in developing and studying restorative justice programs in the US. We are currently seeking 4 jurisdictions for replication studies which would compare BIP-only to BIP + restorative justice. We would be delighted to include New York City in this important undertaking.

Thank you very much.

A randomized controlled trial of restorative justice-informed treatment for domestic violence crimes

Linda G. Mills^{1,2,6*}, Briana Barocas^{1,2,6*}, Robert P. Butters³ and Barak Ariel^{4,5}

Recent innovation in domestic violence (DV) treatment suggests that when a batterer intervention programme (BIP) is combined with clinical elements, including motivational or readiness to change strategies, subsequent incidents of violence can be reduced. Prompted by previous research on restorative justice in reducing recidivism in crimes other than DV, a randomized controlled trial in Utah, USA, compared a typical BIP with one that included restorative justice-informed treatment, called circles of peace (CP). The findings reveal that the 'hybrid' BIP-plus-CP resulted in statistically significant reductions in both new arrests (53%) and crime severity scores (52%) for all offences, including DV, over a 24-month period. We conclude that a hybrid BIP-plus-CP programme should be considered as a viable treatment option for DV offenders. Implications for DV victims are discussed, as are the study's limitations, including the fact that some elements typical of restorative justice programmes could not be attained in this DV context.

Domestic violence (DV) is a global phenomenon affecting individuals, families and communities. In the United States, every jurisdiction now criminalizes DV although definitions and statutes vary by state¹. The child welfare system also must address violence in families with a focus, for the most part, on the safety of the child^{2,3}. DV criminal statutes now include violence perpetrated by an intimate partner as well as 'current or previous partners', 'person living in the household', 'one family member against another' and so on¹. The movement away from defining DV as exclusively violence against women or intimate partner violence (IPV) has had a considerable impact on how incidents are counted, as well as how and to whom treatment is provided.

Between 2003 and 2012, broadly speaking, DV accounted for 21% of all violent crime in the USA (15% IPV, 4% violence committed by immediate family members and 2% other relatives), with 76% of DV being committed against females and 24% against males⁴. Additionally, more than half (55%) of all homicides between 2003 and 2014 were committed by a current or former male intimate partner⁵.

In 2013, according to the most recent statistics for Utah (the site of this study), there were 14,782 DV-related offences⁶, a state law that incorporates IPV but also family members more broadly (adult child and parent, siblings and so on) as well as roommates (see Methods, Population and sampling). Boyfriend or girlfriend was most often identified as the source for DV crimes (30%), followed by married, heterosexual couples (18%)⁶. When common-law spouses, ex-spouses and homosexual relationships are also included, IPV accounts for 53% of all DV offences in Utah⁶. There were 264 DV-related homicides reported between 2000 and 2013, including current or former intimate partners, roommates or family members, for an average of 19 deaths per year⁶. Females are ten times more likely to die from DV than males⁷. DV homicides comprised 42.9% of the murders committed between 2000 and 2013 (ref. ⁶).

It has also been reported that 14.2% of Utah women over the age of 18 years have experienced IPV in their lifetime and 18.9% of Utah women have experienced IPV in the past 12 months (ref. ⁶). Finally, between 2003 and 2008 on average, there were three DV-related suicides each month in Utah, most often committed by men⁷.

Arrest, prosecution, jail time, no contact orders, judicial monitoring and court-mandated treatment are now considered appropriate interventions to a DV incident in the USA, also sometimes referred to as a 'coordinated community response'⁸⁻¹⁰. Most courts rely on batterer intervention programmes (BIPs) to provide treatment to DV offenders^{8,11}; the second most common type of programme is cognitive behavioural therapy (CBT), which may be either an element of a BIP approach^{9,10} or a stand-alone intervention^{8,12}.

There are no reliable national statistics about the number of BIPs or DV offender programmes that exist in the USA, since criminal justice-mandated treatment is both local and community-based¹³ and there are no national databases that register these programmes^{12,13}. It has been estimated¹⁴ that there are approximately 2,500 unique BIPs nationwide, which was extrapolated from previous research based on two national surveys^{12,13}.

Most commonly, BIPs use a psycho-educational approach that aims to hold offenders accountable for their crimes, drawing on the Duluth model of treatment^{8,10,12,15,16}. Duluth was first developed in the early 1980s, specifically for IPV, with a focus on male offenders and female victims¹⁰. Typically, BIPs teach offenders to identify maladaptive behaviours and to find non-violent alternatives, as well as to change attitudes regarding the gender imbalance between men and women and the accompanying power and control evident in abusive intimate heterosexual relationships^{8,17,18}. Accountability for one's violence is key to the BIP model⁸. The BIP curriculum is offered in a group format; some programmes use male and female co-facilitators¹². Most BIP programmes now have at least one staff member with a master's degree and many programmes include

¹Center on Violence and Recovery, New York University, New York, NY, USA. ²Silver School of Social Work, New York University, New York, NY, USA.

³School of Social Work, University of Utah, Salt Lake City, UT, USA. ⁴Institute of Criminology, University of Cambridge, Cambridge, UK. ⁵Institute of Criminology, Faculty of Law, Hebrew University, Jerusalem, Israel. ⁶These authors contributed equally: Briana Barocas, Linda G. Mills.

*e-mail: linda.mills@nyu.edu; briana.barocas@nyu.edu

minimum educational standards for BIP facilitators^{12,15}. The length of BIP treatment is often dictated by a state's DV treatment standards^{12,19}; a majority of states require a minimum of 24–26 weeks, with each session ranging from 60 to 120 min (ref. ¹⁹).

In addition to the more typical curricular elements of BIP, modules also often incorporate CBT^{11,12}. Moreover, modules that address issues such as substance abuse and anger management are also often integrated into the BIP curriculum¹², despite an ongoing debate regarding whether anger should be a component of a DV intervention^{9,19}.

Victims are rarely incorporated into an offender's BIP treatment plan, even though they are often contacted by BIP programmes for various reasons, including when a threat is made¹². When DV treatment programmes were surveyed about couples therapy, only a small minority said that they offered it¹². It was surmised that conjoint treatment is rare, both because it was “thought to be ineffective” but also “possibly dangerous”¹². As a result of these concerns, most states prohibit the use of conjoint approaches to DV interventions^{19,20}. It is noteworthy that many studies now challenge the assumption that conjoint treatment is never advised for DV, particularly when it is provided under certain controlled conditions^{21–23}.

Several rigorous studies on BIPs, often involving IPV and male offenders only, have revealed questions regarding their effectiveness in reducing incidents of DV. Meta-analyses of quasi-experimental and experimental designs on BIPs have found effects either in the “small range”, with “minimal impact on reducing recidivism beyond the effect of being arrested”²⁴, or “no evidence of effectiveness relative to a no-treatment control group”²⁵. Some evidence was found to suggest that “programs offering alternatives to traditional BIPs based on readiness to change constructs are more promising across a broad range of useful outcomes”²⁵. Another meta-analysis found a “positive but non-statistically significant effect”²⁶ after examining a “total of 19 Spanish and English language research articles ... [with] 49 effect sizes from a sample of 18,941 batterers”²⁶. The researchers concluded that “the evidence remains inconclusive and sharp conclusions cannot be drawn”²⁶. Even a more recent ‘controlled’ study of Swedish men found only ‘small’ differences²⁷ between those enrolled in BIP and those who were not, leading the authors to conclude that there is “an urgent need to develop improved interventions for IPV offenders”²⁷. According to one author, however, experimental studies (including, for example, ref. ²⁸), particularly those included in meta-analyses of the type described, are riddled with methodological limitations and fail to capture a complete picture of BIPs and their potential^{9,29}.

One author's extensive research on BIPs does, in fact, reveal a more hopeful picture^{9,29}. The author conducted a 4-year longitudinal follow-up study of four established batterer programmes in the USA (in four different cities), involving 854 male offenders, showing “a clear de-escalation of reassault and other abuse over time, with the vast majority of men reaching sustained non-violence”⁹. (For a succinct summary of the results, see ref. ⁹.) The same author reported that, at 30 months after the programme intake, 80% of the men in the previous year had refrained from violence; at 48 months, 90% had not been violent over the previous year⁹. In this study, women's perceptions of their safety had also improved, leading the author to report that looking at the BIP intervention as a “whole” may be optimal, rather than focusing on the “program effect”⁹. It was concluded that “[i]n light of the implementation problems in the experimental designs and the contradictory evidence from (Gondolf's) multi-site study, a definitive dismissal of the Duluth program based on program evaluations is unwarranted”⁹.

In other relevant recent research¹⁸, public records were used to compare recidivism rates of those who completed BIP treatment and those who did not. Over an approximately 9-year period, the researchers found “the percentage of reoffenders did not vary significantly between BIP completers and non-completers”¹⁸, concluding

that there remains a “need for more effective and coordinated individual, group and community-wide interventions”¹⁸.

New innovations and accompanying scholarship that supplement BIPs are now showing both promise and potential. One group used a randomized clinical trial (RCT) to test whether the addition of motivational strategies such as an “individualized motivational plan” (IMP) to a male-only BIP increased programme effectiveness³⁰. This hybrid programme led to several statistically significant outcomes, including lower risk of recidivism as reported by participants and a lower likelihood of perpetrating physical violence as reported by therapists³⁰. Official recidivism data were in the “expected direction” but did not show statistically significant reductions, perhaps, as the authors surmised, because overall rates of recidivism in these data for both conditions were low³⁰. The researchers also found that the combination of IMP and BIP led to higher treatment dose and programme completion at a more advanced stage of change³⁰. These results build on other motivation-related research, suggesting that these and other more tailored strategies may provide more promising outcomes and are worthy of further exploration^{25,30–32}. Another group compared BIP-plus-IMP to a BIP-only programme and found that the participants in the former developed greater empathy, suggesting that an improvement in cognitive abilities could also reduce incidents of violence³³.

In other treatment developments, an RCT was conducted to test the value of an approach called “acceptance and commitment therapy (ACT)”, involving 101 participants, a majority of whom were women (68%)³⁴. In comparison to the placebo control group, the researchers found, according to participant reports, that ACT significantly reduced both physical and psychological aggression following the intervention (as well as 6 months later)³⁴. Drawing on “mindful awareness of emotions and thoughts”³⁴, ACT helped offenders better tolerate unwanted feelings or experiences such as anger or jealousy, which prevented violent triggers and enhanced the desire to “engage in valued behavior”³⁴.

One group examined the differences between a CBT substance abuse DV treatment with drug counselling for male offenders³⁵. They found that in the 3 months following the end of treatment, the CBT/DV offenders perpetrated IPV “on significantly fewer days” when compared to participants in the drug-counselling condition³⁵. In another CBT-related study, an RCT was conducted to test the hypothesis that violent males would fare better in “case formulation-based” individual treatment, as compared to group CBT³⁶. Although treatment participation and uptake were statistically significantly higher in the individual treatment, the results revealed that the group CBT exceeded a medium effect size for fewer incidents of physical and emotional abuse, as reported by the partner (among other statistically significant findings)³⁶. These results suggest that group CBT may in fact produce better outcomes insofar as the individual treatment approach created “challenges in session agenda setting, homework implementation and formal aspects of relationship skills training”³⁶.

In another experiment in Southampton, UK, males convicted of first-time, low-risk IPV, and who admitted to their crimes and received a conditional caution, were eligible to be randomly assigned either to 2-day “cautioning and relationship abuse” group workshops, described as “strengthening a person's own motivation and commitment to change”³⁷ or to no workshop at all. Participants were tracked for 1 year; re-arrest rates of workshop participants were 27% lower than those of the control group³⁷.

Another recent RCT involved a CBT programme called “Strength at Home Couples”³⁸ designed to prevent violence in military couples. Both male service members and their female partners reported fewer acts of physical and psychological IPV following the CBT intervention, as compared to a supportive group that provided only “encouragement” by therapists who focused on conflict and violence

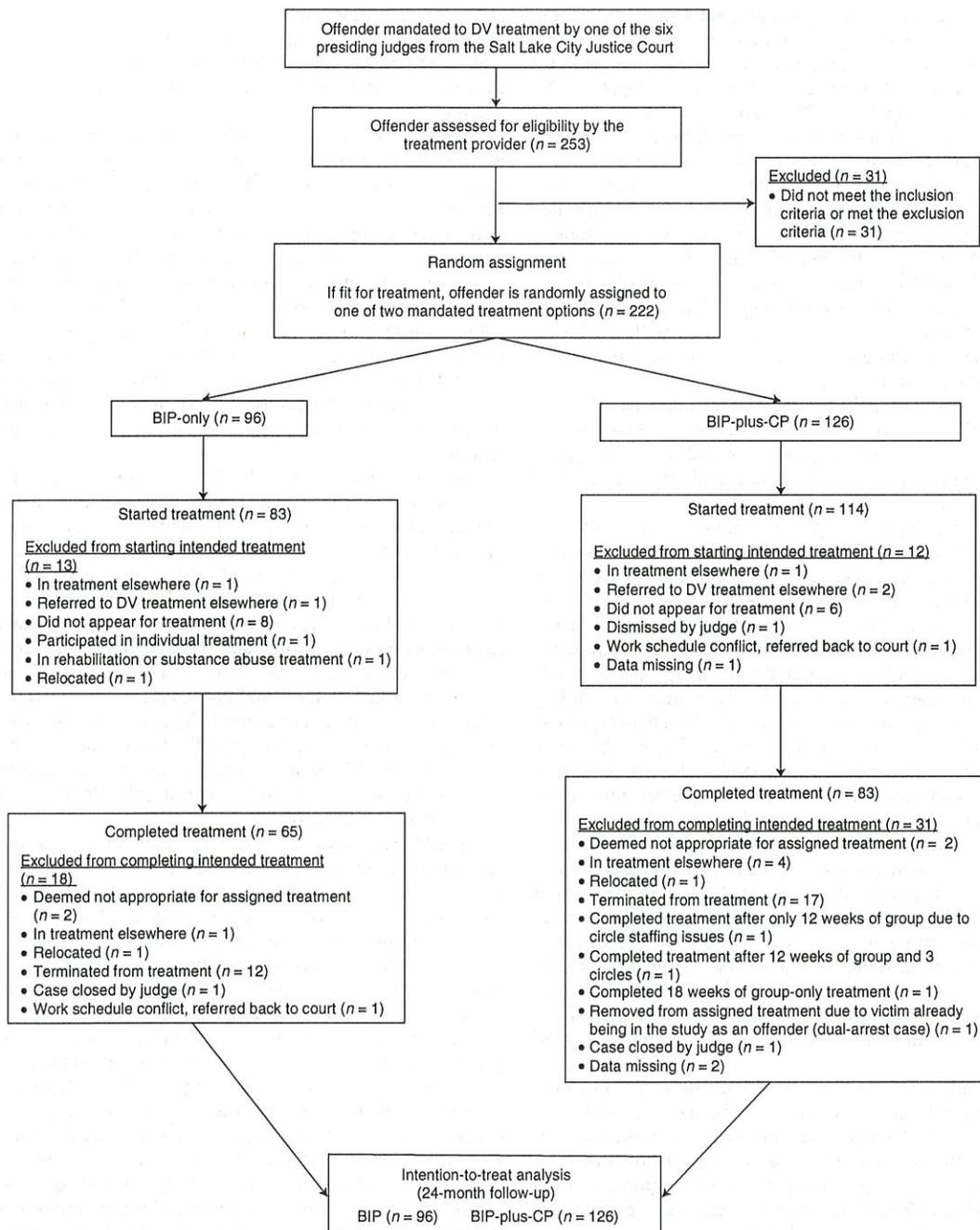


Fig. 1 | CONSORT flowchart. Flowchart from the point of random assignment until completion of treatment. Criteria for inclusion: (i) DV (intimate partner and/or family violence) cases only; (ii) cases of misdemeanor arrest in Salt Lake City; (iii) mandated to DV treatment after 8 February 2012; (iv) offender over 18 years of age; (v) offender admitted guilt for their charges; and (vi) offender speaks English sufficiently proficiently to participate in English-speaking treatment. Criteria for exclusion: (i) offender actively psychotic or in need of acute detoxification or hospitalization; (ii) offender currently engaged in DV treatment (within the past 30 days) with another treatment provider; (iii) defendant currently subject to the jurisdiction of another court and is receiving DV, drug court or mental health court treatment services through that court; (iv) offender currently involved with the Utah Department of Human Services; (v) offender facing jail time within treatment period; and (vi) related second offender to appear for an evaluation in dual-arrest cases (for example, cases in which the victim/partner was already randomly assigned as an offender to treatment for the study).

prevention³⁸. The authors concluded that the results are “promising” for preventing “IPV in trauma-exposed at-risk couples”³⁸.

Taken together, these studies suggest that treatment innovations, including enhancements to BIP, are revealing positive outcomes. Restorative justice (RJ) or elements of RJ, referred to as

restorative-informed practice (RP), when combined with BIP, may provide another promising approach for DV treatment, particularly because RJ is tailored to the specific set of circumstances and therefore can accommodate a range of offender characteristics or factors that might otherwise be ignored or neglected, including

heterosexual female and lesbian, gay and gender-non-conforming offenders who might have unique treatment needs¹⁵.

Another reason why a restorative approach may hold promise is that it can accommodate victims who want to participate in DV treatment. Victim participation in DV treatment is illegal or strongly discouraged in many US states^{19,20}; in some states, it is permitted only after a period of offender-only treatment (for example, Utah). A few states allow the victim to participate from the beginning of an offender's course of treatment (for example, Arizona). These statutory variations, together with the view that couples counselling is ill-advised in DV cases, have influenced both the likelihood of using RJ for DV and how DV/RJ treatment has developed programmatically. It is noteworthy that there is existing evidence to suggest that various forms of RJ can address IPV in the child welfare context, where it has been both more robust and better accepted than when a case enters the criminal justice system^{2,3}.

Restorative justice, broadly speaking, is dialogue-based, seeking to address the social harms caused by crime. As described by one author, "because crime hurts, justice should heal"³⁹. A typical element of an RJ programme is that victims and offenders choose/consent to participate⁴⁰. Restorative justice can include various approaches to bringing parties together, including victim-offender mediation, family group conferencing, peacemaking, sentencing circles as well as circles of peace (CP)⁴⁰. CP, the restorative-informed approach used in this study, are administered by trained circle keepers, for a designated number of sessions, following each jurisdiction's required length of DV offender treatment. CP also include the offender, a trained volunteer community member, support people for the victim and offender, and other family members depending on who volunteers to participate in the circle⁴¹. Unlike in typical RJ programmes, DV victims are limited in the ways they can choose to participate in CP—some states simply prohibit victims from participating in offender treatment. As a result, victim participation in the DV context can range from coming to sessions to sending a support person, and/or conversing with the circle keepers before, during or after the CP session, depending on the jurisdiction and the victim's desires. Since key elements of typical RJ programmes cannot be applied to this DV context, including the fact that offenders are required to attend treatment, some victims would like to participate but are prohibited from doing so due to state mandates, and the reality that DV treatment uses 'offender' to describe treatment participants, whereas RJ typically uses more neutral nomenclature—the term RP rather than RJ is used to describe the CP model applied in this study⁴⁰.

Since this study was conducted in Utah, the rules governing treatment length and modality followed Utah's state standards during the study period, which also incorporated local treatment provider input. All offenders were required to attend DV treatment for a total of 18 weeks; each session, regardless of assignment, lasted 90 min, and male and female offenders participated in group treatment together. Offenders were randomly assigned to one of two treatments: 18 weeks of BIP treatment or 12 weeks of BIP plus 6 weeks of CP.

Drawing on both restorative and DV practices, the CP sessions focus on topics that are relevant to this offender's crime, including: events leading up to the arrest, family history of abuse, triggers of violence, methods for addressing triggers and other factors that might be relevant to the offender's circumstances, including gender identity, race, culture, religion and socio-economic status²². The CP model uses a social compact, signed by circle participants, including the offender, that holds him/her accountable for his/her behaviours each week. The social compact provides the expectations for change, but also keeps CP focused on behaviours that will restore what has been lost due to the crime as well as monitors developments by the offender that can lead to productive and non-violent outcomes. In summary, CP for DV offenders "seek to hold offenders account-

able; empower those who are victimized; allow for the expression of feelings; clarify facts about the crime; provide an opportunity to address the impact of the crime on the survivors and those around them; and come to an agreement about how the offender can make amends"^{39,40}.

To our knowledge, there has been only one RCT on a restorative programme, designed specifically for DV. A CP model was tested in Nogales, Arizona, with 152 DV cases randomly assigned to either BIP or CP²². The experiment showed that CP participants experienced less recidivism than BIP during the 24-month follow-up period, but the study did not produce statistically significant results, except at 12 months post-random assignment where statistically significant differences were found between CP and BIP in favour of CP for non-DV arrests²². At the very least, the Arizona experiment found similar results between BIP and CP, leading the authors to conclude that CP could be a safe alternative to offender-only treatment for victims who choose to participate²². In Arizona, 62% of the CP cases had victims voluntarily participate in at least one CP session²².

There is ample evidence that RJ can improve both efficacy and cost-effectiveness for certain crimes^{42,43}. In one meta-analysis of 60 unique studies, the results of 84 different evaluations of RJ meetings between youth delinquents and a victim or community representative were reported⁴⁴. The results "showed a moderate reduction in future delinquent behavior relative to more traditional juvenile court processing"⁴⁴, accompanied by a cautionary note that the most rigorous studies revealed smaller results, "raising concerns about the robustness of the overall finding"⁴⁴. There were also some mixed results depending on the kind of programme used. Despite this, the authors found that victims reported higher levels of satisfaction and fairness when offered an RJ option⁴⁴. Overall, the researchers concluded that this RJ research "is promising" but also cautioned that, due to several methodological limitations, this does "not allow for a strong positive conclusion"⁴⁴.

In 2013 (ref. 43) and 2015 (ref. 42), meta-analyses were reported on a select group of RJ programmes to answer whether RJ conferences (RJs) were effective in reducing repeat offending, following face-to-face conferences between offenders and victims. In a review of the ten most rigorous studies, with a focus on recidivism rates of the 1,879 accused or convicted offenders, the researchers concluded that "on average, RJs cause a modest but highly cost-effective reduction in the frequency of repeat offending"⁴².

For some time, critics have argued that RJ and restorative-type programmes should not be applied to DV cases on the grounds that they are concerned that victim safety could be jeopardized due to victim participation⁴⁵; others have argued that these approaches perpetuate the state's role in instigating violence against women⁴⁶. And while, for the most part, these concerns have been addressed based on previous research and carefully designed interventions^{2,22}, there remains a degree of scepticism among advocates and others regarding the use of RJ and restorative-type programmes in response to DV crimes^{45,46}. Despite these concerns, there has been an increased interest in applying restorative principles to DV criminal cases, including in Austria, Canada, New Zealand, Norway, Arizona, Utah and South Africa^{1,2,39,47,48}, to name but a few. Other developments, including the Black Lives Matter movement and research on hyper- and mass incarceration in the USA, have led some advocates to become more sympathetic to non-incarceration options for DV crimes⁴⁹. RJ and RP for DV is positioned to gain further momentum, particularly if RJ and RP nomenclature and related values can be better incorporated.

Results

The study took place in Salt Lake City, Utah, where we compared a typical court-mandated BIP (BIP-only) with the hybrid BIP and RP approach (BIP-plus-CP). All eligible offenders ($n=222$) were

Table 1 | Pretreatment sample characteristics (at time of intake assessment): BIP-only versus BIP-plus-CP

		BIP-only ^a	BIP-plus-CP ^a	Statistics ^b
Racial identity/ethnicity of offender (%)	Caucasian	52.1	52.8	$\chi^2(6) = 5.227; P = 0.515$
	African American	5.2	3.2	
	Hispanic	15.6	24.8	
	American Indian	6.3	2.4	
	Asian	1.0	0.8	
	Other, including mixed	11.5	8.8	
	No data	8.3	7.2	
Mean age of offender (in years)		33.1 (12.0)	34.8 (13.2)	$t(215) = -0.990; P = 0.323$
Job status (%)	Employed	59.4	71.2	$\chi^2(3) = 7.563; P = 0.109$
	Unemployed	29.2	19.2	
	Other	1.0	4.0	
	No data	9.4	5.6	
Participants with suicidal tendencies (%)	Yes	3.1	4.0	$\chi^2(2) = 0.276; P = 0.871$
	No	86.5	87.3	
	No Data	10.4	8.7	
Offender's relationship status (%)	Single or never married	31.3	23.0	$\chi^2(8) = 13.060; P = 0.110$
	Living with someone as a couple	21.9	16.7	
	Married for the first time	11.5	22.2	
	In a relationship	9.4	4.8	
	Divorced	6.3	12.7	
	Remarried	5.2	8.7	
	Separated	3.1	4.8	
	Widowed	1.0	0.0	
No data	10.4	7.1		
Offender living with the primary victim (%)	Yes	35.4	42.9	$\chi^2(2) = 1.279; P = 0.528$
	No	54.2	48.4	
	No data	10.4	8.7	
Offender's gender (%)	Male	63.5	69.8	$\chi^2(2) = 3.250; P = 0.197$
	Female	34.4	30.2	
	No Data	2.1	0.0	
Mean number of children (under 18) living with offender (at time of arrest)		0.73 (1.43)	0.61 (1.08)	$t(196) = 0.703; P = 0.483$
Dual-arrest cases (%)	Yes	13.5	9.5	$\chi^2(2) = 1.115; P = 0.573$
	No	77.1	82.5	
	Unknown	9.4	7.9	
Type of violence in case (%)	Family violence	22.90	26.20	$\chi^2(7) = 1.555; P = 0.980$
	IPV no child involved	29.2	31.0	
	IPV child involved	21.9	17.5	
	IPV and other family involved	1.0	2.4	
	IPV and multiple others	10.4	9.5	
	IPV and other person involved	4.2	4.0	
	IPV same-sex couple	2.1	2.4	
	No data	8.30	7.10	

^ain this column, numbers in parentheses indicate s.d.; ^bin this column, numbers in parentheses indicate d.f.

randomly assigned by the treatment provider to either the BIP-only (standard treatment) or the BIP-plus-CP (hybrid treatment) during the 24-month study time frame, with a 24-month follow-up period (Fig. 1). Study participants were processed by six judges from the Salt Lake City Justice Court and convicted of DV crimes;

all offenders were sent to the treatment provider that administered both the standard treatment (control group) and the hybrid treatment (experimental group). Once the offenders arrived at the treatment centre (253 in total) and were assessed for eligibility, they were randomly assigned to the study conditions (222 in total). Unlike

Table 2 | Two-year pre- and post-random assignment means: arrest^a frequencies and CSS

Stage	Outcome	BIP-only ^b	BIP-plus-CP ^b
<i>n</i>		96	126
Pre-treatment ^c	Frequency	1.000 (1.759)	1.437 (2.398)
	CSS	3.010 (5.741)	4.040 (6.495)
Post-treatment	Frequency	0.604 (1.827)	0.373 (1.270)
	CSS	1.969 (5.596)	1.151 (3.897)

^aAll crimes (including DV); ^bnumbers in parentheses indicate s.d.; ^cexcludes the case used for random assignment.

previous studies of DV interventions, we also measured severity of subsequent crimes rather than simply posttreatment reoffending.

Table 1 shows the key characteristics of the 222 participants, broken down into the two study conditions. The sample was comprised of predominantly Caucasian offenders around the age of 33–35 years who were employed during the time of intake assessment and who had a relatively short criminal record in the 24 months before the random assignment. The majority of the participants were male although, as previously noted, Utah DV laws are gender neutral; also included were both IPV and family violence/roommate crimes⁵⁰. A small percentage of the cases were dual arrests, meaning that both parties were arrested for a DV crime. A similar proportion of participants in the two study groups reported having suicidal tendencies—a key predictor of domestic homicide⁵¹. None of the baseline comparisons yielded a statistically significant difference at the 0.05 threshold—although running statistical significance testing for measurement of baseline differences in RCTs is not a recommended practice^{52–55}.

Our study comprised 96 BIP-only and 126 BIP-plus-CP, for a total of 222 participants who met the inclusion/exclusion criteria. At baseline (see Table 2), the mean (*M*) number of crimes committed by the BIP-only group prior to random assignment ranged between one and nine, with a mean number of crimes of 1.000 (s.d. = 1.759), whereas the BIP-plus-CP group ranged between one and 20, with a mean of 1.437 (s.d. = 2.398). While the BIP-plus-CP group appears more criminogenic at baseline (*M* = 4.040, s.d. = 6.495) than the BIP-only group (*M* = 3.010, s.d. = 5.741) (thus making it more difficult to show an improvement over the standard group), these differences are not statistically significant at the 0.05 level. At post-random assignment, the mean number of crimes committed by the BIP-only group (including DV crimes) ranged between one and 14 (*M* = 0.604, s.d. = 1.827), whereas the BIP-plus-CP group ranged between one and eight (*M* = 0.373, s.d. = 1.270).

Table 2 also presents our findings on differences in severity of crime committed—or crime severity scores (CSS)—a harm-reduction

variable calculated based on Utah Adult Sentencing Guidelines between the two treatment groups (see explanation of the weighting of the crime categories in Statistical procedures, below).

Table 3 presents the parameter estimates for the regression models. It includes the constant, the treatment effect of BIP-plus-CP and the dependent variable at baseline as a covariate. The table shows the unstandardized estimates and their respective standard errors of the mean, the estimated odds ratio (Exp(B)) and their corresponding 95% Wald confidence intervals (CI). Our test produced a statistically significant reduction in the count-based model reoffending, measured as any new arrest within 24 months in the BIP-plus-CP group compared to the BIP-only group, in the magnitude of approximately 53% Exp(B) = 0.470, 95% CI 0.312, 0.707, $P < 0.001$. Once we take into account the baseline values of the dependent variable, the estimated marginal means also show a statistically significant treatment effect (Fig. 2; $P < 0.001$), with 0.276 re-arrests (95% Wald CI 0.199, 0.383; s.e.m. = 0.0462) in the BIP-plus-CP group compared to 0.587 re-arrests (95% CI 0.454, 0.761; s.e.m. = 0.0774) in the BIP-only group.

When considering the harm-reduction potential of the hybrid treatment—or CSS—the results show findings similar to those of the count-based model. Severity was reduced for all crimes, including DV, by approximately 52% Exp(B) = 0.480, 95% CI 0.385, 0.600; $P < 0.001$; see Table 3). In other words, the harm caused to victims of crimes by offenders in the BIP-plus-CP treatment was halved in the hybrid treatment compared to the standard treatment. Fig. 2 shows the estimated marginal means when taking into consideration the baseline covariate: 1.776 (95% CI 1.534, 2.055; s.e.m. = 0.0793) and 0.853 (95% CI 0.711, 1.023; s.e.m. = 0.1323), for the BIP-only and BIP-plus-CP group, respectively ($P < 0.001$).

Discussion

Scholars and practitioners have long been searching for alternative treatments for DV, particularly those that complement and enhance BIP, given their prominent use by US criminal courts and related regulations¹⁹. RP provide a particularly promising addition to treatment options for DV offenders because, as this and other RJ-related studies have suggested, it has the potential not only to reduce recidivism given certain conditions, but also to increase satisfaction, address particular offender crimes and characteristics, incorporate an offender's readiness for change and remorse and engage victims of all types in ways that other programmes have not yet done^{22,56}. Additionally, RP can accommodate the broad conceptualization of DV, including family violence, as it has come to be defined by different jurisdictions¹.

Circles of peace, of the type used in this study, draw on RJ principles and practices built into this evolving approach^{22,40}. While CP have received less attention than the face-to-face RJs promulgated in the Campbell Collaboration and other reviews^{42,43}, they nevertheless incorporate the assumption that a person can make good after

Table 3 | Parameter estimates and exponential parameter estimates (*n* = 222)

		B	s.e.m.	P value	Exp(B)	95% CI for Exp(B)	
						Lower	Upper
Crime counts (new arrests)	Treatment ^a	-0.755	0.2083	0.0003	0.470	0.312	0.707
	Baseline	0.192	0.0179	<0.0001	1.211	1.169	1.254
	Intercept	-0.771	0.1357	<0.0001	0.463	0.354	0.603
CSS (severity of new arrests)	Treatment ^a	-0.733	0.1133	<0.0001	0.480	0.385	0.600
	Baseline	0.073	0.0036	<0.0001	1.076	1.069	1.084
	Intercept	0.310	0.0783	<0.0001	1.364	1.170	1.590

^aBIP-plus-CP.

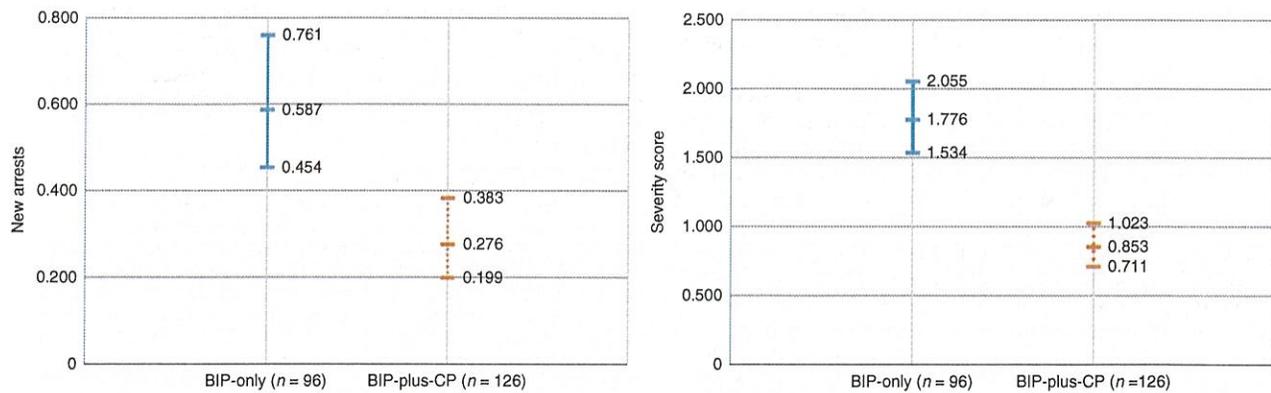


Fig. 2 | Estimated marginal means and 95% Wald CI for difference in new arrests and severity. The estimated marginal means for new arrests show a statistically significant treatment effect ($P < 0.001$), with 0.276 re-arrests (95% Wald CI 0.199, 0.383; s.e.m. = 0.0462) in the BIP-plus-CP group compared to 0.587 re-arrests (95% CI 0.454, 0.761; s.e.m. = 0.0774) in the BIP-only group. The estimated marginal means for severity are shown when taking into consideration the baseline covariate: 1.776 (95% CI 1.534, 2.055; s.e.m. = 0.0793) and 0.853 (95% CI 0.711, 1.023; s.e.m. = 0.1323) for the BIP-only and BIP-plus-CP group, respectively ($P < 0.001$).

a crime even if the treatment is mandatory and the victim does not participate, as may be the case in the DV context. CP facilitates this personal growth through an “intensity of interaction”⁴² and an organized process of dialogue, both with people known to the offender (family members, support people and a victim who willingly participates) as well as through others the offender comes to trust (a circle keeper, as well as a volunteer community member who attends CP over several weeks of treatment)^{56,57}. In addition, through the use of a social compact, there is an element of focused accountability each week in the CP session where all parties witness change by the offender that is both recognized and performed²². It has now been well documented that RJ agreements have a higher compliance rate than orders/agreements in control groups⁵⁸. In addition, while in this study offenders were required to attend treatment and not all victims participated, we did not witness negative consequences stemming from either of these conditions. Indeed, our results suggest that RP combined with BIP is much more effective than a BIP-only approach.

Although some of the elements in CP did not align with typical RJ programmes and practices, as has been noted, many others did. Using RJs, as an example, CP include: (1) a discussion with both offenders and victims about how the CP works; (2) scheduling a conference at the victim’s convenience (when victims participated in the CP); (3) seating participants in a circle with privacy; (4) providing an introduction to the participants in terms of how everyone is connected to the crime; (5) opening the first circle with the offender’s discussion of the crime and its harm; (6) inviting participants to comment both on the crime itself and how the consequences might be repaired; and (7) developing a social compact that is monitored⁴³. In the case of CP, circle keepers as well as the CP participants oversee adherence to the social compact during the period of treatment (other RJ models typically require that the agreement be filed with a more formal institutional body)⁴³. Because CP were intentionally designed based on RJ principles and practices²², it is no surprise that many programme elements align closely with RJs and other restorative approaches, as well as with the theory that underpins the effectiveness of RJ more generally.

In this study, we detected statistically significant and meaningful reductions of recidivism of all crimes, including DV, of >50% in posttreatment follow-up of up to 2 years. Compared to the standard BIP-only treatment, BIP-plus-CP appears to reduce the likelihood of reoffending. Moreover, we found that this hybrid approach also reduces harm as measured by new arrests—again, by >50%. This

suggests that not only can BIP-plus-CP reduce the incidence of new crimes, but it also reduces harm when new crimes do occur, in that the crimes committed are less severe. These findings surpass the more modest outcomes of other RJ studies, not related to DV^{42–44}.

At this point, we would not expect any intervention programme to eradicate DV altogether, given the intergenerational transmission of violence and the longstanding social, psychological, cultural and even biological dimensions of this enduring problem^{59–62}. However, an intervention that both reduces recidivism by half in all crimes (including DV), as well as reduces harm at similar levels, is indeed a very promising and hopeful development, particularly given the changing demographics of DV offenders who would benefit from more tailored treatments. Future research should include a cost-benefit analysis of the hybrid BIP-plus-CP approach, although existing studies of the cost of typical RJ programmes may be instructive as well^{42,43}.

Studying a combined programme of BIP-plus-CP parallels other innovations in the field (see ref. ³⁰ for one example), providing a unique opportunity to develop the next generation of treatment programmes for DV crimes in a manner that incorporates both the standard treatment but also includes an additional component that has the overall effect of reducing recidivism. While our study cannot conclude that an approach that is restorative-only is ‘better’ than BIP-only, it does provide evidence that the hybrid of BIP and RPs can in fact improve outcomes of a BIP-only treatment. Future research should also examine the effectiveness of BIP-plus-CP for a population of IPV-only cases, to align more closely with other studies in the field of DV treatment. Additionally, future interventions should explore further how victim perspectives can be better integrated, particularly in terms of their ongoing engagement in mandated treatment for DV crimes where victim participation is often limited by legal mandates. Finally, it is strongly advised that RJ practice be given the opportunity to incorporate new nomenclature, including references to ‘offenders’ as ‘program participants’ or more specifically ‘applicants’ (the term used in CP). This will require a larger cultural shift.

There are four noteworthy limitations to this study that future research should address. First, we used official records of criminal activity and severity, which represent a consistent outcome measure across treatment groups. However, not all incidents of DV are officially documented and the granularity of data that can be achieved from these official sources is limited. Therefore, the categories of postrandomization arrest are not precisely defined as DV versus

non-DV. Future studies should address this shortcoming by conducting research in jurisdictions with the capacity to measure more precise definitions.

Second, we captured recidivism data only 24 months post-random assignment. There is a need to understand what happens longitudinally. There is the possibility of decay over time⁶³, but it can equally be the case that the treatment effect increases rather than diminishes over an extended period, as was suggested in a study of four BIP sites⁶⁴.

Third, future studies should incorporate a specific focus on several aspects of RJ programming that will help tease out what may be most relevant to the effectiveness of this practice in the DV context. For example, it would be helpful to understand whether DV programmes that rely on offenders and victims who willingly agree to participate improve the overall impact on outcomes. To advance this type of research, current legal mandates in the DV criminal context would have to be overcome. Perhaps this research should focus on child welfare, where we have seen more robust experimentation even when DV is present^{2,3}. Additionally, future studies should also focus on measuring victim and offender satisfaction, other key elements of RJ research.

Fourth, we tested the effect of the treatment provided to a heterogeneous cohort of DV offenders. There are a number of important factors that might influence the DV treatment outcome. Employment, age, history of criminality and substance abuse, among others, are all factors that can predict the likelihood of an individual both dropping out of treatment and reoffending⁶⁵. The breakdown based on these covariates would further inform both research and policy. However, given our relatively small sample size, subgroup statistical analyses are not advised. Instead, we focused our study on the overall treatment effect and the severity of reoffending, which provides clarity on this pressing question. Still, as the evidence on the effect of RP on DV develops, these variables should be incorporated using meta-analytical tools.

Methods

Population and sampling. The study protocol was approved by New York University's Institutional Review Board, the University Committee on Activities Involving Human Subjects and the University of Utah's Institutional Review Board (IRB). The protocol was designed to protect the human subjects court-mandated to DV treatment while at the same time being able to address the important policy questions. There was no contact between the researchers and the study participants. Data collection for this study was limited to pre-existing/secondary data that are routinely collected by treatment providers and criminal justice agencies. The IRB approved a waiver of informed consent under No. 45 CFR 46.116(d), as the following criteria were met: (1) the research involved no more than minimal risk to the participants; (2) the waiver or alteration did not adversely affect the rights and welfare of the participants; (3) the research could not practicably be carried out without the waiver; and (4) providing participants with additional pertinent information after participation was not appropriate. Furthermore, a Health Insurance Portability and Accountability Act Waiver of Authorization was approved by the IRB to gather data from the treatment provider on the offenders who were randomly assigned to treatment for the study. This waiver allowed us to collect records from the treatment provider's clinical case file. Additionally, we obtained a Certificate of Confidentiality from the National Institutes of Health protecting the research subjects in the study. This certificate protects the privacy of the research subjects by withholding their identities from all persons not connected with the research project.

According to the US Census Bureau, Salt Lake City has approximately 200,000 residents and is the capital city of Utah. Utah's population is 73.7% Caucasian while 21.3% are of Hispanic or Latino origin⁶⁶. Eighty-five per cent graduated from high school. The median household income is US\$54,009, with 17.8% in Salt Lake County (including Salt Lake City) living below the poverty level; 29% are not in the labour force. Just under half of the population (49%) in Salt Lake County belongs to the Church of Jesus Christ of Latter-Day Saints⁶⁷.

The primary treatment available to DV offenders in Utah is BIP. To test an alternative to BIP, we collaborated with the judiciary in Salt Lake City and a local treatment provider to randomly assign eligible cases to two conditions: BIP-only and BIP-plus-CP. After having been to court, sentenced offenders had to contact the DV treatment provider to schedule an appointment for an initial assessment. The assessment by the treatment provider was used to determine whether the offender was fit for treatment. If deemed fit for either treatment option, cases were then randomly assigned to BIP-only or BIP-plus-CP following the assessment

(Fig. 1). The offender subsequently started treatment and was mandated to complete all treatment sessions. Failure to comply with treatment requirements results in contempt of court orders and further sentencing. As the Consolidated Standards of Reporting Trials (CONSORT) flowchart (Fig. 1) indicates, there were several reasons after random assignment that offenders either did not start or did not complete treatment. Case attrition in both clinical and research settings is well recognized in DV settings⁶⁸.

Our sample consisted of all eligible DV offenders who were sentenced to treatment for a misdemeanour DV crime by the Salt Lake City Justice Court between 8 February 2012 and 31 December 2013, and who appeared for the treatment assessment, were assessed by the treatment provider and deemed appropriate for either treatment option. Random assignment of cases to treatment began on 6 March 2012, and the last case was randomly assigned on 10 March 2014. Cases qualifying for the study followed the mandate of Utah DV law at the time of this study, which included intimate partners, family members and roommates who violated the relevant criminal codes⁶⁹. Those offenders over the age of 18 years who lived locally were included in the sample. To reflect typical court practices, gender and criminal history or delinquent background were not used as exclusion criteria.

Random assignment. All six judges from the Salt Lake City Justice Court agreed to refer eligible DV cases to the relevant treatment provider during the experimental period. We have no reason to believe that this cohort of DV cases is any different from those of previous years in this jurisdiction. At sentencing, the judge handed the offender a referral sheet with the information about the treatment provider, as is standard practice in DV cases. Offenders would then contact the treatment provider to schedule an assessment. If an offender was deemed fit for either treatment option, the case was randomly assigned to one of two treatments. We used a simple random assignment sequence through the RAND function in Excel, which resulted in a baseline imbalance in terms of group sizes (96 versus 126). Assignment of cases was conducted remotely to minimize contamination biases. In all, 222 eligible cases were randomly assigned to two experimental conditions, as depicted in the CONSORT flowchart from the point of random assignment until completion of treatment (Fig. 1). Offenders were 'blinded' in terms of their participation in the RCT. Data collection and analysis were not performed blind to the conditions of the experiment.

Treatments. Based on the Arizona RCT that compares RJ and BIP treatment conditions²², it was hypothesized that DV offenders assigned to the hybrid treatment (BIP-plus-CP) would recidivate less, in terms of all crimes, including DV, compared to offenders assigned to BIP-only, as measured by re-arrest counts. A second hypothesis posited that BIP-plus-CP would lead to a reduction in the severity of the crime committed, compared to the standard treatment for similar offenders (see explanation of the weighting of the crime categories in Statistical procedures, below). To test these hypotheses, we collaborated with the Salt Lake City judicial system and a local treatment provider. In Utah, first-time DV offenders are mandated to a minimum of 16 weeks for treatment. The local treatment provider required 18 weeks of DV treatment⁶⁸. Additionally, Utah state standards allows for male and female offenders to be in DV treatment together⁶⁸.

BIP-only. Utah law requires offenders to receive treatment following conviction of a misdemeanour DV crime. The standard treatment was BIP-only, an offender-only group treatment approach typical of the Duluth-style intervention. Groups were facilitated by one group leader and included a wide range of DV offenders, including male and female offenders and IPV and family violence/roommate cases, as defined by Utah law⁶⁹. The group is open, with offenders joining at different points in time and leaving as they satisfy their legal mandates for treatment. Offenders were assigned to an 18-week programme of BIP, with each weekly session lasting 90 min.

BIP-plus-CP. The alternative approach to the standard treatment offered through this study was a hybrid of BIP-plus-CP, which included a 12-week offender-only BIP treatment followed by 6 weeks of CP sessions (both the BIP and CP sessions were 90 min). The 12 weeks of BIP was required by Utah's state law: offenders must complete 12 weeks of offender-only treatment before they can participate in conjoint treatment with their victim⁶⁸.

Ideally, CP sessions always include a circle keeper, the offender, a trained and volunteer community member, volunteer support people to both victim and offender and an invitation to the victim to participate. The focus of the CP was on repairing the harm which included, as noted, an intense interaction, an organized process of dialogue and the creation of a social compact that was monitored weekly^{39,42,43}. Circles varied in terms of willing participants. Not all victims chose to participate, either because the relationship had terminated (in cases of IPV or roommates) or because the victim made a conscious decision not to participate in treatment. In those cases that were randomly assigned to BIP-plus-CP and started CP sessions, 42% of victims chose to participate in at least one session during the CP component of treatment.

Data and variables. Multiple sources of data were used in this experiment. First, data were gathered from the clinical assessments conducted by the treatment

provider prior to the beginning of treatment, which also included the police report from the DV incident that led to the offender being mandated to treatment. These clinical assessments also included access to socio-demographic and family histories of violence and related factors, including suicidal tendencies. (A Health Insurance Portability and Accountability Act Waiver was obtained to gain access to the case records of those offenders who were randomly assigned to either treatment condition.) These variables were used to measure baseline balance between the treatment groups (Table 1). Across all comparisons, no statistically significant differences emerged at the 0.05 level (Table 1). Based on these records, we conducted the random assignment of cases into the two treatment conditions.

Next, we gained access to pre- and posttest arrest data on all crimes including DV violations on each offender from the Utah Bureau of Criminal Identification and the Utah court docket records. We used these records as dependent variables, with a 24-month follow-up period from the moment of random assignment. As noted, we used two sets of outcome data: new arrests, including DV, as well as severity of new arrests. Both data points are important insofar as reduction in crime counts (new arrests) is a key indicator of treatment outcomes as measured in most RJ experiments, but reduction in severity is also an important public health policy goal.

The rationale for measuring severity requires clarification^{69–73}. Most criminologists continue to count crimes (new arrests) in their studies without the necessary attention to severity or harm. For instance, a robust overall 15% reduction in crime counts may sound impressive but a more precise approach should distinguish between serious harm and less severe events⁷⁴. As previously argued, a ‘one-size-fits-all’ crime measurement methodology lacks the necessary degree of maturity by which results should be measured, especially when conducting cost-benefit analyses⁷⁴. For these reasons, weighting of crime categories is required^{75–77}.

Statistical procedures. For both outcome measures, we applied an intention-to-treat method. Thus, the analyses are based on treatment assignment, not treatment received, which is customary in health studies when comparing the efficacy of two interventions with high expected attrition rates. We then employed two approaches to analyse the outcomes. First, we used a Poisson-based model to assess differences between two experimental groups in terms of crime counts. Given the risk of overdispersion, we used a Pearson chi-square parameter estimation because this obtains more conservative variance estimates and significance levels⁷⁸. The dependent variable was the postrandom assignment crime counts (new arrests including DV crimes) during the 24-month follow-up period. Group assignment (experimental (0)/control(1)) was used as the factor, and the prerandom assignment data were our control variables. Given our randomized design, we measured the effect globally (across all offenders over time). From this model, we then extracted the exponential parameter estimates and the 95% CIs associated with the estimate, because the exponential parameter estimate is a measure of the factor change in the odds of the outcome produced by a one-unit increase in the value of the independent variable—an improvement over using variations in the raw coefficients that are not intuitively interpretable^{79,80}. We also computed the estimated marginal means⁸¹ to report the mean interaction responses, and adjusted for the baseline covariate (that is, the dependent variable at pretest value) in each model. We used an alpha level of 0.05 for all statistical tests, and all tests were two-tailed.

Second, we repeated this approach for crime severity figures based on Utah Adult Sentencing Guidelines⁸². We used the official grading system (that is, first- to third-degree felonies, Class A–C misdemeanours), which breaks down all crime categories in Utah into severity categories. Within each of these six categories, a further nuanced breakdown of the offence grading was completed, with a numerical score assigned for each crime type. For example, a third-degree felony aggravated assault received a score of five, while a Class A misdemeanour assault received a score of four. We then multiplied each value by the number of crime incidents that occurred per category (see Supplementary Table 1). This allowed us to measure variations of severity of crimes between the two treatment conditions of the study. We used these scores as the outcome variable, the pretreatment values as a baseline controlling variable and the group assignment as an exploratory variable.

Statistical power. Statistical power has been defined as the probability of detecting a statistically significant effect, given the true difference between the treatment group and the control group⁸³. By using Optimal Design⁸⁴ and focusing on the minimum detectable effect size, we estimate that our sample size ($n=222$) was sufficiently large to detect small to medium effects of $d=0.34$, in which the alpha significance level is 0.05, using the hypotheses as assumed to be a two-tailed test, with the count-based outcome as a covariate and with the estimated power of 0.80.

Reporting Summary. Further information on research design is available in the Nature Research Reporting Summary linked to this article.

Data availability

The data that support the findings of this study are available from the corresponding authors upon request.

Received: 5 September 2018; Accepted: 9 August 2019;
Published online: 23 September 2019

References

- Barocas, B., Emery, D. & Mills, L. G. Changing the domestic violence narrative: aligning definitions and standards. *J. Fam. Violence* **31**, 941–947 (2016).
- Pennell, J. & Burford, G. Family group decision making: protecting children and women. *Child Welf.* **79**, 131–158 (2000).
- Pennell, J. Restorative practices and child welfare: toward an inclusive civil society. *J. Soc. Issues* **62**, 257–277 (2006).
- Truman, J. L. & Morgan, R. E. *Nonfatal Domestic Violence 2003–2014* (US Bureau of Justice Statistics, 2014).
- Petrosky, E. et al. Racial and ethnic differences in homicides of adult women and the role of intimate partner violence—United States, 2003–2014. *MMWR Morb. Mortal. Wkly. Rep.* **66**, 741–746 (2017).
- No More Secrets: Utah Domestic and Sexual Violence Report* (Utah Governor's Office on Domestic and Sexual Violence, 2014).
- Domestic Violence Fatalities in Utah* (Utah Department of Health, Violence, and Injury Prevention Program, 2010).
- Aaron, S. M. & Beaulaurier, R. L. The need for new emphasis on Batterers Intervention Programs. *Trauma Violence Abuse* **18**, 425–432 (2017).
- Gondolf, E. W. Theoretical and research support for the Duluth Model: a reply to Dutton and Corvo. *Aggress. Violent Behav.* **12**, 644–657 (2007).
- What is the Duluth Model?* (Domestic Abuse Intervention Programs, 2019).
- Barner, J. R. & Carney, M. M. Interventions for intimate partner violence: a historical review. *J. Fam. Violence* **26**, 235–244 (2011).
- Price, B. J. & Rosenbaum, A. Batterer Intervention Programs: a report from the field. *Violence Vict.* **24**, 757–770 (2009).
- Dalton, B. What's going on out there? A survey of Batterer Intervention Programs. *J. Aggress. Maltreat. Trauma* **15**, 59–74 (2007).
- Boal, A. L. & Mankowski, E. S. The impact of legislative standards on Batterer Intervention Program practices and characteristics. *Am. J. Community Psychol.* **53**, 218–230 (2014).
- Cannon, C., Hamel, J., Buttell, F. & Ferreira, R. J. A survey of domestic violence perpetrator programs in the US and Canada: findings and implications for policy and intervention. *Partner Abuse* **7**, 226–276 (2016).
- Rosenbaum, A. & Leisring, P. A. Group intervention programs for batterers. *J. Aggress. Maltreat. Trauma* **5**, 57–71 (2001).
- Corvo, K., Dutton, D. & Chen, W. Y. Toward evidence-based practice with domestic violence perpetrators. *J. Aggress. Maltreat. Trauma* **16**, 111–130 (2008).
- Herman, K., Rotunda, R., Williamson, G. & Vodanovich, S. Outcomes from a Duluth model Batterer Intervention Program at completion and long-term follow-up. *J. Offender Rehabil.* **53**, 1–18 (2014).
- Maiuro, R. D. & Eberle, J. A. State standards for domestic violence perpetrator treatment: current status, trends, and recommendations. *Violence Vict.* **23**, 133–155 (2008).
- Tomsich, E. A., Tunstall, A. M. & Gover, A. R. in *The Encyclopedia of Crime and Punishment* 1–8 (Wiley, 2016).
- McCollum, E. E. & Stith, S. M. Couples treatment for interpersonal violence: a review of outcome research literature and current clinical practices. *Violence Vict.* **23**, 187–201 (2008).
- Mills, L. G., Barocas, B. & Ariel, B. The next generation of court-mandated domestic violence treatment: a comparison study of Batterer Intervention and Restorative Justice Programs. *J. Exp. Criminol.* **9**, 65–90 (2013).
- Stith, S. M., Rosen, K. H., McCollum, E. E. & Thomsen, C. J. Treating intimate partner violence within intact couple relationships: outcomes of multi-couple versus individual couple therapy. *J. Marital Fam. Ther.* **30**, 305–318 (2004).
- Babcock, J. C., Green, C. E. & Robie, C. Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clin. Psychol. Rev.* **23**, 1023–1053 (2004).
- Eckhardt, C. I. et al. The effectiveness of intervention programs for perpetrators and victims of intimate partner violence. *Partner Abuse* **4**, 196–231 (2013).
- Arias, E., Arce, R. & Vilarinho, M. Batterer Intervention Programmes: a meta-analytic review of effectiveness. *Psychosoc. Interv.* **22**, 153–160 (2013).
- Haggård, U., Freij, I., Danielsson, M., Wenander, D. & Långström, N. Effectiveness of the IDAP treatment program for male perpetrators of intimate partner violence: a controlled study of criminal recidivism. *J. Interpers. Violence* **32**, 1027–1043 (2017).
- Jackson, S. et al. *Batterer Intervention Programs: Where Do We Go from Here?* (NCJ No. 195079 (National Institute of Justice, 2003)).
- Gondolf, E. W. Evaluating batterer counseling programs: a difficult task showing some effects and implications. *Aggress. Violent Behav.* **9**, 605–631 (2004).
- Lila, M., Gracia, E. & Catalá-Miñana, A. Individualized motivational plans in Batterer Intervention Programs: a randomized clinical trial. *J. Consult. Clin. Psychol.* **86**, 309–320 (2018).

31. Alexander, P. C., Morris, E., Tracy, A. & Frye, A. Stages of change and the group treatment of batterers: a randomized clinical trial. *Violence Vict.* **25**, 571–587 (2010).
32. Babcock, J. C. et al. Domestic violence perpetrator programs: a proposal for evidence-based standards in the United States. *Partner Abuse* **7**, 355–460 (2016).
33. Romero-Martínez, Á., Lila, M., Gracia, E. & Moya-Albiol, L. Improving empathy with motivational strategies in Batterer Intervention Programmes: results of a randomized controlled trial. *Br. J. Clin. Psychol.* **58**, 125–139 (2019).
34. Zarling, A., Lawrence, E. & Marchman, J. A randomized controlled trial of acceptance and commitment therapy for aggressive behavior. *J. Consult. Clin. Psychol.* **83**, 199–212 (2015).
35. Easton, C. J., Crane, C. A. & Mandel, D. A randomized controlled trial assessing the efficacy of cognitive behavioral therapy for substance-dependent domestic violence offenders: an integrated substance abuse-domestic violence treatment approach (SADV). *J. Marital Fam. Ther.* **44**, 483–498 (2018).
36. Murphy, C. M., Eckhardt, C. I., Clifford, J. M., Lamotte, A. D. & Meis, L. A. Individual versus group cognitive-behavioral therapy for partner-violent men: a preliminary randomized trial. *J. Interpers. Violence* <https://doi.org/10.1177/0886260517705666> (2017).
37. Strang, H. et al. Reducing the harm of intimate partner violence: randomized controlled trial of the Hampshire Constabulary CARA experiment. *Camb. J. Evid. Based Policing* **1**, 160–173 (2017).
38. Taft, C. T. et al. Strength at Home Couples Program to prevent military partner violence: a randomized controlled trial. *J. Consult. Clin. Psychol.* **84**, 935–945 (2016).
39. Braithwaite, J. in *Public Accountability: Designs, Dilemmas and Experiences* (ed. Dowdle, M.) 33–51 (Cambridge Univ. Press, 2006).
40. Ptacek, J. in *Preventing Intimate Partner Violence: Interdisciplinary Perspectives* (eds Renzetti, C. et al.) 159–184 (Policy Press, 2017).
41. Cheon, A. & Regehr, C. Restorative justice models in cases of intimate partner violence: reviewing the evidence. *Vict. Offenders* **1**, 369–394 (2006).
42. Sherman, L. W., Strang, H., Mayo-Wilson, E., Woods, D. J. & Ariel, B. Are restorative justice conferences effective in reducing repeat offending? Findings from a Campbell systematic review. *J. Quant. Criminol.* **31**, 1–24 (2015).
43. Strang, H., Sherman, L. W., Mayo-Wilson, E., Woods, D. & Ariel, B. Restorative Justice Conferencing (RJC) using face-to-face meetings of offenders and victims: effects on offender recidivism and victim satisfaction. A systematic review. *Campbell Syst. Rev.* **12**, 1–59 (2013).
44. Wilson, D. B., Olaghere, A. & Kimbrell, C. S. *Effectiveness of Restorative Justice Principles in Juvenile Justice: A Meta-Analysis. Final Technical Report to the Office of Juvenile Justice and Delinquency Prevention* (Office of Justice Programs, 2017).
45. Stubbs, J. in *Restorative Justice and Violence Against Women* (ed. Ptacek, J.) 103–122 (Oxford Univ. Press, 2009).
46. Smith, A. in *Restorative Justice and Violence Against Women* (ed. Ptacek, J.) 255–278 (Oxford Univ. Press, 2009).
47. Van Ness, D. W. in *Restorative Justice: Theoretical Foundations* (eds Weitekamp, E. G. M. & Kerner, H.-J.) 23–42 (Willan Publishing, 2002).
48. Dissel, A. & Ngubeni, K. Giving women their voice: domestic violence and restorative justice in South Africa. In *XIth International Symposium on Victimology* <http://www.csvr.org.za/docs/gender/givingwomenvoice.pdf> (2003).
49. Coker, D. K. & Macquoid, A. Why opposing hyper-incarceration should be central to the work of the anti-domestic violence movement. *Univ. Miami Race Soc. Justice Law Rev.* **5**, 585–618 (2015).
50. Utah Code Section 77-36-1 <https://le.utah.gov/xcode/Title77/Chapter36/77-36-S1.html> (2019).
51. Button, I. M. D., Angel, C. & Sherman, L. W. Predicting domestic homicide and serious violence in Leicestershire with intelligence records of suicidal ideation or self-harm warnings: a retrospective analysis. *Camb. J. Evid. Based Policing* **1**, 105–115 (2017).
52. de Boer, M. R., Waterlander, W. E., Kuijper, L. D., Steenhuis, I. H. & Twisk, J. W. Testing for baseline differences in randomized controlled trials: an unhealthy research behavior that is hard to eradicate. *Int. J. Behav. Nutr. Phys. Act.* **12**, 4–12 (2015).
53. Harvey, L. A. Statistical testing for baseline differences between randomized groups is not meaningful. *Spinal Cord* **56**, 919 (2018).
54. Moher, D. et al. CONSORT 2010 explanation and elaboration: updated guidelines for reporting parallel group randomized trials. *Int. J. Surg.* **10**, 28–55 (2012).
55. Senn, S. J. Base logic: tests of baseline balance in randomized clinical trials. *Clin. Res. Regul. Aff.* **12**, 171–182 (1995).
56. Tyler, T. R. Restorative justice and procedural justice: dealing with rule breaking. *J. Soc. Issues* **62**, 307–326 (2006).
57. Mills, L. G. *Violent Partners: A Breakthrough Plan for Ending the Cycle of Abuse* (Basic Books, 2009).
58. Latimer, J., Dowden, C. & Muise, D. The effectiveness of restorative justice practices: a meta-analysis. *Prison J.* **85**, 127–144 (2005).
59. Figueredo, A. J. & McCloskey, L. A. Sex, money, and paternity: the evolutionary psychology of domestic violence. *Ethol. Sociobiol.* **14**, 353–379 (1993).
60. McKenry, P. C., Julian, T. W. & Gavazzi, S. M. Toward a biopsychosocial model of domestic violence. *J. Marriage Fam.* **57**, 307–320 (1995).
61. Perilla, J. L., Bakeman, R. & Norris, F. H. Culture and domestic violence: the ecology of abused Latinas. *Violence Vict.* **9**, 325–339 (1994).
62. Riggs, D. S., Caulfield, M. B. & Street, A. E. Risk for domestic violence: factors associated with perpetration and victimization. *J. Clin. Psychol.* **56**, 1289–1316 (2000).
63. Sutherland, A., Ariel, B., Farrar, W. & De Anda, R. Post-experimental follow-ups—fade-out versus persistence effects: the Rialto police body-worn camera experiment four years on. *J. Crim. Justice* **53**, 110–116 (2017).
64. Gondolf, E. W. A 30-month follow-up of court-referred batterers in four cities. *Int. J. Offender Ther. Comp. Criminol.* **44**, 111–128 (2000).
65. Jewell, L. M. & Wormith, J. S. Variables associated with attrition from domestic violence treatment programs targeting male batterers: a meta-analysis. *Crim. Justice Behav.* **37**, 1086–1113 (2010).
66. Quickfacts: Salt Lake City Utah. *US Census Bureau* <https://www.census.gov/quickfacts/fact/table/saltlakecitycityutah/PST045217> (2017).
67. Associated Press. *New Figures Show LDS Members a Minority in Salt Lake County* <https://kutv.com/news/local/new-figures-show-lds-members-a-minority-in-salt-lake-county> (2018).
68. Utah Administrative Code, Rule R501-21-7 <https://rules.utah.gov/publicat/code/r501/r501-21.htm> (2019).
69. Block, C. R. & Block, R. L. Crime definition, crime measurement, and victim surveys. *J. Soc. Issues* **40**, 137–160 (1984).
70. Brady, T. V. *Measuring What Matters, Part One: Measures of Crime, Fear and Disorder* (National Institute of Justice, 1996).
71. Brennan, S. & Dauvergne, M. *Police-reported Crime Statistics in Canada, 2010* (Statistics Canada, 2011).
72. Hindelang, M. J., Hirschi, T. & Weis, J. G. *Measuring Delinquency* (Sage Publications, 1981).
73. Gove, W. R., Hughes, M. & Geerken, M. Are uniform crime reports a valid indicator of the index crimes? An affirmative answer with minor qualifications. *Criminology* **23**, 451–501 (1985).
74. Sherman, L., Neyroud, P. W. & Neyroud, E. (2016). The Cambridge Crime Harm Index: measuring total harm from crime based on sentencing guidelines. *Policing* **10**, 171–183 (2016).
75. Burton, S. E. et al. Applying a crime seriousness scale to measure changes in the severity of offenses by individuals arrested in Florida. *Justice Res. Policy* **6**, 1–18 (2004).
76. Francis, B., Soothill, K. & Ditttrich, R. A new approach for ranking 'serious' offences. The use of paired-comparisons methodology. *Br. J. Criminol.* **41**, 726–737 (2001).
77. Ramchand, R., MacDonald, J. M., Haviland, A. & Morral, A. R. A developmental approach for measuring the severity of crimes. *J. Quant. Criminol.* **25**, 129–153 (2009).
78. McCullagh, P. & Nelder, J. A. *Generalized Linear Models* (Chapman & Hall/CRC Press, 1989).
79. Long, J. S. *Regression Models for Categorical and Limited Dependent Variables: Advanced Quantitative Techniques in the Social Sciences* (Sage Publications, 1997).
80. Henstock, D. & Ariel, B. Testing the effects of police body-worn cameras on use of force during arrests: a randomised controlled trial in a large British police force. *Eur. J. Criminol.* **14**, 720–750 (2017).
81. McCulloch, C. E., Searle, S. R. & Neuhaus, J. M. *Generalized, Linear, and Mixed Models* 2nd edn (Wiley Press, 2008).
82. Utah Sentencing Commission. *2016 Adult Sentencing and Release Guidelines* <https://justice.utah.gov/Sentencing/Guidelines/Adult/2016%20Adult%20Sentencing%20Guidelines.pdf> (2016).
83. Cohen, J. *Statistical Power Analysis for the Behavioral Sciences* 2nd edn (Erlbaum Associates, 1988).
84. Raudenbush, S. W. et al. *Optimal Design Plus Empirical Evidence v.3.0* (2011).

Acknowledgements

This research was funded by the National Science Foundation (award no. 0964821). The funders had no role in the study design, data collection and analysis, decision to publish or preparation of the manuscript. We would like to express our gratitude to the study participants for allowing us to gain greater insight into DV treatment programmes. This study involved several invaluable partnerships with key constituent groups, including the judiciary, a community-based agency and universities. More specifically, we would like to thank the Salt Lake City Justice Court, including J. Baxter, L. G. Cutler, J. Robison, S. Magid, C. Roberts, V. Ward and C. Preece. Additionally, we would like to thank the local treatment provider (and all the clinicians) that partnered with us for this study. We are grateful to all the members of the research team who worked on this project from New York University, including L. Al Neyadi, J. Borgeson, J. Cipollina, D. Emery, M. Takele Kassa, Y. Lee, M. Mangafas, R. Mehta, F. Mohamad, M. Radler, R. Shimizu, Y. Shy, Y. Shyrokons and T. Taylor, and from the University of Utah, including A. Earp, E. Grundvig, A. O'Neill, K. Prince, K. Riley, L. Taholo and E. Becker Worwood.

Author contributions

L.G.M. and B.B. conceived the study. L.G.M., B.B., R.P.B. and B.A. designed the study. B.B. and R.P.B. managed the data collection. B.B. developed the codebook and coding procedures and oversaw the coding of the data. B.A. analysed the data with input from L.G.M., B.B. and R.P.B. B.B. led the drafting of the manuscript. L.G.M. and B.B. led the revising of the manuscript with contributions from the other authors. All authors contributed to the interpretation of the findings and writing the final manuscript.

Competing interests

The authors declare no competing interests.

Additional information

Supplementary information is available for this paper at <https://doi.org/10.1038/s41562-019-0724-1>.

Correspondence and requests for materials should be addressed to L.G.M. or B.B.

Peer review information Primary handling editor: Aisha Bradshaw

Reprints and permissions information is available at www.nature.com/reprints.

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

© The Author(s), under exclusive licence to Springer Nature Limited 2019

Reporting Summary

Nature Research wishes to improve the reproducibility of the work that we publish. This form provides structure for consistency and transparency in reporting. For further information on Nature Research policies, see [Authors & Referees](#) and the [Editorial Policy Checklist](#).

Statistics

For all statistical analyses, confirm that the following items are present in the figure legend, table legend, main text, or Methods section.

- | n/a | Confirmed |
|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> The exact sample size (n) for each experimental group/condition, given as a discrete number and unit of measurement |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> A statement on whether measurements were taken from distinct samples or whether the same sample was measured repeatedly |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> The statistical test(s) used AND whether they are one- or two-sided
<i>Only common tests should be described solely by name; describe more complex techniques in the Methods section.</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> A description of all covariates tested |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> A description of any assumptions or corrections, such as tests of normality and adjustment for multiple comparisons |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> A full description of the statistical parameters including central tendency (e.g. means) or other basic estimates (e.g. regression coefficient) AND variation (e.g. standard deviation) or associated estimates of uncertainty (e.g. confidence intervals) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> For null hypothesis testing, the test statistic (e.g. F , t , r) with confidence intervals, effect sizes, degrees of freedom and P value noted
<i>Give P values as exact values whenever suitable.</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> For Bayesian analysis, information on the choice of priors and Markov chain Monte Carlo settings |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> For hierarchical and complex designs, identification of the appropriate level for tests and full reporting of outcomes |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Estimates of effect sizes (e.g. Cohen's d , Pearson's r), indicating how they were calculated |

Our web collection on [statistics for biologists](#) contains articles on many of the points above.

Software and code

Policy information about [availability of computer code](#)

Data collection

SPSS

Data analysis

SPSS

For manuscripts utilizing custom algorithms or software that are central to the research but not yet described in published literature, software must be made available to editors/reviewers. We strongly encourage code deposition in a community repository (e.g. GitHub). See the Nature Research [guidelines for submitting code & software](#) for further information.

Data

Policy information about [availability of data](#)

All manuscripts must include a [data availability statement](#). This statement should provide the following information, where applicable:

- Accession codes, unique identifiers, or web links for publicly available datasets
- A list of figures that have associated raw data
- A description of any restrictions on data availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Field-specific reporting

Please select the one below that is the best fit for your research. If you are not sure, read the appropriate sections before making your selection.

- Life sciences Behavioural & social sciences Ecological, evolutionary & environmental sciences

For a reference copy of the document with all sections, see nature.com/documents/nr-reporting-summary-flat.pdf

Behavioural & social sciences study design

All studies must disclose on these points even when the disclosure is negative.

Study description	This study used a randomized controlled design to compare the traditional criminal justice response to domestic violence (DV) cases with a hybrid alternative approach in Salt Lake City, Utah. Both recidivism and harm reduction (for all crimes, including DV) were assessed over a 24-month period for DV offenders, comparing a standard Batterer Intervention Program (BIP) and a hybrid BIP that included restorative-informed practices referred to as BIP-plus-Circles of Peace (CP).
Research sample	<p>The sample consisted of all eligible DV offenders who were sentenced to treatment for a misdemeanor DV crime from the Salt Lake City Justice Court, between February 8, 2012 to December 31, 2013, and who appeared for the treatment assessment, were assessed by the treatment provider and deemed appropriate for either treatment option. Cases qualifying for the study followed the mandate of Utah DV law, which included both intimate partners and family members who violated the relevant criminal code. Those offenders over the age of 18 who lived locally were included in the sample. To reflect typical court practices, gender and criminal history or delinquent background were not used as exclusion criteria.</p> <p>The sample was comprised of predominantly Caucasian offenders around the age of 33-35 who were employed during the time of intake assessment and who had a relatively short criminal record in the 24 months prior to the random assignment. The majority of the participants were male (although, Utah domestic violence laws are gender neutral; they also include both intimate partner violence and family violence crimes). A small percentage of the cases were "dual arrests," meaning that both parties were arrested for a DV crime. A similar proportion of participants in the two study groups reported having suicidal tendencies—a key predictor of domestic homicide. None of the baseline comparisons yielded a statistically significant difference at the .05 threshold—although running statistical significance testing for measuring baseline differences in RCTs is not a recommended practice.</p>
Sampling strategy	By using Optimal Design and focusing on the minimum detectable effect size, we estimate that our sample size (n=222) was large enough to detect small to medium effects of $d = 0.34$, in which the alpha significance level is .05, using the hypotheses as assumed to be a two-tailed test, with the count-based outcome as a covariate, and with the estimated power of 0.80.
Data collection	Multiple sources of data were used in this experiment. First, data were gathered from the clinical assessments conducted by the treatment provider prior to the beginning of treatment, which also included the police report from the DV incident that led the offender to be mandated to treatment. These clinical assessments also included access to socio-demographic and family histories of violence and related factors. (A Health Insurance Portability and Accountability Act (HIPAA) waiver was obtained to gain access to the case records of those offenders who were randomly assigned to treatment for the study.) These variables were used to measure baseline balance between the treatment groups. Based on these records, we conducted the random assignment of cases into the two experimental arms. Next, we gained access to pretest and posttest arrest data on DV violations on each offender from the Utah Bureau of Criminal Identification (BCI) and the Utah court docket records. We used these records as dependent variables, with a 24-month follow-up period from the moment of random assignment. We used two sets of outcome data: new arrests and severity of new arrests (for all crimes, including DV). Both data points are important; while reduction in crime counts (new arrests) is a key indicator of treatment outcomes—as measured in most RJ experiments—reduction in severity is an important public health policy goal.
Timing	The sample consisted of all eligible DV offenders who were sentenced to treatment for a misdemeanor DV crime from the Salt Lake City Justice Court, between February 8, 2012 to December 31, 2013, and who appeared for the treatment assessment, were assessed by the treatment provider and deemed appropriate for either treatment option. Random assignment of cases to treatment began on March 6, 2012, and the last case was randomly assigned on March 10, 2014.
Data exclusions	No data were excluded from the analyses.
Non-participation	All cases randomly assigned to treatment were included in the study.
Randomization	All six judges from the Salt Lake City Justice Court agreed to refer eligible DV cases to the treatment provider we were partnered with for this study. At sentencing, the judge handed the offender a referral sheet with the information about the treatment provider. Offenders would then contact the treatment provider to schedule an assessment. Following the assessment, if an offender was deemed fit for either treatment option, the case was randomly assigned to one of two treatments: BIP-only (standard treatment) or BIP-plus-CP (hybrid treatment). We used a simple random assignment sequence through RAND function in Excel. Assignment of cases was conducted remotely to avoid any contamination biases. In all, 222 eligible cases were randomly assigned to two experimental arms of the study.

Reporting for specific materials, systems and methods

We require information from authors about some types of materials, experimental systems and methods used in many studies. Here, indicate whether each material, system or method listed is relevant to your study. If you are not sure if a list item applies to your research, read the appropriate section before selecting a response.

Materials & experimental systems

- n/a Involved in the study
- Antibodies
 - Eukaryotic cell lines
 - Palaeontology
 - Animals and other organisms
 - Human research participants
 - Clinical data

Methods

- n/a Involved in the study
- ChIP-seq
 - Flow cytometry
 - MRI-based neuroimaging

Human research participants

Policy information about [studies involving human research participants](#)

Population characteristics	See above
Recruitment	This study simply follows an offender who has agreed to treatment and observes what happens when they go through one of two options. Since the study is built on the theory that it is not yet known by the research team or the treatment provider or the court which treatment is better and for whom, the ethical way to determine which treatment option an offender gets is random. Thus, an IRB Waiver of Informed Consent was obtained and approved by two university IRBs for this study and the sample included all eligible DV offenders who were sentenced to treatment for a misdemeanor DV crime from the Salt Lake City Justice Court, between February 8, 2012 to December 31, 2013, and who appeared for the treatment assessment, were assessed by the treatment provider and deemed appropriate for either treatment option.
Ethics oversight	New York University's Institutional Review Board, the University Committee on Activities Involving Human Subjects, and the University of Utah Institutional Review Board approved the study protocol.

Note that full information on the approval of the study protocol must also be provided in the manuscript.

A MORE JUST NYC

Testimony of Tyler Nims, Executive Director, Independent Commission on New York City Criminal Justice and Incarceration Reform

November 20, 2019

I am Tyler Nims, Executive Director of the Independent Commission on New York City Criminal Justice and Incarceration Reform, sometimes known as the Lippman Commission after our chairperson Judge Jonathan Lippman. Thank you for the opportunity to testify.

One of the core principles of our work is that New York City should use incarceration as sparingly as possible, consistent with public safety. The pretrial reform legislation that will take effect in January reflects this precept by making pretrial release the presumption in New York.

Domestic violence allegations, of course, pose special challenges and risks. In some cases, pretrial supervision and diversion programs can help strike the appropriate balance between those special challenges and the mandate to limit pretrial incarceration.

Of the approximately 200,000 cases arraigned in New York City criminal courts in 2018, approximately 30,000 involved domestic violence allegations.¹ Because New York's penal code does not have a domestic violence-specific offense, cases involving intimate partner and other domestic violence allegations are charged under laws that are also applicable to conduct that does not include domestic violence.²

The vast majority of cases—85 percent—involving domestic violence allegations were misdemeanors, primarily assault (61%), criminal contempt (12%), and aggravated harassment

¹ Rempel, M. & Rodriguez, K., *Bail Reform and Domestic Violence: Implications of New York's New Pretrial Statute*, Center for Court Innovation, August 2019, at 4.

² *Id.* at 4.

(8%). Seven percent were classified as nonviolent felonies, primarily criminal contempt—most often for violating an order of protection. Eight percent were classified as violent felonies, primarily assault (49%), strangulation (16%), burglary (13%), and robbery (10%).³

Although domestic violence cases involve special considerations, overall pretrial release rates parallel those of non-domestic violence cases: 76 percent of people accused of charges involving domestic violence allegations are released on recognizance. Fewer than one percent are remanded, and the rest—approximately 24 percent—currently have bail set.⁴ Most people who have bail set are eventually able to make bail, and are not detained throughout the entire case.⁵ The racial disparities in our justice system are also present in domestic violence cases. Black and Latinx people accused of charges involving domestic violence allegations are significantly more likely to have had bail set than white people facing similar charges.⁶

As of October 16, 2019, there were approximately 465 people incarcerated in City jails on charges involving allegations of domestic violence—roughly 7 percent of the total jail population. 62 people were incarcerated pretrial on misdemeanor charges, 81 people were incarcerated pretrial on nonviolent felony charges, and 156 people were incarcerated pretrial on violent felony charges. Another 98 people were incarcerated pretrial for charges involving domestic violence allegations, but were also subject to detention on a parole warrant, meaning they are ineligible for pretrial release. Approximately 68 people were serving jail sentences for offenses involving domestic violence.⁷

³ *Id.* at 4-5.

⁴ *Id.* at 5.

⁵ Kerodal, A. & Rempel, M., *Domestic Violence Case Processing in New York City*, Center for Court Innovation, February 2018, at vii.

⁶ *Id.* at vii, 11, 28; *but see id.* at 45 (noting the absence of racial disparities in sentencing).

⁷ These figures are based on the October 16, 2019 Open Data snapshot of the City's jail population. The domestic violence figures were estimated by applying the percentage of specific

As bail reform takes effect in January, some domestic violence cases will no longer be eligible for pretrial incarceration at arraignment, although incarceration or other conditions may be imposed if the charged person violates an order of protection. Other charges will come with a presumption of release and a requirement the least restrictive conditions be imposed, even though bail and pretrial detention are permissible. If the pretrial reform legislation had been in effect on October 16, we estimate that approximately 100 of the people detained pretrial would have been subject to release. But it is important to note that because people who are held in pretrial detention for misdemeanor domestic violence offenses average approximately 15 days in jail, it is likely that many of these people eventually would have made bail or otherwise been released regardless of the pretrial legislation.⁸

There is reason to believe that some of those who are incarcerated today could be released pretrial, with or without conditions. According to an analysis last year by the Center for Court Innovation, “significant fractions of those who are detained pretrial pose only a low or low-moderate risk of re-arrest or [of] domestic violence re-arrest specifically.” The CCI study concluded that “11% of those detained pose a low and 16% pose a low-moderate risk of domestic violence re-arrest.”⁹

We recommend replacing incarceration in appropriate cases with evidence-based alternatives that hold people accountable for their behavior and promote rehabilitation. These programs may be more effective than incarceration, because while jails may offer temporary reprieve from the burdens some people are creating for the community, they often do not address

charges, such as assault and criminal contempt, that are known to involve domestic violence based on court data provided by the Office of Court Administration.

⁸ Aborn, R. *et al.*, *A More Just New York City*, April 2017, at 48.

⁹ Kerodal, A. & Rempel, M., *Domestic Violence Case Processing in New York City*, Center for Court Innovation, February 2018, at 31.

the problems and circumstances that drive violent behavior, so that charged person may simply return from jail doing the same harmful things that led them there in the first place.¹⁰

In addition, with the implementation of the pretrial legislation, we recommend that judges be given the discretion to allow defendants charged with domestic violence offenses to participate in the supervised release program. We suggest a specialized supervised release track that emphasizes strict compliance with orders of protection and offers programming that includes cognitive behavioral therapy or restorative justice principles to help address the causes of domestic violence.¹¹

In sum, allowing some charged persons to be released and engaged in programs that are tailored toward addressing domestic violence may be more beneficial to victims and more productive to the charged persons than jail. We encourage the Administration and the Council to develop programs for cases involving domestic violence allegations, and to seek alternatives to incarceration where possible.

¹⁰ See generally Aborn, R. *et al.*, *A More Just New York City*, April 2017, at 48-49.

¹¹ *Id.*; see also Independent Commission on New York Criminal Justice and Incarceration Reform, *Beyond Bail or Nothing: The Case for Expanding Supervised Release*, June 2018, at 7.



New York City Anti-Violence Project
116 Nassau Street, 3rd Floor
New York, New York 10038
212.714.1184 voice | 212.714.2627 fax
212.714.1141 24-hour hotline

**The New York City Anti-Violence Project's Testimony
To the Committees on Women and Gender Equity and Justice System**

"Oversight - Efficacy and Efficiency of Batterer Intervention Programs"

**Council Member Helen Rosenthal, Chair, Committee on Women and Gender Equity
Council Member Rory I. Lancman, Chair, committee on
Justice System**

November 20, 2019

Good morning, Chair Rosenthal and Chair Lancman, my name is Audacia Ray, and I am the Director of Community Organizing and Public Advocacy at the New York City Anti-Violence Project (AVP). AVP wants to extend our deep gratitude to both of you for bringing your honorable committees together to discuss the largely unmet need for trauma-informed, culturally responsive abusive partner intervention programming as a key part of New York City's efforts to end intimate partner violence. AVP appreciates our partnership with the Council, and with your Committees, to ensure that LGBTQ and HIV-affected communities have access to safety, support, and services around all forms of violence.

AVP envisions a world in which all lesbian, gay, bisexual, transgender, queer (LGBTQ), and HIV-affected people are safe, respected, and live free from violence. AVP's mission is to empower LGBTQ and HIV-affected communities and allies to end all forms of violence through organizing and education, and support survivors through counseling and advocacy. AVP is the only LGBTQ-specific victim services agency in New York City, and the largest organization in the country dedicated exclusively to working with LGBTQ and HIV-affected survivors of all forms of violence, with a special focus on intimate partner violence (IPV), sexual violence (SV), hate violence (HV), hookup/pick-up/dating violence, stalking, and institutional violence. AVP contracts with HRA as the City-Wide provider of non-residential domestic violence services to LGBTQ

communities, and we are the only LGBTQ-specific rape crisis center in New York State. All of our services are free, confidential, culturally specific, and geared towards meeting the needs of diverse LGBTQ and HIV-affected survivors of violence. AVP serves on the New York City Domestic Violence Fatality Review Committee, the Mayor's Task Force on Domestic Violence, the New York City Gender Equity Commission, and New York State Office for Victims Services Advisory Council. AVP Chairs the Task Force on Domestic Violence and Economic Justice, as well as the Coalition on Working with Abusive Partners, or CoWAP.

In that role, as Chair of CoWAP, along with the Mayor's Office to End Domestic and Gender Based Violence (ENDGBV), AVP co-convened the Inter-Agency Working Group on New York City's Blueprint on Working with Abusive Partners, whose final report you can access at <https://www.courtinnovation.org/publications/seedinggenerations>. Additionally, AVP just concluded a groundbreaking pilot project, entitled TRANSFORM, which provided a group focused on accountability and healing for LGBTQ people who were self-identified as having caused harm through sexual violence. TRANSFORM is a clear demonstration that a new model that integrates healing and accountability is needed, and can work. The group was inclusive across the spectrum of gender identity and sexual orientation, the only one of its kind that we know of in the state, if not the country, and was free of charge to all members. TRANSFORM's 15-week curriculum combined accountability structures focused on behavior with experiential skill building around how to give and receive active consent, as well as learning how to manage triggers without resorting to harmful behavior. Members shared over and over again that TRANSFORM at AVP created the first space they had ever experienced for them to be able to have honest conversation exploring how their behavior impacted the people they harmed, expressing remorse and regret, without feeling deep shame. This space allowed them to identify problematic behavior and new strategies for engaging in mutually supportive and nurturing, equitable intimate relationships. The success of TRANSFORM is clear in the demonstrated change in participant's knowledge, understanding, and strategies, as well as in the fact that 100% of members completed the 15

week group, and all recommended at least one person they knew to future sessions, overwhelmingly identifying the group as a unique and rare opportunity for people who have caused harm to engage in programming focused on insight, accountability, healing, and behavior change. We are working on a paper with the results of this pilot and are more than happy to share that with the Council once it is published.

At this time, there are no LGBTQ-specific abusive partner intervention programs in NYS, and few programs that will serve women who are identified as abusive partners. AVP hears from our clients consistently that they or their partners have nowhere to go when for this programming, even when they are mandated to attend by the course. For those who have identified themselves as causing harm, and seeking support to change their behavior, there are no programs. Today, when we have the opportunity to take stock of the dearth of funded programming to support behavior change for those causing harm to their intimate partners, AVP offers our expertise as a national provider of training and technical assistance on LGBTQ anti-violence work to ensure these programs are available across the spectrum of gender identity and sexual orientation.

IPV is as pervasive, as dangerous, and as deadly in LGBTQ and HIV-affected communities, as it is in all communities, yet mainstream domestic violence service prevention and service programs have not kept up with the need to serve all survivors of IPV across sexual orientation and gender identity. According to the United States Centers for Disease Control and Prevention (CDC), LGB people experience intimate partner violence at about the same or slightly higher rate than non-LGB people.¹ The CDC report did not include findings on TGNC people, but research by the Williams Institute shows that 31 – 50% of Trans identified people report IPV in their life time, and 25-47% of Trans identified people report sexual violence from

¹ Centers for Diseases Control and Prevention, National Center for Injury Prevention and Control, *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation* (Jan. 2013). Retrieved on 4/26/14 at http://www.cdc.gov/ViolencePrevention/pdf/NISVS_SOfindings.pdf This survey did not include transgender or gender non-conforming people and no national federal study does.

intimate partners in their life time.² AVP recognizes that LGBTQ and HIV-affected people hold multiple, intersecting identities (around race, class, immigration status, ability, age, and more), many of which are marginalized and put them at great risk of violence, including IPV, and which minimize their options for support, safety, and services. LGBTQ communities of color, as well as transgender and gender non-conforming (TGNC) communities, face disproportionate rates of violence and more barriers to support. Within the context of IPV support and services, gay and bisexual men are also particularly at risk for IPV and have little—if any—access to safety, support, and services, because mainstream DV services, including shelter and non-residential services are geared towards cisgender women abused by cisgender men, while abusive partner intervention is geared towards cisgender men causing harm through IPV to cisgender women. In this heteronormative, binary gender paradigm, LGBTQ survivors and those who cause harm—particularly gay and bisexual men survivors women identified as causing harm to their partners, and those who identify outside the binary of cisgender man/woman impacted by IPV, like transgender and gender non-conforming (TGNC) communities—are invisible. This can have deadly consequence. According to a report by the National Coalition of Anti-Violence Programs, a project of AVP, LGBTQ and HIV-affected IPV is deadly, with eleven homicides related to IPV reported in 2017—and we suspect the number is much higher, but under-reported, in part due to the invisibility of LGBTQ IPV. Of the 2017 reported IPV homicides, people of color made up the majority of the reports of LGBTQ and HIV affected IPV homicides.³ Against this stark landscape, the need for culturally responsive, inclusive, and affirming programming geared towards both survivors and those causing harm through IPV, across the spectrum of gender identity, is a matter of life and death, yet resources remain dangerously scarce.

² Brown, N.T. and Herman, J. L. (Williams Institute, 2015) *Intimate Partner Violence and Sexual Abuse Among LGBT People: A Review of Existing Research*. Available at: <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Intimate-Partner-Violence-and-Sexual-Abuse-among-LGBT-People.pdf>

³ National Coalition of Anti-Violence Programs (NCAVP), (2018), *Lesbian, Gay, Bisexual, Transgender, Queer and HIV-affected Hate and Intimate partner Violence 2017*, available at <https://avp.org/2017-hv-ipv-report/>

The fact that most abusive partner intervention is only available through mandate of the courts poses particular challenges for LGBTQ people, belies what IPV experts know all too well, that much of the behavior that comprises IPV does not rise to a level of a serious crime, if it is a crime at all—most domestic violence offenses are violations or misdemeanors, and do not create pathway to services. Additionally, LGBTQ survivors whose experiences of IPV would rise to the level of a crime are often barred from other sources of support and safety in response to IPV, like reporting to police, often a necessary step to gaining access to court mandated programming. Despite high rates of IPV in LGBTQ and HIV-affected communities, only 60% of survivors reporting to NCAVP shared that they engaged with the police, likely due to historical and current barriers. Of those who interacted with law enforcement, 58% reported that law enforcement was indifferent (47%) or hostile (11%) towards them. Police misconduct is one example of the intersecting forms of violence, including hate violence associated with their sexual orientation and/or gender identity, LGBTQ and HIV-affected survivors of IPV have very often experienced as well as other intersecting identities, which carry their own far-reaching negative health implications⁴ that compound the negative impact on physical, emotional, and economic health associated with IPV.⁵ For many survivors who don't feel comfortable going to the police or courts system, domestic violence shelter is one of the only pathways to safety they can consider, and it is too often barred to them, due to outdated and discriminatory practices that deny transgender, gender non-conforming, non-binary, and masculine identified survivors.

Each year, millions of federal, state, and local public dollars are given to organizations to serve and support domestic violence survivors, and despite the fact that LGBTQ people are at higher risk for IPV, they have been historically excluded from these programs, particularly transgender, gender non-conforming and non-binary survivors, and those who identify as gay

⁴ Meyer, I., Ouellette, S., Haile, R. and McFarlane, T. Sexuality Research and Social Policy "'We'd Be Free': Narratives of Life Without Homophobia, Racism, or Sexism," in *Sexuality Research and Social Policy*, September 2011, Volume 8, Issue 3, pp 204-214.

⁵ Center for Disease Control and Prevention (CDC), *Intimate Partner Violence Consequences*, retrieved on 5/4/14 from: <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html> and Raphael, J. Op. Cit.

and bisexual men. Historically, domestic violence programs have denied LGBTQ survivors full and equal access to their services, including safe shelter, because LGBTQ survivors did not meet many programs' traditional assumptions about who experiences IPV. As services were designed and structured to assist cisgender women, abused by cisgender men in heteronormative intimate relationships, LGBTQ survivors are excluded from services, and forced to endure abuse far longer and with greater intensity, because no competent service providers opened their doors. Like other survivors, LGBTQ people are forced to choose between homelessness, going back to their abusive partner, or stay in homeless shelters, increasing an LGBTQ individual's risk of harm, from their partner stalking them at a non-confidential location, and/or due to extensive hate violence experienced by LGBTQ people in homeless shelters. This form of institutional oppression is not only re-traumatizing, but it is also a violation of state and federal law that endangers the lives of IPV survivors.

In this climate of increasingly virulent hateful rhetoric and escalating attacks on LGBTQ people on the streets, in their homes, and in the public eye, survivors of IPV feel they have nowhere to turn if they also face violence in their intimate relationships. Therefore, it is more urgent than ever to expand access for LGBTQ survivors and to their partners who are causing harm.

Just as survivors experience obstacles in accessing services, LGBTQ people identified as abusive partners also face bias and discrimination when attempting to access abusive partner intervention, and when they are able to access these programs, they report feeling isolated, targeted, and unwelcome, hardly the conditions that facilitate increased understanding of how to engage in healthy relationships.

Specifically, we respectfully ask that, The Council work with the Mayor to:

1. Identify and release more funding for abusive partner intervention programming that is culturally responsive, inclusive, and affirming across the spectrum of gender identity and sexual orientation, with specific programming designed to work with

LGBTQ people who have caused harm to their intimate partners.

2. Ensure that these programs are trauma-informed and free of charge, with the focus of behavior change, and not only psychoducation.

AVP is at the ready to continue our work with the Council and City agencies to support these efforts. AVP provides direct services to survivors of LGBTQ and HIV-affected survivors of violence, including crisis intervention, safety planning, counseling, advocacy, economic empowerment services, as well as information and referrals to organizations and institutions that provide services and resources outside the scope of AVP's services. We also provide support and services, including individual and group programming, to those who have caused harm through IPV and sexual violence, and are working to expand our reach for these services, for which there is more demand than capacity to meet the need. AVP operates a free bilingual, 24-hour, 365-day-a-year crisis intervention hotline that is staffed by trained volunteers and our professional counselors and advocates, and welcomes survivors at walk-in hours at all of our eight intake site across the five boroughs, including at all five New York Family Justice Centers, as well as community-based organizations serving LGBTQ and HIV-affected people. By providing direct services in all five boroughs, we are able to LGBTQ and HIV-affected survivors of all forms of violence who need our services where they live, work, and spend time, and we work with communities to address the issues specific to their neighborhoods.

We extend our gratitude to the Council for hearing our testimony, and urge you to act quickly to ensure access to lifesaving support and services for all survivors of intimate partner violence, and those causing harm through IPV, across the spectrum of gender identity and sexual orientation.

Submitted 11/20/19



TESTIMONY OF:

Piyali Basak
Supervising Attorney, Integrated Criminal-Family Defense Unit
BROOKLYN DEFENDER SERVICES

Presented before

The New York City Council Committees on the Justice System
and Women and Gender Equity

Oversight Hearing on Efficacy and Efficiency of Batterer Intervention
Programs

November 20, 2019

Introduction

My name is Piyali Basak and I am a supervising attorney in the Integrated Criminal-Family Defense Unit at Brooklyn Defender Services (BDS). BDS provides multi-disciplinary and client-centered criminal, family, and immigration defense, as well as civil legal services, social work support and advocacy in over 30,000 cases in Brooklyn every year. I thank the New York City Council Committees on the Justice System and Women and Gender Equity, and in particular Chair Lancman and Chair Rosenthal, for holding this important hearing and providing the opportunity to testify on the efficacy and efficiency of the City's Batterer Intervention Programs.

BDS represents thousands of people each year who are required by criminal or family court to complete Batterer Intervention Programs. Batterer Intervention Programs are regularly mandated in criminal cases, civil dispositions for orders of protection, juvenile delinquency, and child protective proceedings. In our experience, the courts overly rely on Batterer Intervention Programs in cases where there is an allegation of domestic violence and fail to accept individually tailored approaches—such as individual counseling, mediation, or fatherhood programs—which may better meet the complex needs of our clients and their families. However,

until alternative options are *easily accessible, free, and recognized by the courts* BIPs must remain available for the people we serve.

While Batterer Intervention Programs continue to be relied upon, we offer the following observations and recommendations:

One-Size Fits All Approach

In the Brooklyn Criminal Court, when a person is accused of committing a misdemeanor offense of domestic violence, their case is almost immediately transferred to a “domestic violence court part.” These court parts often cycle our clients through the criminal justice system with little regard to the specific needs of the individual or their family. In practice, most people are made the same plea offer, regardless of the nature of the charge and without input from the complaining witness or family. These plea offers almost always include completion of a Batterer Intervention Program (BIP). The same program is offered to someone accused of committing a misdemeanor assault on their significant other and to someone accused of throwing their significant other’s clothing out the window.

The District Attorney’s Office assumes, often without investigating or speaking to the complainant, that the only thing that the client could benefit from is a BIP program. Even if, instead of batterer intervention they would benefit more from an anger management program, a mental health program, or a substance abuse program. In a criminal context, the insistence of offering the same type of programming on every case also fails to consider the wishes of the complainant and their family.

In Brooklyn Family Court, BIPs are similarly used as a one-size-fits-all approach. Domestic violence is a common allegation in child neglect and abuse matters in family court, with ACS’s default position asking for a batterer accountability program (at minimum, often including additional programs such as anger management and parenting classes). There is nearly no effort spent to assess the family dynamics to make individualized service plans. A move towards tailored individualized services and alternative program options - that are accepted by the criminal and family courts - would far better serve the needs of individuals and families impacted by domestic violence.

Cost Prohibitive

Unlike most other court mandated programs, BIP programs require that participants pay out of pocket to participate and will remove people who are unable to pay. The cost of most Batterer Intervention Programs is \$50 dollars per class with an additional assessment fee. BIPs take 16 to 24 weeks, resulting in a cost of over \$800 dollars, which is prohibitive for most poor families. Many of our clients must drop out of classes in order to pay for other essentials of life such as rent and food. As an organization of attorneys who represent indigent clients, the inability to pay for programs is an all too common problem. Other mandated treatment programs, like those for drug courts and mental health courts, accept Medicaid which may mitigate some financial hardships. If New York City is committed to the use of BIPs, the barrier of cost must be removed for low-income residents.

Limited Access and Cultural Competency

Batterer Intervention Programs are offered once a week for 16-24 weeks and individuals must find a way to attend all the classes. Our clients often take time off from work to attend and may lose needed earnings as a result. There are far too few programs that are offered in the people's first language. In Brooklyn, we see a lack of programs in Bengali, Uzbek, Mandarin and Creole even though these are languages frequently spoken in Brooklyn. This has a devastating impact particularly for immigrants. For example, one of our clients Mr. R, a Bangladeshi father, could not find a program in Bengali that accommodated his schedule. He also suffered from a serious heart condition that prevented him from traveling far. As a result of his inability to find a BIP in Bengali, he was separated from his family for two years until ACS determined that supervision of the home was no longer required.

In addition to the accessibility issues, few of these BIP programs address the history of trauma that many of our clients have faced in their own lives that have often contributed to the violence in the home. There are a few programs in the city that address violence in the home within the context of the whole family and we would like to see programs like this studied further to better understand their effectiveness and to see the programs expanded across the city and made available to all families.¹ We have also had success with the few fatherhood programs in the City.² Our clients report feeling supported and that their complex histories and traumas are a part of the programming that also serves to resolve criminal and family court cases.³

Recommendations

We thank the Council for taking the time to investigate and address the efficacy and efficiency of Batterer Intervention Programs. We recognize that in some circumstances these programs can be beneficial for our clients in working to resolve their criminal cases or reuniting with their families. However, we would like to see alternative program options expanded and made more accessible to more parents. We encourage the City to invest in a wider range of programming for individuals that address not just domestic and intimate partner violence but also include opportunities for family therapy and supportive programming for mental health and substance abuse issues where appropriate.

¹ One such program, A Safe Way Forward, is a new pilot program funded by ACS that works with the whole family in cases where domestic or intimate partner violence is the central issue. The program is held at two separate locations and works to address the underlying violence and unhealthy dynamics. We would like to learn more about the effectiveness of this pilot program and if it is effective see it accessible to qualifying families.

² One of these programs is SCO's Fatherhood Program, a parent support program that helps fathers reconnect with their children and develop essential parenting skills through classes, workshops, and support groups.

³ "The model aims to safely provide services to the whole family- providing prevention and clinical services to the survivor and children as well as separate and simultaneous services to the person causing harm. Experts at ACS say that, when safe to do so, involving the person causing harm in these services can provide the individual with the opportunity to learn more about their triggers and how their behavior is impacting the family. The goal is to promote behavior change and interrupt the intergenerational impact of domestic violence on families."

<https://www1.nyc.gov/assets/acs/pdf/PressReleases/2018/ASafeWayForward.pdf>

Specifically, we would like to see Batterer Intervention Programs—as well as community-based family support programs like the SCO Fatherhood Program and ACS’s A Way Forward—available for free, in all five city boroughs, and offered in the City’s ten designated languages. We are hopeful that in the future Batterer Intervention Programs can be improved to meaningfully and effectively reduce violence, but until that happens, we need far more tools and funding for programs that meet the needs of families and are also accepted by family and criminal courts to resolve cases.

If you have any additional questions, please contact Anya Mukarji Connolly at amukarji-connolly@bds.org or (347) 592-2500.



URI NYC
Urban Resource Institute

CITY COUNCIL TESTIMONY

URBAN RESOURCE INSTITUTE

75 Broad Street, Suite 505, New York, NY 10004

November 20, 2019

Good afternoon Council Chairs and members of both committees. My name is Dr. Carla Smith and I have had the pleasure of serving as the Chief Program Officer for the Urban Resource Institute. I am joined by Luis Matos, the Senior Director of our Community, Education and Prevention Programs and we are thankful for the opportunity to come before you and share our work with abusive partners today, which we too, see as vital health and human services.

For those of you who are not aware, URI has been in operation for close to 40 years and is now the largest domestic violence shelter provider in the country. We currently offer close to 1200 beds to victims of domestic violence on any given evening and will be increasing tier II capacity in the future. As you have heard we have been and remain committed to developing and delivering innovative client centered and trauma informed services to victims of domestic violence and other vulnerable populations to include perpetrators of abuse.

URI recognizes the need to serve underserved communities including those who have been identified as perpetrators of abuse and over the last three years, in collaboration with both the Department of Probation in Westchester and more recently the Manhattan DA's Office, have responded to call for the operation and development of services in an effort to increase accountability and ultimately end domestic violence.

For URI, that call consisted of a request for us to consider assuming the operation at the time of an existing APIP program in Westchester from a provider who no longer saw these services as core to their mission and as indicated in the previous testimony, more recently URI responded to a call for providers to consider the development of a pilot program that would endeavor to create a trauma-informed accountability program for perpetrators of abuse convicted of a DV offense in Manhattan.

You have heard in the previous testimony how these programs came to fruition and that URI participated in a 10 month collaborative planning process that was designed to and resulted in the development of what is now a trauma informed curriculum for Abusive Partners. That process included experts in the field that also included experienced URI staff who had been providing APIP services in Westchester since 2012 after a two year planning. The desire to pilot services in Manhattan grew out of this experience which confirmed what your heard in the previous testimony indicating that many perpetrators of abuse have had previous experiences of trauma, and may be predisposed to commit violent acts during the course of their lives. Specifically we have found in our Westchester Program that approximately 80% of participants have experienced some form of violence in their lives. Now we do not see this as an excuse for behavior but as a tool to inform the way in which we do the work in a trauma



URI NYC
Urban Resource Institute

informed manner to engage participants and deconstructing unhealthy behaviors that have been learned over extended periods of time.

The way in which the two programs operate and track information are different but our hope is to standardize the practice and outcome measures within each of these programs following the completion of a comprehensive evaluation on the impact of each modality.

With respect to the Westchester program, it was developed in collaboration with a number of partners in the county to include the Department of Probation, which influenced the structure of the partnership and the length of mandated participation based on research of evidence based practices at the time. The model is based on several behavioral interventions and concepts that take place in a 90 minute weekly group format over the course of 65 weeks. Participation is mandated and participants must pay a fee based on a sliding scale.

We have served approximately 240 individuals during the time of our tenure. Effective rates have been historically based on recidivism as it relates to DV re-offense and other crimes were also tracked early on for those who remained in the county. Due to resource constraints, the program has had limited capacity until recently and will begin using a database that we designed for the new Manhattan Program. The Department of Probation continues to demonstrate its commitment to the program and is seeking support from the Department of Criminal Justice to study and evaluate the program.

As mentioned, the Trauma Informed Program in Manhattan was developed as stated following an analysis of URI's Westchester Model and other best practices in the field. The program uses a Model developed by Chris Huffine as its base with an enhanced trauma informed lens and a variety of needs and accountability assessment tools added in. It operates within a two hour group format over the course of 26 sessions. Participation is free, reducing income as a barrier to participation and food is provided at each session for participants with limited access to resources. Groups are facilitated by trained facilitators who's role is to establish and maintain a favorable interchange and a mutual aid system. Hence, the facilitators trained on the curriculum begin the process to manage environmentally induced stressors (case management, job readiness and housing support) and interpersonally induced stressors (trauma-specific interventions). In the short time that the group has been running our success has been in carrying out these two challenges in order to create an adaptive balance among the group participants.

The co- facilitators (male and female identified) have helped the participants to develop a sense of purpose and commonality about the impact of intimate partner violence, they share experiences and concerns. During the group process, safe and less threatening issues are raised first to test the facilitator's trauma-informed response and other participants' genuineness and competence. Through curriculum focused assignments the participants have become willing to risk more sensitive and sometimes even taboo concerns. The trauma-informed process have taught the participants to share and relate to one another, with all participants investing and engaging in the process of change.



So what is different about this program. The program expands beyond the traditional models including incorporation of some innovative components which include the following:

1. No fees charged, reduces barriers based on financial limitations
2. Ongoing access to wrap around services to address immediate daily living needs and reduce stressors. Eventual access to economic empowerment center services
3. Short term clinical support and access to long term counseling through referrals
4. Incorporation of victim perspective on accountability through periodic engagement with identified victims and periodic completion of an accountability assessment - understanding that victim perspective on accountability is key to understand whether or not a participant has changed their engagement in the use of a range of abusive tactics to include those not traditionally considered, like pet abuse and incorporation of an accountability power and control wheel
5. Provision of information and referrals to victims interested in receiving support – client centered and based on identified needs.
6. Participant access to continuing accountability support beyond the 26 sessions recognizing that individual needs vary and that the length of time that support may be needed for some individuals may also vary. This service allows participants who have successfully completed the 26 sessions to engage in ongoing individual and group support with others who have done so and to influence others who may have completed the program after them. We are encouraged about the possibility of engagement in these services as participants are also regularly wanting to stay beyond the two hour group for either group or one to one conversations are consistent. Part of this we believe is due to the program design, the experience and training of the staff and facilitators and we are hopeful that this will enhance a desire to receive ongoing accountability services.

These aftercare services allows the program to re-engage as needed, and provide support to enhance and monitor accountability overtime.

7. A peer model which provides opportunities for those who have completed the sessions, maintained accountability and been screened by the program to have an opportunity to serve as paid peer facilitators after a period of time. This also offers positive reinforcement for individuals who may have not received it otherwise.
8. A focus on ongoing evaluation through use of both an internal and outside evaluator engaging in process, documentation and observational evaluation to determine program impact and



URINYC
Urban Resource Institute

efficacy, conducted by Urban Institute as noted in the previous testimony and URI's internally established Quality Improvement, Evaluation and Training Department.

And while the program is currently providing services to male identified individuals, it is written for the most part in a gender neutral manner and is positioned to be modified in the future to accommodate individuals who gender identity and sexual orientation differ from those currently participating in the program. We have also taken into consideration language proficiency and will be able to in the future provided funding is available to make other modifications to the curriculum following evaluation to have material available in languages beyond English and Spanish.

So what does all this mean given that the program has just recently initiated operations. You have heard about the number of people currently enrolled and our targets for the program over the next three years. We have observed that participants are invested in the model and while it is early we are encouraged by the engagement in wrap around services, and group conversations.

Conversations about trauma history and impact have begun to take place keeping accountability at the center. We are starting to see that there has been the acknowledgement of childhood traumas and similar life stressors, and participants have begun to demonstrate that they are receptive to others' views and suggestions as to how these stressors have become maladaptive perceptions and abusive behaviors in their adult life. Through proper use of the curriculum assignments the participants have begun to develop and practice new interpersonal processes and environmental activities and receive feedback from the group on their individual efforts. URI's trauma-informed group process has begun to create the potential through which participants act and gain control and mastery over self and their environment. Hence, the program assists the participants in acknowledging the re-enacting of their behaviors in their intimate relationships.

Once again thank you for the opportunity to come before you today and talk about the programs and where they are today. We remain committed to working with the participants of these programs, keeping accountability and victim safety at the core of all that we do. While there are no guarantees, we are hopeful that evaluation of this innovative model will result in positive outcomes that will also inform the field.

**Center for Court Innovation Testimony
New York City Council
Committee on Women and Gender Equity
Hearing on the Efficacy and Efficiency of Batterer Intervention Programs
November 20, 2019**

Abusive partner intervention programs were originally created as part of a coordinated community response to intimate partner violence, serving as a viable court disposition or mandate, especially when a jail sentence was not an option.¹ Currently, programs are also used in civil disposition for protection order, juvenile delinquency, and child protective proceedings. A 2007 study conducted by the Center for Court Innovation (the Center) found more than 2,200 abusive partner intervention programs nationally, with several states—including California, Florida, Rhode Island, and Oregon—requiring certain offenders or people who cause harm to attend programs as part of a court disposition.² Additional research has found that four out of five participants in abusive partner intervention programs nationally are court-ordered.³

While the link between courts and abusive partner intervention programs is well-established, debate continues among researchers and practitioners about how to measure effectiveness. When research focuses exclusively on criminal recidivism, abusive partner intervention programs may have limited effect. Furthermore, a recent literature review found that abusive partner intervention programs do not reduce re-offending, or show only marginal effects.⁴

However, research that takes a broader perspective has shown impact.⁵ For example, Project Mirabal researchers expanded measures of “success” to include six factors such as respectful and effective communication, space for action for survivors, and safe shared parenting. Researchers found positive improvements in study participants in these areas.⁶ This research and the reflections of practitioners have spurred a period of adaption among

¹ Pence, Ellen and McMahan, Martha. A Coordinated Community Response to Domestic Violence. University of Victoria, 1997. and Pence, Ellen and Shepard, Melanie T. Coordinating Community Responses to Domestic Violence: Lessons from Duluth and Beyond, 1999.

² Labriola, Melissa, Rempel, Michael and Davis, Richard C. Do Batterer Programs Reduce Recidivism? Results from a Randomized Trial in the Bronx. Center for Court Innovation, 2007.

³ Bennett, L. and Williams, O. 2004. “Controversies and Recent Studies of Batterer Intervention Program Effectiveness.” University of Minnesota, Applied Research Forum.

⁴ Miller, M., Drake, E., & Nafziger, M. (2013). What works to reduce recidivism by domestic violence offenders? (Document No. 13-01-1201). Olympia: Washington State Institute for Public Policy.

⁵ Kelly, L. and Westmarland, N. (2015) Domestic Violence Perpetrator Programmes: Steps Towards Change. Project Mirabal Final Report. London and Durham: London Metropolitan University and Durham University.

⁶ *Id.*

many program providers.⁷ Indeed, very few programs are currently operating as they did even five or ten years ago, and many have expanded their approaches in order to increase impact. Best practices will continue to evolve, but a growing body of evidence suggests that programs can improve outcomes by incorporating comprehensive assessments that gauge level of risk, trauma, hope and other needs; cognitive-behavioral learning strategies; and accountability mechanisms that reflect and value culture and community and incorporate self-reflection. By incorporating these strategies, programs may be better able to hold people who cause harm accountable and enhance the safety and well-being of survivors.

In New York City, such questions have catalyzed a new effort to plan and implement a comprehensive approach for abusive partner intervention and services for people who cause harm as a crucial part of the City's work to support survivors, foster healthy relationships and communities, and end violence. Building from an October 2015 policy roundtable hosted by the Mayor's Office to End Domestic and Gender Based Violence (ENDGBV) and the Coalition on Working with Abusive Partners (CoWAP), the Interagency Working Group on New York City's Blueprint for Abusive Partner Intervention (IWG) was created to coordinate efforts to improve abusive partner interventions in New York City.

The IWG engaged the Center and Purvi Shah, an expert on racial and gender justice issues, to create a vision for this work in New York City. After a year of focus groups and listening sessions with criminal and civil legal system stakeholders, community-based organizations, advocates, survivors and abusive partners, the *Seeding Generations* report documented citywide recommendations for abusive partner intervention and engagement. The recommendations highlighted the need to create multiple pathways to accountability and healing for abusive partners and ensure case management and wrap-around services to support and maintain behavioral change. Additionally, it underscored the need to provide specific funding for providers as well as citywide coordinators to help mobilize current and future programming.⁸ In 2018, First Lady Chirlane McCray also developed and spearheaded the Interrupting Violence at Home Initiative, a groundbreaking citywide effort to provide intervention services for abusive partners and comprehensive training for those who engage them.

In partnership with the City, as a result of these efforts, the Center has been working on five new approaches to working with people who cause harm. To respond to the needs of male abusive partners mandated by the courts to programming, the Mayor's Office of Criminal Justice (MOCJ), together with ENDGBV, contracted with the Center to create the *Dignity and Respect* curriculum. Designed with input from national experts, local criminal legal stakeholders, and intimate partner violence survivors, *Dignity and Respect* aims to hold people who cause harm accountable for their behavior and provide tools to influence their thoughts, beliefs, actions, and values to both reduce recidivism and improve safety for survivors. The curriculum focuses on four areas of accountability and change: self, intimate partner relationships, family, and community. Using cognitive-behavioral strategies to help participants understand how their thoughts and beliefs influence their behavior, *Dignity and*

⁷ Gondolf, E.W. (2012). *The future of batterer programs: Reassessing evidence-based practice*. Boston: Northeastern University Press.

⁸ Shah, Purvi. *Seeding Generations*. Center for Court Innovation, 2017. Available here: <https://www.courtinnovation.org/publications/seedinggenerations>

Respect also looks at the impact of trauma on past and current intimate partner violence and uses a culturally-responsive approach to engage participants in developing healthy relationships. The Center created both 16 and 26 week curricula that include substance use treatment readiness (i.e. for individuals with co-occurring issues) and individual goal setting sessions.

Additionally, in partnership with international expert on women's use of force, Melissa Scaia, the Center created 16 and 26 week curricula for female defendants mandated by the court to programming to address violence used in their intimate partnerships. *Turning Points: A Non-Violence Curriculum for Women* is a group curriculum for women who have been violent in their intimate partner relationships. Given that many women who use force are victims of intimate partner violence themselves, the focus of the curriculum is on exploring the nature of their intimate relationship and their ability to function within it in ways that are life giving, dignifying, and life sustaining, rather than life draining and diminishing. The curriculum is designed to draw on their strengths, providing education and support and helping them envision a future that is free of both their violence as well as that of their partners.⁹

The Center also just recently began working with ENDGBV and outside experts to design a specialized curriculum and train-the-trainer workshop to educate City agency staff and other social service professionals on why people may use harm in intimate partner relationships, how to use a trauma-informed approach when working with people who cause harm, and how to identify, engage, and respond appropriately when intimate partner violence is identified.

Through Project RISE, the Center also plays a role in addressing the intersection of intimate partner violence and gun violence in partnership with the Mayor's Office to Prevent Gun Violence (OPGV). RISE staff work within the City's Crisis Management System (CMS) sites to build the capacity of CMS workers to respond to intimate partner violence and support healthy relationship norms by delivering tailored training around intimate partner violence, assisting with resource coordination, and providing individual guidance to staff members on how to respond when intimate partner violence situations arise. RISE staff also create educational campaigns and community events to support positive community norms around anti-violence and healthy relationships, and intentionally engage individuals who have caused harm.

Finally, the Center is currently working with Charlene Allen, an expert with over 20 years of experience working with survivors of crime and trauma, and Purvi Shah, to explore how restorative justice can be incorporated as one possible response to address intimate partner violence in New York City. Further drawing on *Seeding Generations*, the purpose of this project is to provide another pathway to accountability, safety, healing, and well-being for people who cause harm, survivors, and the broader community that may have also been affected by the harm or helped perpetuate it. The need for alternative processes to address harm is particularly important for individuals who want help, but for reasons of culture, safety, or other individual circumstances do not call the police or desire a system-based response. After months of listening sessions with local stakeholders and survivors, the forthcoming report will elevate the innovative work already happening nationally and locally to address intimate partner violence

⁹ Scaia, Melissa. *Domestic Violence Turning Points* adapted for New York City, 2019.

with restorative practices, offer lessons learned from listening sessions, and provide a framework that can be used to support practitioners in this work and spur future restorative programming that addresses intimate partner violence in the City.

In summary, there has been a great effort in the past five years to address the needs of intimate partner violence survivors and their abusive partners cause harm and create multiple pathways to accountability, healing and safety. We look forward to the continuation of this work.

SEEDING GENERATIONS

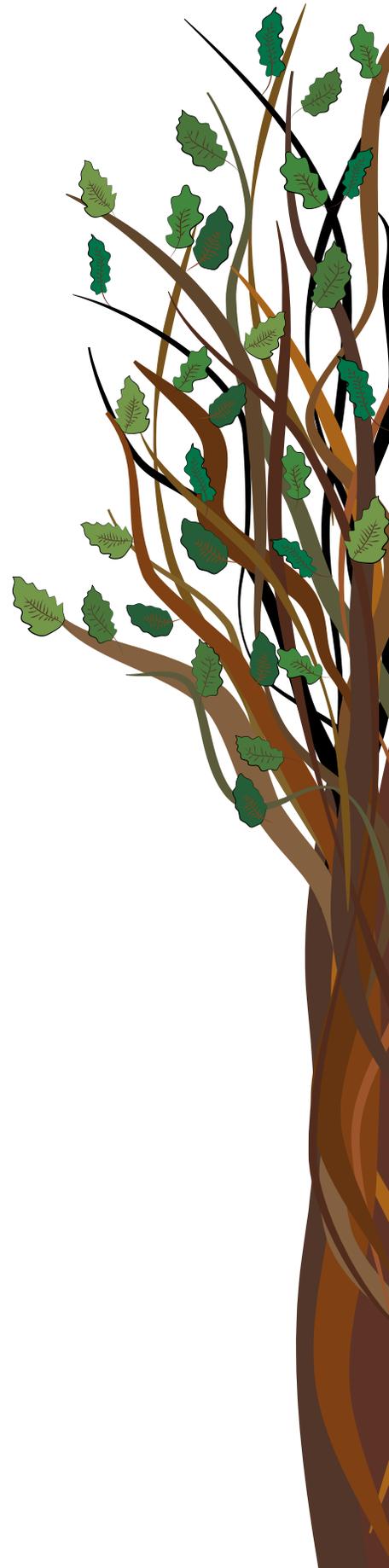
Supporting Survivors, Breaking Cycles

An Executive Summary

on Reframing Interventions for People who Abuse

Report by **Purvi Shah**,
Consultant to the Interagency Working Group on
NYC's Blueprint for Abusive Partner Intervention (IWG)
and hosted by the Center for Court Innovation

Seeding Generations: Executive Summary



ACKNOWLEDGMENTS

A report developed with wisdom from survivors of intimate violence and people who have caused harm, the Coalition on Working with Abusive Partners (CoWAP), Interagency Working Group on NYC's Blueprint for Abusive Partner Intervention (IWG), and tireless advocates in the field

With leadership from the project steering team and IWG members:

Liberty Aldrich, JD

Director, Domestic Violence and Family Court Programs, Center for Court Innovation

Kerry Moles, LMSW

Executive Director, Court Appointed Special Advocates of New York City

Hannah Pennington, Esq.

Assistant Commissioner for Policy and Training, Mayor's Office to Combat Domestic Violence

Catherine Shugrue dos Santos, MSW

Co-Director of Client Services, New York City Anti-Violence Project

Manny Yonko, LMSW

Administrative Director, Office of Clinical Practice, Policy and Support, Domestic Violence and Policy Planning, Administration for Children's Services

With generous support from the **Chapman Perelman Foundation**

Graphic Design by **Samiha Amin Meah**,
Center for Court Innovation

Copyediting by **Barbara Miller**,
Independent Copyeditor

Report by **Purvi Shah**,
Independent Consultant
purviapip@gmail.com

I co-created this report, **Seeding Generations**, with collective wisdom but the findings presented here are my own.

October 2017

With leadership from Interagency Working Group on NYC's Blueprint for Abusive Partner Intervention (IWG) members:

Bonnie Allen

New York State Office for the Prevention of Domestic Violence

Joseph Alohan

New York Police Department

Tanya Apparicio

New York County District Attorney's Office

Amanda Beltz

New York Legal Assistance Group

Ana Bermúdez

Department of Probation

Mike Bobbitt

Department of Youth and Community Development

Marissa Brock

Chapman Perelman Foundation

Laurence Busching

New York State Unified Court System

Paula Calby

Department of Youth and Community Development

Alfreda Chinnery

New York Police Department

Addavail Coslett

Chapman Perelman Foundation

Marleni Crisostomo

Mayor's Office to Combat Domestic Violence

Alexander Crohn

Mayor's Office of Criminal Justice

Maire Cunningham

New York State Office for the Prevention of Domestic Violence

Liz Dank

Mayor's Office to Combat Domestic Violence

Tandra L. Dawson

New York County Integrated Domestic Violence Court

Tracey Downing

Mayor's Office to Combat Domestic Violence

Kaela Economos

Brooklyn Defender Services

Robert Eusebio

Department of Probation

Paul Feuerstein

Barrier Free Living

Bea Hanson

NYC Domestic Violence Task Force

Taryn Harris

Kings County Integrated Domestic Violence Court

Kristine Herman

Brooklyn Defender Services

Michael Hernandez

Administration for Children's Services

William Hogan

New York State Department of Corrections and Community Supervision

Beverly James

Administration for Children's Services

Mi-Haita James

Department of Health and Mental Hygiene

Keston Jones

SCO Family of Services

Nazy Kaffashan

Children's Aid

Michelle Kaminsky

Kings County District Attorney's Office

Deborah Kaplan

New York State Unified Court System

Lawrence Lang

Power and Control Program

Joan Levenson

New York State Unified Court System

Sally MacNichol

CONNECT

Connie Márquez

STEPS to End Family Violence

Everett Miller

Staten Island Partnership for Community Wellness

Audrey Moore

New York County District Attorney's Office

Tuesday Muller-Mondi

Richmond County District Attorney's Office

Abraham Nelson

Mayor's Office of Criminal Justice

Cecile Noel

Mayor's Office to Combat Domestic Violence

Enid Ocasio

New York Police Department

Lisa O'Connor

Safe Horizon

Kaylin Padovano

Children's Aid

Michele Paoella

Day One

Marie Philip

Human Resources Administration

Betty Pierre

New York State Office of Children and Family Services

Álvaro Pinzón

Mayor's Office to Combat Domestic Violence

Raquel Pittman

Safe Horizon

Lisa Rachmuth

Human Resources Administration

B. Indira Ramsaroop

Administration for Children's Services

Jacqueline Reyes

New York Police Department

Liz Roberts

Safe Horizon

Terri Roman

Bronx Domestic Violence Complex

Audra Rossi

New York Police Department

Aurora Salamone

Department for the Aging

Danny Salim

Arab-American Family Support Center

Michael Scherz

Lawyers for Children

Saloni Sethi

Mayor's Office to Combat Domestic Violence

Jenna Smith

Center for Court Innovation

Catherine Stayton

Department of Health and Mental Hygiene

Audrey Stone

New York State Unified Court System

James Townes

Bronx Integrated Domestic Violence Court

Betsy Tsai

Sanctuary for Families

Ilana Turko

Mayor's Office of Criminal Justice

Ermira Uldedaj

Mayor's Office to Combat Domestic Violence

Erica Willheim

Family PEACE Trauma Treatment Center

Michael Yavinsky

New York State Unified Court System

SOWING THE SEEDS

There should definitely be a service for batterers so that they don't re-victimize another person. Because, I mean, love is one of the most basic needs of life so just like you need food and water, you're gonna need love. So eventually you'll get yourself back into another relationship and you don't want to harm your love—you know you want to keep it sacred. — Sharlena from Voices of Women

Everyone deserves to live without violence and to be in healthy relationships. Everyone deserves the basic necessity of love. And yet, violence is woven into our culture: we see this in the fact that across our country 1 in 4 women and 1 in 9 men will suffer intimate partner violence “with a negative impact such as injury, fear, concern for safety, needing services” (The National Intimate Partner and Sexual Violence Survey: 2010-2012 State Report: <https://www.cdc.gov/violenceprevention/pdf/NISVS-infographic-2016.pdf>). Furthermore, we find that communities facing multiple oppressions have increased vulnerability to violence even as resources to serve survivors and address harm are fewer. The “Sexual Orientation Report indicates that individuals who self-identify as lesbian, gay, and bisexual have an equal or higher prevalence of experiencing IPV, SV, and stalking as compared to self-identified heterosexuals” (The National Intimate Partner and Sexual Violence Survey: An Overview of 2010 Findings on Victimization by Sexual Orientation at https://www.cdc.gov/violenceprevention/pdf/cdc_nisvs_victimization_final-a.pdf).

For decades, much of the anti-violence field has worked from the basis that abusive partners don't change—and can't. We have focused services on survivors, fostering vital survivor-centered approaches. We know we must continue to advocate for more resources and strategies for survivors—there aren't enough supports for safety and transformation. Yet, by ignoring abusive partners and seeing criminal legal responses as our de facto option, have we left out a crucial part of the equation for ending

NYC Data on Domestic Violence

In New York City in 2016, 83,672 calls were made to the NYC Domestic Violence Hotline and 91,617 intimate partner-related domestic incident reports were filed with the NYPD across our five boroughs. Devastatingly, 38 intimate partner homicides occurred. (Mayor's Office to Combat Domestic Violence 2016 Fact Sheet) <http://www1.nyc.gov/assets/ocdv/downloads/pdf/ocdv-fact-sheet-2016.pdf>

violence? What do we do when survivors request services for their partners or family members causing harm? For communities of color, indigenous communities, and queer communities, where biased criminalization wreaks havoc on families and communities, can we find other ways to promote safety and well-being for survivors, children, abusive partners, and our communities?

In New York City, such questions have catalyzed a new effort to plan and implement a comprehensive approach for abusive partner intervention and services for people who cause harm as a crucial part of our work to support survivors, foster healthy relationships and communities, and end violence. Building from an October 2015 policy roundtable hosted by the Mayor's Office to Combat Domestic Violence (OCDV) and the Coalition on Working with Abusive Partners (CoWAP), the Interagency Working Group on NYC's Blueprint for Abusive Partner Intervention (IWG) was created to develop a comprehensive strategy to improve and coordinate abusive partner interventions in New York City.

As an independent consultant to the IWG, over the past year, I have had the joy of partnering with amazing community members, devoted service providers, and talented government and non-profit staff to arrive at a new, visionary NYC Blueprint for Abusive Partner Intervention.

Blueprint Development Process: Overview

Element 1: CCI IRB-approved first-hand research

- 31 interviews with direct stakeholders (survivors of violence and/or people who have caused harm)
- 47 interviews with government and non-profit staff
- 6 focus groups with 29 government and non-profit staff
- 6 observations of current abusive partner programming

Element 2: Collective participatory change process

- 4 visioning and action-mapping meetings with the IWG
- 4 visioning and action-mapping meetings with CoWAP

Element 3: Field input (selected)

- January 2017 The United States Department of Justice Office for Victims of Crime and Office on Violence Against Women National Roundtable on Programs for DV Offenders
- Spring 2017 NYC Domestic Violence Task Force
- August 2017 First Lady of NYC Community Conversation on Abusive Partner Intervention Programs

*There's so much stigma around violence that it's difficult to find services. There's a very big gap. What if we're not covering these people that might be helped? The focus on victims is valid. But the public's perception of perpetrators is that they're very violent and don't respond to interventions. If we're really trying to address violence, perpetration should be part of the equation. — **Anonymous***

The following NYC Blueprint for Abusive Partner Intervention emerges from the collective wisdom of everyone who participated in the first-hand research, interactive meetings, and year-long process with me. As the report author, I have pooled, organized, architected, and elaborated these recommendations for the IWG's review and consideration for adoption. This Blueprint of my crystallized recommendations envisions three arenas for progress: **transformative solutions; concrete innovations in accountability with healing; and, integration of services towards safety, wellness, and impact.** Through the gathering of collective wisdom, the recommendations are bold, specific, actionable, and compelling.

In these recommendations, we find concrete ways to challenge the cultures of violence including adopting an anti-oppression lens and moving beyond a gender binary. We pool innovations in behavior change and program design. We find expanded frameworks for supporting survivors, people who cause harm, families, and communities in the larger mission to end intimate and gender-based violence and foster healthy relationships, families, and communities. And we encounter interventions designed to interrupt cycles of violence, support community-led transformations, and widen the spaces for love in our world.

*I think the goals for an abusive partner is having that acceptance and finding peace with their inner selves to recover, to get rid of the shame, the guilt, the remorse, letting them know they have a safe place to share and to resolve their ongoing issues. Then they have more of an increased percentage on moving forward with a freer life. — **Theresa Sullivan***

Promising Practices for Abusive Partner Interventions

Element 1: Liberation framework and accountability structure

- Fostering an environment where participant has own stake in accountability, growth, community connection, and liberation
- Ensuring API services operate in connection to survivors and/or survivor advocacy to further accountability and safety
- Holding space for trauma-informed behavioral change over time—with a focus on transformative healing in order to repair harm and interrupt generations of violence including historical oppressions and generational trauma
- Integrating differential and risk assessments to align safety considerations with interventions responsive to each individual causing harm
- Enabling case management and wrap-around services to support and maintain behavioral change

Element 2: Facilitation and group structure

- Co-facilitation with gender and gender expression representation relevant to the population served
- Relationship-building with participants with respect and honoring dignity
- Allowing space for diverse learners while drawing upon fundamentals of adult learning or teen developmental frameworks depending upon population served
- Enabling use of scenarios, role plays, and activities that enable practice for embodying transformation of behaviors
- Utilizing a combination of individual, pair share, small group, and large group teaching modalities to deepen participation and ways of learning

Element 3: Ensuring access and inclusion

- Free programming
- Transportation reimbursement
- Geographical access
- Flexibility in timing with services on evenings and weekends
- Curricula which are tailored to populations with culturally-specific frameworks (i.e. countering heteronormativity, biphobia, transphobia, and enabling range of gender expressions in LGBTQIA groups)
- Providing meaningful language access

Element 4: Fostering community connection

- Linking to community networks to enable behavior change maintenance
- Fostering peer accountability and leadership towards becoming a credible messenger over time

TRANSFORMATIVE SOLUTIONS

Area 1

TRANSFORMING CULTURES OF VIOLENCE TOWARDS HEALTHY RELATIONSHIPS AND HEALTHY COMMUNITIES

Because of being a guy, we practice being tough. If it's okay for you, great. Personally, I loathe that feeling. You're telling me I can't be sad. I was told my entire life to suck it up, to say less words. I need this to help me heal.

Everyone wants to change quickly. A lot of people hate to admit they're wrong. It's holding you back. People need to talk about it. I can tell you why I did it. I can tell you what I went through. I could talk about it. I comfortably talk about what I did. If people hear that more, they understand more of what domestic violence is.

Different levels of triggers and family history manifested into what I went through. What I put certain people through. I was trying to get my point across. Nothing was satisfied. Nothing was cleared up. And things weren't the same. It was too late. We have to figure out how to stop it or it's going to keep spreading.

— **Jamel Hooks Jr.**

NEED

Focus on transformative solutions rather than temporary band-aids

STRATEGIES FOR RESPONSE

- Fund community solutions through community leadership development and investment in community-based organizations
- Focus on anti-oppression frames through centering access and voice for marginalized groups
- Focus on interventions prior to, independent of, and beyond criminal justice and systems involvement

- Focus on behavior and transformative change as evaluation measure
- Focus on culture change towards healthy relationships, families, and communities

FOUNDATIONAL RECOMMENDATION

This recommendation precedes all other recommendations and enables the success of subsequent strategies.

○ Recommendation 1

In consultation with the IWG and CoWAP, create 5 borough-specific advisory boards on abusive partner interventions with direct

stakeholders, anti-violence advocates and services providers, abusive partner interventions practitioners, and community members in order to enable emergence of community solutions while furthering Citywide coordination and collaboration on promising practices

All subsequent recommendations should be implemented after consultation with the IWG, CoWAP, and the 5 borough-specific advisory boards:

RECOMMENDATIONS

o Recommendation 2

Issue 5 borough-specific Request for Proposals (RFPs)—one for each borough—for City-funded programs to enable 5-year borough-based funding streams for multiple community-specific programs in order to develop individual, whole family, and/or community solutions towards safety, accountability with healing, wellness, and transformation. In line with the priorities of the borough’s advisory board, develop borough-specific RFPs for City-funded programs that are inclusive of and/or focused on communities of color, disabled individuals, people causing harm to elders, justice-involved individuals, low-income communities, immigrant communities, individuals who are Limited English proficient, LGBTQIA communities, veterans, women abusers, and/or youth

o Recommendation 3

In order to enable and maintain behavior changes and as part of a transformative arc, fund a) interventions for post-program aftercare and b) lifetime involvement through a leadership development institute of direct stakeholders who can be mobilized as credible messengers

o Recommendation 4

Expand Relationship Abuse Prevention Program (RAPP) in schools including a pilot program for a) deaf students as well as programs for b) students of color, disabled students, immigrant students, LGBTQIA students, and/or girls

o Recommendation 5

In consultation with credible messenger teams, create impact evaluation processes and data collection tools to chart behavior change and transformation as well as community health and wellness indicators

o Recommendation 6

In consultation with credible messenger teams, survivors of violence, and advocates, fund a media campaign focused on interrupting cycles of violence, highlighting motivations for change, and encouraging services involvement

FOSTERING INNOVATIONS IN ACCOUNTABILITY WITH HEALING

Area 2

FOSTERING HOLISTIC SERVICES, BEHAVIOR CHANGE, AND PROGRAM INNOVATIONS TOWARDS ACCOUNTABILITY WITH HEALING

I guess if I had to create a new message it would be that there is help out there. I know I felt deeply alone, unable to see myself as a violent person. I was caught up in my victim identity as a survivor of sexual violence. Ultimately, I spent so much time focused on victimizing as opposed to healing. I don't want anyone to be alone in that. — Kimber

NEED

Shortage and under-resourcing of current interventions for abusive partners and people who cause harm

STRATEGIES FOR RESPONSE

- Enable trauma-informed, restorative, and motivational change approaches
- Enable voluntary behavior change models
- Enable whole family solutions towards safety, accountability with healing, wellness, and transformation including interventions that go beyond a nuclear, heteronormative family and include multi-generational approaches, extended family, chosen family, and family formations reflective of disabled, immigrant, queer, people of color, poor, and/or trans communities

FOUNDATIONAL RECOMMENDATION

This recommendation precedes all other recommendations and enables the success of subsequent strategies.

○ Recommendation 1

Fund a service for pre-intervention individual assessment (which could include differential, risk, survivor / family / community input, etc. as needed) to enable responsive, inclusive interventions and wrap-around services that are trauma-informed and focus on behavior change

All subsequent recommendations should be implemented after consultation with the IWG, CoWAP, and the 5 borough-specific advisory boards:

RECOMMENDATIONS

o Recommendation 2

Fund full-time staff members at living wage levels at current as well as new abusive partner interventions and programs doing innovative behavior change, trauma-informed, holistic work

o Recommendation 3

Augment NYC Domestic Violence Hotline and other government and agency hotlines/textlines with capacity building and training to intervene with and provide referrals to people who cause harm or implement a new anonymous helpline targeted to people who cause harm

o Recommendation 4

In partnership with the community leadership development and credible messenger teams, pilot a peer mentorship program with models that may include 12-step programs

o Recommendation 5

Pilot 3-year community-based restorative justice interventions inclusive of and/or focused on communities of color, disabled individuals, people causing harm to elders, low-income communities, immigrant communities, individuals who are Limited English proficient, LGBTQIA communities, veterans, women abusers, and/or youth

o Recommendation 6

Increase funding to existing programs and foster new community programs focused on incarceration-based services for justice-involved survivors and/or abusive partners to enable individualized services that can be continued after release in order to increase safety, accountability with healing, and wellness as well as enable transforming behavior and community reintegration

o Recommendation 7

Fund whole family program models and services that foster safety and wellness such as supervised and therapeutic visitation as well as approaches to address co-parenting skills and parenting after violence including capacity building and training to address abusive behaviors in fatherhood programs and services

INTEGRATING SERVICES FOR SAFETY, WELLNESS, AND IMPACT

Area 3

INTEGRATING ABUSIVE PARTNER INTERVENTIONS AND INNOVATIONS TOWARDS SAFETY, WELLNESS, AND SYSTEMS IMPACT

In my case, I want to say, that's what bothered me the most. Because even when he would abuse me, he would say and I'm quoting him, he would say, 'You want to go to the police—go ahead. They're not going to do anything. There is nothing that they will do to me.' And when I went to the court and got an order of protection, I felt like I saw he was right. He said the police, you know, nobody's going to do anything to him and I feel like that's what happened. All the hassles happened with me. I ran around to give him the order of protection. Yes, the order of protection protected me for a year but there was nothing offered to him. He was always angry. There was nothing to tell him that that wasn't right to do. Nothing to tell him that you are wrong. I would have liked that because at least with that, I would have had that peace of mind that if another woman comes into his life, she will not suffer the way I did. At least he had received that help. So, in my case, that bothered me the most. — Iffat

NEED

Low coordination of current abusive partner interventions and dissonance with services for survivors of violence

STRATEGIES FOR RESPONSE

- Integrate interventions for people who cause harm into existing survivor advocacy and intimate violence trainings, services, and interventions
- Integrate interventions with communities by enabling borough-based strategies while fos-

tering coordination and promising practices through a City hub

- Integrate innovations in accountability with healing across agencies, providers, and stakeholders
- Align criminal legal system responses with transformative solutions to ending violence

FOUNDATIONAL RECOMMENDATION

This recommendation precedes all other recommendations and enables the success of subsequent strategies.

o- **Recommendation 1**

Ensure implementation of recommendations in this NYC Blueprint for Abusive Partner Intervention as well as integration of interventions for people who cause harm into all current and future recommendations of the NYC Domestic Violence Task Force by a) Funding 2 full-time staff members for abusive partner interventions within the Mayor’s Office to Combat Domestic Violence (OCDV); and b) Mobilizing on current and future opportunities to integrate abusive partner interventions into NYC Domestic Violence Task Force recommendations. With the two new staff members, 1 position would focus on a) coordination of Queens and Staten Island including borough stakeholders, advisory boards, and programs funded in these boroughs through the City solicitation; b) practitioner training, promising practices guidelines development, and impact assessment around behavior change and transformative solutions; and, c) enabling community solutions, while 1 position would focus on a) coordination of Bronx, Brooklyn, and Manhattan including borough stakeholders, advisory boards, and programs funded in these boroughs through the City solicitation; b) assessments and systems coordination; and, c) enabling community solutions. Both staff members will liaison with the NYC Domestic Violence Task Force to connect abusive partner interventions with survivor-centered advocacy

All subsequent recommendations should be implemented after consultation with the IWG, CoWAP, and the 5 borough-specific advisory boards:

RECOMMENDATIONS

o- **Recommendation 2**

Build support for CoWAP to provide trainings, supervision, practitioner retreats, and field-building and integration activities as it sees fit

o- **Recommendation 3**

In consultation with CoWAP, issue a City solicitation to fund training proposals that include ongoing training provision for practitioners of abusive partner interventions, borough advisory board members, credible messengers, intimate partner violence service providers, elder abuse service providers, and relevant stakeholders. The solicitation should include training on facilitation and promising practices in interventions with people who cause harm as well as how to responsibly engage allied providers and responders

o- **Recommendation 4**

Through the Mayor’s Office to Combat Domestic Violence (OCDV), develop and implement trainings for service providers and allied responders (i.e., social workers, substance abuse counselors, faith-based leaders, etc.) in order to find new entry points for abusive partner assessments and voluntary interventions

○ **Recommendation 5**

Integrate information on and resources for people who cause harm as part of the NYC Healthy Relationship Training Academy

○ **Recommendation 6**

Integrate trainings on abusive partner interventions and resources into the training programs at NYC Family Justice Centers (FJC) in order to enable referrals, support promising practices, and successful integration of abusive partner interventions

○ **Recommendation 7**

Building on recommendations from the NYC Domestic Violence Task Force, FJCs should partner with the borough advisory boards and credible messenger teams in neighborhood-based roundtables, forums, and community engagement on intimate violence

○ **Recommendation 8**

Building on recommendations from the NYC Domestic Violence Task Force, the Mayor's Office to Combat Domestic Violence (OCDV) and the NYC Department for the Aging (DFTA), along with partner Weill Cornell Medical Center, should coordinate on integrating abusive partner interventions into PROTECT policies, trainings, on-the-ground practices, and referral pathways to respond to survivors while providing referrals to people who cause harm

○ **Recommendation 9**

Building on recommendations from the NYC Domestic Violence Task Force, the Mayor's Office to Combat Domestic Violence (OCDV) and the Administration for Children's Services (ACS) should coordinate on integrating abusive partner interventions and work with whole families into ACS policies, trainings, on-the-ground practices, and referral pathways to services at community-based organizations and FJCs

○ **Recommendation 10**

Building on recommendations from the NYC Domestic Violence Task Force, the Mayor's Office to Combat Domestic Violence (OCDV) and the Department of Education (DOE) should coordinate on training Respect for All liaisons, Sexual Harassment liaisons, and school staff who address bullying and sexual harassment, including youth dating violence, on abusive partner interventions and resources so as to provide multiple responders and entry points across manifestations of violence

○ **Recommendation 11**

Building on recommendations from the NYC Domestic Violence Task Force, the Department of Education (DOE) should include information on abusive partner interventions and resources as part of the City's Comprehensive Health Education recommended curriculum, guidelines, trainings, and resources

o- **Recommendation 12**

In partnership with the Mayor’s Office to Combat Domestic Violence (OCDV), the Department of Education (DOE) should train school Parent Coordinators and Parent Leaders as well as other community members on abusive partner interventions and resources

o- **Recommendation 13**

Building on recommendations from the NYC Domestic Violence Task Force, the Mayor’s Office to Combat Domestic Violence (OCDV) and the Department of Youth and Community Development (DYCD) should coordinate on integrating information on abusive partner interventions and resources into healthy relationship workshops offered through DYCD-funded programs

o- **Recommendation 14**

Building on recommendations from the NYC Domestic Violence Task Force, the Mayor’s Office to Combat Domestic Violence (OCDV) and the Fire Department of New York (FDNY) should coordinate to further capacity and training for firefighters, paramedics, and EMTs to respond to and provide referrals to people who cause harm

o- **Recommendation 15**

Building on recommendations from the NYC Domestic Violence Task Force, the Mayor’s Office to Combat Domestic Violence (OCDV) and the NYC Department of Health

and Mental Hygiene (DOHMH) should coordinate on integrating abusive partner interventions into ThriveNYC programs, including through trainings, assessments, on-the-ground practices, and referral pathways to respond to and provide resources to people who cause harm

o- **Recommendation 16**

Building on recommendations from the NYC Domestic Violence Task Force, the Mayor’s Office to Combat Domestic Violence (OCDV) should coordinate across City agencies on integrating intimate violence risk assessments that include survivor, children, family, and community input when needed and enable linkages to comprehensive assessment services in order to ensure wrap-around services and appropriate interventions to people who cause harm

o- **Recommendation 17**

Building on recommendations from the NYC Domestic Violence Task Force, the Mayor’s Office to Combat Domestic Violence (OCDV) and the Department of Probation (DOP) should coordinate to ensure that DOP’s specialized domestic violence programming includes and fosters wrap-around services, aftercare, and community program participation for people who cause harm



**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/20/2019

Name: Kely Grace (Frank) (PLEASE PRINT)

Address: _____

I represent: Close Roses

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

Name: Tyler Nais (PLEASE PRINT)

Address: _____

I represent: Upper Convent

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

Name: Audrey Moore (PLEASE PRINT)

Address: 1 Hagan Place

I represent: Manhattan District Attorney's Office

Address: 1 Hagan Place 10013

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Maggie Wolk, Manhattan DA's Office

Address: 1 Hogan Place

I represent: Manhattan DA's Office

Address: 1 Hogan Place

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Linda Mills

Address: Robert Libman (NYU)

I represent: Professor, New York University

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Tuesday Muller - Mondri

Address: 15 Dore Court SE, NY 10310

I represent: Michael E. McMahon, District Attorney Staten Island

Address: 130 Stuyvesant Place, St NY 10301

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Piyali Basak

Address: _____

I represent: BROOKLYN DEFENDER SERVICES

Address: 177 Livingston St, Brooklyn

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Carla Smith - Urban Resource Inst

Address: _____

I represent: Urban Resource Institute

Address: 25 BROAD ST NY NY 10004

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/20/19

(PLEASE PRINT)

Name: ELIZABETH THOMAS

Address: _____

I represent: ENDGBV

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/20/19

(PLEASE PRINT)

Name: HUTTON HARRINGTON, Esq.

Address: _____

I represent: END BR

Address: _____

▶ Please complete this card and return to the Sergeant-at-Arms ◀

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/20/19

(PLEASE PRINT)

Name: Audacia Ray

Address: 140 E 2nd St Brooklyn NY 11218

I represent: NYC Anti-Violence Project

Address: 116 Nassau St NY NY 10038

▶ Please complete this card and return to the Sergeant-at-Arms ◀

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Deanna Logan

Address: _____

I represent: MOCJ

Address: _____

▶ Please complete this card and return to the Sergeant-at-Arms ◀

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Shekera Algerin

Address: _____

I represent: MOCJ

Address: _____

▶ Please complete this card and return to the Sergeant-at-Arms ◀

(Handwritten signature)