

SEEDING GENERATIONS

Integrating Abusive Partner Services for Safety, Wellness, and Impact

Area 3 of 3
Reframing Interventions for People who Abuse

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Seeding Generations Booklet 3 of 3: Services for Safety, Wellness, and Impact



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- **Recommendation 2:** Issue 5 RFPs for City-funded programs to enable 5-year borough-based programs funding
- **Recommendation 3:** Fund long-term and community mobilization interventions
- **Recommendation 4:** Expand Relationship Abuse Prevention Program (RAPP) in schools for deaf and other students
- **Recommendation 5:** Create impact evaluation processes and data collection tools to chart behavior change, transformation, and community wellness
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BOOKLET 3: Services for Safety, Wellness, and Impact

FRAMING

Look at everything around us. It's economically depleted. You see these generations of violence. My father and my mom went through the same issues that me and my children's father go through. You have to understand community dynamics. — Lindsay

Penmanship doesn't change because you change the pen. You might get away with abusing one person but what is going to happen when you get into another relationship? It's important for abusers to get help (counseling, group support, volunteer opportunities) that might be the only thing that can/will stop them from abusing someone again. That has the potential to change the pattern/trend of abuse and impact the way his generation is living. — Samantha Taylor

We live in cultures where violence—from mass shootings to hate violence to interpersonal violence—surrounds us and infuses our communities, institutions, and how we live our lives. In the United States, the women's movement has made life-saving gains on recognition of gender-based violence and particularly in the need to support survivors of violence with services and criminal legal system responses.

Where we have fallen short is recognizing the power of reparative strategies and transforming the intersecting conditions that lead to violence. We have consistently invested in a crisis response frame while short-shrifting the long-term work of transformation.

With the collective wisdom of survivors, people who have caused harm, advocates, and community members, this Blueprint for Abu-

sive Partner Intervention seeks to reframe our current frames of gender-based violence advocacy. By seeing abuse as a behavior instead of a person (i.e. person who causes harm vs. abuser) and utilizing the term “intimate violence” to include elder abuse, family violence, intimate partner violence, and women who use force, the Blueprint challenges conventional framings of gender-based violence while underscoring gender oppression and heteronormativity in violence. The solutions presented here challenge the current narratives for survivors of violence including the imperative to leave to get services, the necessity of carceral solutions, and that intergenerational healing and wellness through breaking cycles of violence with people who cause harm is impossible.

There is a list of numbers for the victim. I haven't seen any services for the abuser so they can get help. I would like to see that being offered. It's so painful to see this is the norm. — Iffat

On a practical level, the solutions here connect people with each other—partners and chosen family, agencies and communities, professionals and community leaders, and survivor advocates and providers serving people who cause harm—with the knowledge that these categories overlap and our solutions need to work against such binaries and towards interdependence. The solutions here recognize that change is more than completion of a program, that people need to practice change and supports are vital for practice, and that prevention is part of intervention. The solutions here recognize that transformation happens in community and that programs must be accountable to survivors and culture change of violence.

The strategies here look to a liberation framework where people who cause harm have a stake and choice in their own growth, evolution, community connection, and liberation. This Blueprint envisions an architecture where stakeholders—not systems—lead the way.

With these complex solutions, the aim is not to sanitize violence or the real complexities of people's lives, systems, and behaviors. The goal is to acknowledge all of this and yet open up space to interrupt violence and cultures of violence. From this vantage, we can ensure connections of personal and systems account-

ability and transform the intersecting conditions that spur or enable violence.

To find transformation, we will need to go against the grain. I am personally grateful to have had my own assumptions challenged through the process of speaking with survivors, people who have caused harm, providers, and community members. In my 20 years of advocacy for survivors of violence—rooted in South Asian communities and communities of color—I too have advanced received wisdom such as mediation can't work, counseling can't work, batterers don't change. This year-long process of fostering participatory, transformative change has enabled me to re-examine such precepts and open up new strategies that give opportunity to heal from violence and be in healthy relationship and community.

Through the process, content, and format of this report, my frame is to enable reframings. My hope for this report—rooted in the power of transformative listening—is that it holds multiple realities and vantage points and keeps alive complexity. I aspire for this work to open conversations, facilitate concrete and actionable short-term solutions as well as enable visions where generations from now, we see an end to all kinds of violence. Working together, transformation is possible—and imminent.

Reframings on Abusive Partner Interventions and Ending Violence

Element 1: Transformative Solutions

- Fostering interventions for people who cause harm as a necessary part of supporting survivors and ending violence intergenerationally
- Mobilizing the wisdom of survivors of violence and people who have caused harm in fashioning solutions to ending violence
- Moving beyond carceral responses to localized, creative community solutions
- Resisting cultures of violence by addressing intersecting oppressions and cultivating culturally-specific, anti-ableist, anti-classist, anti-heteronormative, and anti-racist programming
- Focusing resources and evaluation measures on long-term culture shifts and prevention over short-term band-aids

Element 2: Holistic Services towards Transformative Justice

- Fostering a belief and a praxis that people can change and communities can transform
- Moving beyond punishment to accountability with healing
- Fostering wholeness through wrap-around services, whole family strategies, and re-entry programming
- Mobilizing innovations through trauma-informed, restorative, and motivational change practices
- Making space for voluntary services and peer mentorship models
- Investing in professionals and community members advancing this work through resources, training, and leadership opportunities

Element 3: Integrating Interventions towards Safety, Wellness, and Impact

- Fostering interdependence through team-based approaches and investments
- Investing in people, trainings, and collaborations
- Amplifying existing services through connection and integration

As important as it is to have a team dedicated to a survivor, it's just as important for that person who's perpetrating harm to have a team. They've been trying to do whatever it is they're doing—healing, harming, avoiding—on their own for so long. It's going to take a lot of different people to get through to them. Someone who perpetrates harm does not expect support. — Kimber

METHODOLOGY

Programs need to have individuals running programs that are close to the problem. And we were talking about the fact that you have all kinds of people who want to do things to help deal with the problem but none of them experienced the problem. We need to have formerly incarcerated individuals running some of these programs and setting some of these policies. Policy is the big thing because policy sets where the money is gonna come from.

— **Anonymous**

As an independent consultant to the Inter-agency Working Group on NYC’s Blueprint for Abusive Partner Intervention (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.

Because I wanted to ensure the voices of direct stakeholders—survivors of violence and/or people who have caused harm—I navigated a process for research approved by the Center for Court Innovation Institutional Review Board (CCI IRB). In 2017, I received approval both for interviews with direct stakeholders as well as non-profit and government staff. My IRB-approved research also included focus groups with non-profit and government staff to reach allied providers and include voices outside the IWG. Finally, I conducted program observations to ground my analysis in day-to-day work. As part of the research, I utilized American Sign Language interpreters for 2

research participants and a Spanish interpreter for 2 participants. All research participants selected how they would like to be identified—anononymously, by first name, by full name, and/or by name and title. In addition, research participants who requested review were sent their comments for inclusion in the Blueprint to ensure accuracy. Research participants will also receive a copy of this Blueprint if they indicated interest in receiving it. The collective wisdom of community stakeholders, practitioners, and program participants informs this Blueprint: it would not exist without their partnership.

Alongside the first-hand research, I led an interactive participatory change process with the IWG and members of the Coalition on Working with Abusive Providers (CoWAP). The topics of each meeting I facilitated are provided in the text box on the Blueprint Development Process. I am grateful to CoWAP and IWG members for your active participation and collaboration—you made this Blueprint visionary and actionable.

Finally, I worked to include voices at the table not always found in policy discussions—primary stakeholders, culturally specific service providers, and practitioners working in related advocacy and social justice arenas. My aspiration is that the Blueprint and recommendations gathered here will amplify a movement building and systems change approach and continue to center the voices of direct stakeholders and

marginalized practitioners in order to transform systems and cultures of violence.

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

Blueprint Development Process

Element 1: Center for Court Innovation 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: Holistic Services towards Transformative Justice

- 4 visioning and action-mapping meetings with the IWG
 - Jan. 31, 2017: Mapping transformative interventions and linking prevention to intervention
 - March 30, 2017: Enhancing collaborations and coordinated response
 - May 18, 2017: Recommendations for abusive partner interventions
 - June 16, 2017: Recommendations for access & inclusion
- 4 visioning and action-mapping meetings with CoWAP
 - Feb. 21, 2017: Research on gaps in abusive partner intervention services in NYC, ways to fill gaps, and role of CoWAP
 - March 21, 2017: Mapping a story for abusive partner interventions
 - April 18, 2017: Enabling voluntary participants
 - July 18, 2017: Recommendations for abusive partner interventions

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

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.

Research Participant Overview

Element 1: Direct Stakeholders

- 31 research participants
 - 24 individuals who identify as survivors of violence
 - 5 individuals who identify as both survivors and people who have caused harm
 - 2 individuals who identify as people who have caused harm and who grew up with abuse/ were bullied/faced community violence
- Borough representation included:
 - 10 based in the Bronx
 - 10 based in Brooklyn
 - 5 based in Queens
 - 4 based in Manhattan
 - 2 based in Staten Island
- Age ranged from 19-66:
 - 8 ranged from 19-29
 - 8 ranged from 30-40
 - 7 ranged from 41-50
 - 7 ranged from 51-60
 - 1 ranged from 61-66

Element 2: City and non-profit staff

- 74 research participants:
 - 12 from community-based organizations
 - 12 from government agencies working across arenas
 - 12 from legal and courts staff
 - 12 from non-profit agencies
 - 11 youth services providers
 - 8 abusive partner interventions practitioners
 - 2 elder services providers
 - 2 from law enforcement
 - 2 public health program clinicians
 - 1 clinician/researcher
- Borough representation included:
 - 6 based in the Bronx
 - 10 based in Brooklyn
 - 8 based in Queens
 - 2 based in Staten Island
 - 48 based in Manhattan including providers serving all boroughs

INTEGRATED SERVICES

I saw a change in my husband's behavior after attending these mandatory anger management classes. It was helpful. And it helped me also because I attended workshops, classes, and support groups. It was helpful to me too. I believe that if there would not have been this help, this support, the situation would be totally different as it is today. I feel my life is more stable. I am more happy than I was before and it helped me. It helped my husband too even though he passed away—but it helped him a lot too. — Razia

In the lives of many survivors of intimate violence, there is no dissonance between receiving services themselves and having their loved ones get support in transforming behaviors simultaneously. As most advocates have heard, survivors often want the abuse to end but not the relationship. Or as Beverly James, Associate Commissioner, Child Welfare Support Services at the Administration for Children's Services, distills, "Mom doesn't want the services: she wants the services for her partner. We need to do more to provide support." Especially for survivors who seek to remain in relationship—by choice and/or necessity—having whole family interventions and options in services is vital. In addition to expanding services, it is crucial to integrate interventions for people who cause harm into the field of survivor advocacy—especially to ensure interventions are responsible to survivors and children.

Survivors underscore a need for integration across services. Theresa Sullivan shares, "Even after having eight stitches in my head, all he

received was a rehab center because he blamed it on drugs." It is vital to address substance abuse as part of abusive partner interventions, but in so doing, a context of intimate violence cannot be erased. As Sullivan explains, a long-term, deep engagement is necessary to address abusive behaviors: "I would like to see something develop more. I just don't feel it's intense the way it should be. The batterer escapes all the time without a complete scenario done. I'm hoping that one day it'll be more like a Therapeutic Community where they go away and really learn about domestic violence and how it's caused and get to the root of their problem." While residential services for abusive partners may be a long-term future goal, we can immediately ensure interventions for people who cause harm are integrated into other social services.

Not only must we integrate advocacy for survivors with services for people who cause harm but we must also integrate wrap-around services alongside assessments for intimate

violence in other contexts, such as substance abuse counseling, therapy, and schools. One City employee speaks to integrating services such as annual check-ups at school clinics in order to have another entry point to address abuse, underscoring, “It’s an opportunity to integrate sectors, services, and fields.”

Integration of services will not only require new structures but deeper, more long-term interventions. Vanessa Nisperos, Young Adult Social Worker at the Red Hook Initiative, explains the opportunity for more extensive screening as well as services reach. “One objective of the Connections to Care partnership is to cast the net wide, screening a broad section of the community for early detection of mental health and substance use issues. But even in the process of screening, things are getting by undetected,” Nisperos shares. “For example, our screening tools, while they do screen for PTSD, anxiety, and depression, don’t screen for intimate partner violence. It’s only through ongoing service provision and rapport-building that a young person will build trust to disclose that information. Basic screening misses intimate partner violence, even though almost half of our population screen positive for mental health disorders.” Nisperos adds that

the work involves connection to immediate services as well as long-term culture change: “The goal is to have all of those participants who screen positive, or who self-select, connected to supportive counseling services. We’re looking to reduce the stigma of counseling and help-seeking, not only for those in counseling but for all of our young people.”

As Nisperos demonstrates, integrating interventions enables us to address immediate needs while striving for culture change. As part of ending cycles of violence, we can integrate services and community responses as off-ramps for abusive behaviors. Speaking to gun violence in marginalized communities, Eric L. Cumberbatch, Executive Director at the Office to Prevent Gun Violence, Mayor’s Office of Criminal Justice, explains that “off-ramps” are important to give people options to circumvent violence. “A lot of people don’t have ways out of a situation: at what point can you get out of that situation and still save face and have relationships intact?,” Cumberbatch asks. Cumberbatch’s question shows the importance not only of individual services but wider culture change to promote contexts that support and reinforce behavior change.

I want a big garden of programming not affiliated with the criminal legal system and heteronormative, binary gender structures. Our work has to be through an intersectional lens to support all survivors, and those who cause harm.

— **Catherine Shugrue dos Santos**, Co-Director of Client Services at the New York City Anti-Violence Project

Given the connection of toxic masculinity to gender-based violence, the question of community support and off-ramps is vital for people causing harm in intimate relationships as well. Gene A. Johnson, Jr., Mediator and Facilitator, explains that the resocialization work in abusive partner intervention programs is a small segment of a participant's whole life. "For the rest of their lives they're being bombarded with messages on what it means to be a man," he states. "You're fighting an uphill battle. Some of their hyper-masculinity is a mechanism for survival in the environments they live in. Whether hyper-masculinity is wrong or right, they may need to be gang-affiliated to walk home on their block."

Opportunities such as healthy relationship programs, advocate-informed mediation, and whole family services can create off-ramps and spaces for supported behavior change. Furthermore, we can foster a coordinated community response that involves services and the community itself. As James observes, "We fall short. We don't utilize community in an effective way. We still see it as a private family matter. We can get community involved in educating and providing more support. If you can educate a community in what DV looks like, then you can get more support for a family." To be effective in supporting survivors and ending violence, we need to integrate abusive partner interventions with survivor advocacy, holistic services, community solutions, and innovations in services, accountability with healing, and approaches to culture change.

Core Arenas for Integration of Abusive Partner Interventions

Element 1: Connecting to survivor-centered advocacy

- Integration with the anti-violence movement
- Integration with other movements to end violence such as movements to end gun violence, hate violence, and white supremacy
- Whole family approaches

Element 2: Integration of services

- Coordinated case management and wrap-around services
- Enabling culturally-specific and responsive services
- Connecting to services across the age spectrum
- Connecting services such as substance abuse/mental health/counseling to abusive partner interventions
- Communication across systems and advocates

Element 3: Integration with communities

- Increased awareness of existing services
- Fostering community off-ramps and non-systems solutions

Element 4: Integration with innovations

- Fostering motivational, restorative, and liberatory practices
- Measuring behavior change and transformations
- Linking intervention to prevention and prevention to intervention
- Approaches that center intergenerational healing

Understanding a larger context of violence—and the connections across structural and community and interpersonal violence—can help integrate a wider approach to interventions for people who cause harm as well as identify new partners necessary in the work. Our field silos—survivor services vs. abusive partner interventions—do not reflect the complexity of people’s experiences. For instance, women who use force or justice-involved survivors embody experiences—of being a survivor and someone who has caused harm—that systems turn into irreconcilable either/or binaries. Going beyond a binary of abuser/victim and other field silos such as prevention vs. intervention and direct services vs. community change will not only address the lived complexity of relationships but also respond to needs people have. Furthermore, a practice of going beyond binaries will help us create space for services to underserved populations including queer and trans communities not served by a gender binary. Furthermore, integration of abusive partner interventions will bring us closer to addressing the roots of abusive behaviors and interrupting cycles of violence.

Integration enables us to keep voices of survivors front and center, supports efforts with abusive partners through wrap-around services, and cross-trains across criminal legal responses and community solutions. We will better reach people—and further capacity for change. “We did couples counseling. It was helpful to talk about it with someone. It was at the LGBT

Center so that made it more comfortable. We did that and I must say it did help,” shares Grace. “But the eye-opening was the police saying that they would arrest both of us if they had to come back again so that reinforced us to get some help like ‘Hey, there is a problem here. Let’s do something about this.’” By integrating systems, we can move beyond identifying abuse to furthering solutions that can lead to behavior, relationship, and community change.

Or as James crystallizes, “If we partner the right way, we can make an impact.”

FOUNDATIONAL RECOMMENDATION:

RECOMMENDATION 1: FUND 2 FULL-TIME STAFF MEMBERS FOR ABUSIVE PARTNER INTERVENTIONS WITHIN THE MAYOR'S OFFICE TO COMBAT DOMESTIC VIOLENCE

We can set up the best programs and if there's no support around implementation and replication, we will be in the same place in two years. — Liberty

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

GAPS

In general, the work to end violence is under-resourced. Our city does not have enough shelter beds, advocates and agency staff to meet needs for all families affected by violence, or community partnerships to foster transformative solutions. For example, the City shelter system does not provide meaningful access to single women, older women, and anyone who does not identify as a cisgender woman. Ronndolyn Black explains, “When I went into the shelter system, I felt like there were services provided for families like women with children, younger women, but it’s like there weren’t really that many services—well, I couldn’t find anything for a single woman like myself, an older woman that was looking for help. The shelter I went to told me they didn’t know anything about domestic violence and they didn’t provide any kind of services at all. Everything that I found out was through word of mouth or asking and searching on my own.” Within this context of

genuine need for more resources for survivors, interventions for abusive partners have been sidelined—based on concerns such interventions could siphon resources from survivors, even when the interventions could support survivors and their families.

The lack of investment of resources in interventions for people who cause harm has left a mark in furthering one-size punitive responses. “There’s not enough services for offenders in my opinion. It’s kind of like a revolving door,” indicates New York Police Department Sergeant Joseph Alohan. “We keep doing the same thing.”

A cookie-cutter approach for interventions with people who cause harm has meant contracts for the work are confining. As one provider attests, “The slightest change becomes a big issue. It doesn’t allow you to put in place the other services people need.” Manny Yonko, Administrative Director, Office of Clinical Practice, Policy and Support, Domestic Violence

and Policy Planning at the Administration for Children's Services, speaks to one abusive partners intervention program noting, "We had to do groups as large as 28 because of contracts. It really isn't conducive and it's not healthy for staff or clients."

The rigid one-size-fits-all approach without community-based responses has also meant disproportionate attention across the City. Most current abusive partner programs are centered in the Bronx, Brooklyn, and Manhattan. While these programs are not adequately resourced, Queens has few options and Staten Island has none. As Victoria Levin, Assistant District Attorney, Richmond County District Attorney's Office, explains, "Staten Island is so removed. We've been sending people to other counties." This gap in services creates transportation, time, and financial burdens for individuals—and perpetuates a systemic inequity in access.

Even where there is limited response, the response is not attuned to local needs. As one Queens-based advocate observes, "We have a large foreign-born population. Many of our families want to stay together and that's the reality

of it. We need to look for alternate ways. They're very limited options for abusers who are coming from different cultures. It's disheartening."

Part of the limited set of options includes very little language access for services outside of Spanish—which itself is under-resourced. A structure that enables local, borough-situated responses could address community needs and contexts and allow for culturally-specific neighborhood-based responses which involve community leadership—while fostering City-wide promising practices and practitioner support. In addition to leaving staff isolated, a lack of resources and attention has led to silos and stagnation in the work. Terri Roman, Project Director of the Bronx Domestic Violence Complex, amplifies this analysis, sharing, "You can get kind of stuck doing the same thing over and over again. As Project Director, one of my goals is to have a sense of what's happening in other counties and be a part of the conversation. I was feeling a little isolated. I would like to make connections with other people and programs. It's important for growth."

Another big obstacle is that we don't give the work the time it needs. Behavior does not change unless consciousness changes and that requires patience, persistence, and a belief that people can indeed change. It's labor intensive and there is no quick fix—like a 26-week or even a 52-week group—without ongoing and consistent support. It has to be consistent. It has to be supported institutionally. And, we need to be able to hold the contradictions and complexity. We aren't there yet. — Sally N. MacNichol, Co-Executive Director, CONNECT

Having a one-size-fits-all approach has meant potential innovations in responses to violence are left unrealized—including the slow, community-building work that could transform cultures of violence. “Part of the problem has been keeping everything large. We need to have smaller community responses,” notes Margarita Guzmán, Deputy Executive Director at Violence Intervention Program, Inc.

A more local, community-specific approach can actually lead to deeper efficacy and behavior change for people who cause harm. As Guzman elucidates, “There is no true accountability when there’s no connectivity to both individuals and their communities. I care so much what my neighbor, co-parishioners, cousin, thinks of me—all those people need to be involved in holding me accountable. You can’t do that cheaply, at a large scale. Building meaningful relationships takes a lot of resources.”

What is also expensive is City and program responses that don’t work or fit needs. Christina Curry, Executive Director at the Harlem Independent Living Center, explains, “You identify a gap and they say, ‘Oh that costs too much money.’ Right now, they’re just throwing money into the fire.”

Decision-makers can often be isolated from stakeholder needs. While the United States gender-based anti-violence movement has been spearheaded by survivors, the voices of deaf, LGBTQIA, and poor survivors, as well as survivors of color, have not been centered. Speaking to communities of color facing community violence, Eric L. Cumberbatch, Executive Director

at the Office to Prevent Gun Violence, Mayor’s Office of Criminal Justice notes, “There’s an imbalance of who’s creating the policy that impacts this population. We need to get people that reflect the community and policy people from that background, not just knowledgeable of it. The toughest part is restructuring agencies to see how they contribute or help stabilize the situation.”

The distance of policymakers to many direct stakeholders—and the impact of ineffective policies on real people’s lives—is a reason some advocates hesitate to have more government coordination of services. “It’s a pro and con,” observes Quentin Walcott, Co-Executive Director of CONNECT. “It’s important that the City looks at people that do harm and programs exist. Moreover, it has to be part of an overall strategy that has the buy-in from the most impacted by these interventions, at the very beginning, not as a side note. For the City, it’s crucial to have transparency and accountability.”

Such accountability can be facilitated by having more community stakeholders and a structure that enables community leadership in setting priorities, funding, and definitions of success and wellness. Furthermore, a decentralized but structured approach with borough-led solutions could foster productive partnerships—whether they’re with substance abuse coalitions, community boards, or faith institutions. Levin speaks to the importance of the Richmond County District Attorney’s Office’s partnership with Sauti Yetu Center for African Women: “Sauti Yetu is really, really good at helping to

find a common ground. We're not considered part of that community so they keep it in-house first. How do you make yourself accessible, relatable so people will come to you? It's helpful to have someone who can bridge the gap."

Not only do we need interdependence with communities to address abuse and transform cultures of violence, but we need support within

our agencies and from peers and colleagues. In order for the vision of this Blueprint to succeed and to have effective implementation of the recommendations so there is impact, we need staff members coordinating the work. And hiring one person only would be creating a role that one person cannot take on effectively and with adequate support. As one practitioner

Needs for Coordination

Element 1: Why?

- Families deserve our best
- Healing for communities
- To address abusive behavior from a holistic approach where every system that encounters abusive partners is held accountable
- To provide options
- To create programs that work
- To maximize potential for success
- To avoid burnout trying to do too much
- Nobody knows it all
- To reach a common goal

Element 2: How?

- Funding that requires coordination/ interdisciplinary work
- Being responsible and accountable to each other in this work
- Men need to use their male privilege to challenge sexist systems as allies
- Respect for other people's time (individual or agency)
- Openness to change and honesty
- Willingness to work together

Element 3: Solutions

- Build in human resources: paid citywide coordinators as critical supports to any reform
- Build structures for coordination
- Implement systemic policy to the commitment of collaboration
- Strengthen partnerships
- Provide flexible opportunities
- Collaborate for funding (instead of competing) to enable partnerships & ability to refer out
- Open space for feedback

Element 4: Results

- Efficient, Time-sensitive, Solution-based, Intra-personal focused, Trauma-informed Collaborative Care
- Proactive vs. reactive
- Violence reduction and prevention

explains, “This work has to be done in a team approach or it’s overwhelming.” For these reasons, bringing aboard multiple coordinators simultaneously when shifting a systemic and community engagement structure is key: not only is there more work to be done here than one person can manage, but the time-consuming work of building relationships and fostering positive structures of coordination is the basis for effectiveness and the impacts we want to see.

Or put another way by B. Indira Ramsaroop, Senior Policy Analyst, Office of Clinical Practice, Policy and Support, Domestic Violence Policy and Planning at the Administration for Children’s Services: “We can’t change someone overnight. Change is a process. We need different things to pick from. It’s an ongoing process. We need funding for all this. Working with abusive partners should not take away from survivors—we need to have resources to do both.”

Recognizing that change is a process and we have been locked in by one-size-fits-all approaches, the time is ripe to foster localized, long-term responses. In addition, by enabling leadership within boroughs, we can bring together more stakeholders and partners as well as foster responses that are eventually sustainable in communities. Such an approach requires us to surpass adversarial, scarcity-based mindsets. Or as Roman pinpoints, “People have to let down barriers of agency and role and be open-minded. It would be helpful—the better coordination of services—so that survivors and their children can get what they need.”

STRATEGIES FOR RESPONSE

- Foster borough-based, neighborhood-based, community-based programming to serve new populations, engage relationship building and long-term work, and advance multiple strategies simultaneously
- Enable partnership-building with community stakeholders and programs through a borough-based strategy that can also provide a feedback loop and accountability for systems and programs
- Enable a team and team-building approach with the infrastructure for concrete outcomes by hiring two full-time abusive partner interventions staff members within the Mayor’s Office to Combat Domestic Violence (OCDV)—a strategic investment that can also facilitate sharing of work within and across agencies, building jointly for impact, and fostering self-care while coordinating visionary incremental change
- Facilitate consistency and structure for abusive partner interventions without exacting uniformity that impedes addressing local needs, creative interventions and useful non-traditional services, and building community power to transform cultures of violence
- Nurture the connections to survivor-centered advocacy and abusive partner interventions as part of the work to support survivors, families, and communities through engagement with community stakeholders as well as anti-violence advocates, including through liaisons with the NYC Domestic Violence Task Force

RECOMMENDATION

- 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 stake-

holders, 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

No one has to feel they’re taking on the whole thing. — Catherine Stayton, Director, Injury and Violence Prevention Program, Bureau of Environmental Disease and Injury Prevention, New York City Department of Health and Mental Hygiene

RECOMMENDATION 2: BUILD SUPPORT FOR THE COALITION ON WORKING WITH ABUSIVE PARTNERS

One of the things CoWAP has accomplished is to allow people to have a dialogue about this issue and help support the next generation of service providers. CoWAP provides a mechanism for sharing best practices. — Kerry Moles, Executive Director, Court Appointed Special Advocates of New York City

GAPS

The Coalition on Working with Abusive Partners (CoWAP) emerged out of the silence around abusive partner interventions in New York City. It has created a crucial space to talk about the complexity of the work and to get feedback in a non-judgmental environment. CoWAP—and its committed members—has been a key force in the development of this Blueprint and will continue to be crucial in fostering a successful field shift. CoWAP is an essential partner, resource, and visionary in the work of engaging people who cause harm.

Practitioners find space within CoWAP to have conversations sidelined in other contexts. In particular, CoWAP has been a crucial force for examining new modalities for interventions while attending to survivor-centered advocacy. In addition, CoWAP has nurtured a brave space for peer supervision. “My hope and my goal is to really build that up. We’re doing work in the trenches and there are so very few of us,” attests Albery Abreu, Abusive Partner Intervention Specialist at the Family Wellness Program at Children’s Aid. One key question

practitioners can raise is their own safety and growth by asking: How do you feel and stay safe working with people who have caused harm? How are you holding yourself accountable for your growth? Sharing her journey of shifting from providing support to survivors of gender-based violence to working with their partners, Program Director at the Family Wellness Program at Children’s Aid Nazy Kaffashan offers, “When I first co-facilitated an abusive partner intervention group, I was really anxious about it. Will I know how to engage them properly? Would my anxiety come off as being intimidated? Would I be able to be who I am? Supervision is so important because your own stuff comes up. You need the space to talk about it. I think it’s important.” Another practitioner offers, “You have to do spiritual work on yourself. You have to take care of yourself. It’s easy to get hard-hearted.”

CoWAP has been a “moral compass” for the work, notes Catherine Shugrue dos Santos, Co-Director of Client Services at the New York City Anti-Violence Project and CoWAP co-chair.

Given that most abusive partner interventions are targeted to heterosexual men, CoWAP has also been a pivotal space for ensuring abusive partner interventions go beyond a gender binary. And it can continue to do so.

Deesha Narichania, DV Coordinator at St. Luke's-Roosevelt Crime Victims Treatment Center, observes, "There is a paucity of understanding and services for trans and non-binary survivors, and this boils down to rampant transphobia. We need to treat transphobia and all systemic violence as seriously and sensitively as we do sexual assault of the nice white blond lady." CoWAP has been a vital voice for access to services and can continue to be a fierce leader in expanding interventions to marginalized communities within an anti-oppression frame that centers culturally specific and specialized services.

Having effective services for communities facing structural oppressions includes ensuring input from and space for community stakeholders and practitioners with community expertise and skill. "That's my fear with the City. It has to be one type of professional that facilitates these groups—clinicians. This can eliminate a lot of effective people with the analysis and practice that can be as or more effective," advises Quentin Walcott, Co-Executive Director of CONNECT, a leader in community-rooted interventions. CoWAP can help to level the playing field so as not to reinforce hierarchies and to ensure that community experts and practitioners are helping to set the agenda for services and transformation.

Growth and Self-Care for Providers of Interventions for People who Cause Harm

Element 1: Peer Supervision

- Enable effective and responsible work
- Enable services to intersect with populations beyond heterosexual men
- Enable safety including reducing burnout
- Enable cross-discipline collaborations including with credible messengers, community stakeholders, and certified professionals
- Enable ongoing trainings and promising practices for interventions
- Enable retreats for deeper reflection and provider wellness

Element 2: Gathering Resources

- An online presence /listserv—similar to the Acquiring Qualitative Understanding of Intervention Leading to Advocacy (AQUILA) national working group but dedicated to New York City—for any practitioner to utilize

Element 3: Building Allied Field Capacity

- Support trainings in fields such as social work, therapy, and criminal justice
- Advance relationships within the City, State, nationally, and internationally to push local interventions and share out local promising practices

While there is much to be done in abusive partner interventions and the work to end violence, CoWAP provides a seasoned hub of practitioners with the direct practice and wisdom essential to policy efficacy and services impact. As Rebecca Stahl, Social Work Supervisor at Day One observes, “Policy moves so much slower than reality. Also, CoWAP has much larger context of folks on the ground. We should do work together to make change.” Through resources, partnership, and collaboration, such

change is actionable. Liberty Aldrich, Director, Domestic Violence & Family Court Programs at Center for Court Innovation offers, “I could get overwhelmed too because it seems so far to go to bring in the level of expertise needed to support people doing the programs. But in fact, we have a lot of systems and support in place to get it to work.”

As a City, through building support for CoWAP, we are poised to invest in and build on that infrastructure.

Roles CoWAP Could Play

Element 1: Field resource and guide

- Becoming a membership organization
- Reviewing evidence-based and promising practices
- Making recommendations for NYC practice (which may need to be different than other parts of NYS)
- Offering opportunities for continuing education formally and informally
- Operating as a governance board for abusive partner intervention programs across the City to standardize practice, which could include a) vetting programs; b) giving referrals to programs part of CoWAP only; and c) helping to mentor and hold accountable programs not doing responsible work (some of which do not seek to be involved in CoWAP)

Element 2: Convener

- Bringing all agencies and systems into the room to evaluate and re-evaluate interventions
- Reaching out to abusive partner intervention programs and other programs to coordinate work and wrap-around services (this could include Employee Assistance Programs, the Young Men’s Initiative, etc.)
- Engaging entry points outside the criminal legal system, such as public libraries, hospitals, community centers, etc.

Element 3: Trainer

- Leading in doing the work while training practitioners new to work
- Training for frontline staff on promising practices for working with people who cause harm
- Training across systems and sectors (such as Family Courts, hotline responders, etc.)
- Enabling mutual growth with credible messengers and community stakeholders

STRATEGIES FOR RESPONSE

- Build support for CoWAP to support successful on-the-ground execution of this new Blueprint for Abusive Partner Intervention
- Build support for CoWAP to facilitate spaces for peer supervision, skill-sharing, and staff development with stipends to enable participation by contract/per diem practitioners
- Build support for CoWAP to deliver trainings including on trauma-informed services for all levels of staff (which could incorporate experiences, such as walking into a building and/or space, as well as services design)
- Build support for CoWAP to engage multiple disciplines and systems, include agency staff working with families
- Build support for CoWAP to build out collaborations on abusive partner interventions including with credible messengers and community stakeholders as well as agencies such as the Department of Youth and Community Development and the Human Resources Administration
- Build support for CoWAP to identify programs working with abusive partners currently, explore efficacy of models being utilized, and/or provide recommendations where service gaps or policy and practice changes are necessary to improve services and impact

RECOMMENDATION

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

*What does the actual practice work look like? There seems to be a resistance to having those conversations. And often there's a lot of judgment in the work—at times, I've presented and felt like I'm in front of a firing squad. We need to create space and room for progressive work especially since New York doesn't have standards. We need to hold what gave birth to CoWAP—folks getting together to ask, 'Are we doing the work right in terms of honoring survivors? Am I being accountable to survivors and keeping people safe?' — **Manny Yonko**, Administrative Director, Office of Clinical Practice, Policy and Support, Domestic Violence and Policy Planning, Administration for Children's Services and CoWAP co-chair*

RECOMMENDATION 3: RELEASE NEW CITY CONTRACT FOR TRAINING ABUSIVE PARTNER INTERVENTIONS PRACTITIONERS

When a person is so brave and goes to the police to make a report, a social worker should be there to help connect people to the right organizations. That never happened. I remember the social worker in my precinct was very callous, was very cold. She didn't help at all. She didn't offer support and it was very mechanical with her. She didn't want to be there doing her job and that's not—if you're dealing with people like that, you're not helping. In terms of that individual, that was her, her reaction or her behavior in that moment. But in general, precincts need social workers that can connect people to the right organizations so that they could get help. The same way that organizations who are representing survivors and representing abusers need to have connections with good organizations who have social workers and who get the support.

— Sarah Pantaleon

GAPS

We know that the work to end violence is under-resourced. Not only is part of this under-resourcing a lack of interventions and staffing, but we also encounter a paucity of opportunities for in-depth and systematized training, professional development, and collective reflection for community members, advocates, and service providers responding to violence. This gap in training—a vital infrastructure support—reduces efficacy, contributes to staff burnout, and ultimately affects survivors, people who cause harm, and families.

Because of the scarcity of interventions for people who cause harm and the marginalization of such interventions within mainstream anti-violence work, we will need training simply to cultivate new, effective practitioners for abusive partner interventions. Kerry Moles, Executive Director at Court Appointed Special Advocates of New York City, speaks to the essential information-sharing needed to challenge myths related to abusive partner interventions. “For example, we were taught that we shouldn’t allow men to talk about

domestic violence they witnessed or experienced as children because they would use that to manipulate,” she relays. “That doesn’t make any sense. At Family Wellness, we did hundreds of intakes and what we learned is almost every single abusive partner we worked with had a history of trauma. I learned these people weren’t all demons. They wanted to talk about it—the history of abuse and victimization, police brutality and incarceration. They would say, ‘I’ve never told anyone about this because no one has asked.’ The other myth that we learned was false was that ‘You can’t do therapy with them.’ I repeated these myths many, many times before I realized they weren’t true. And not survivor-informed.”

Training on fundamentals of interventions for people who cause harm is also essential for expanding access to communities currently shut out of services. Noting that little abusive partner interventions research has been done in populations outside heterosexual men perpetrating violence, Catherine Shugrue dos Santos, Co-Director of Client Services at the New York City Anti-Violence Project, states, “I am committed to changing the narrative out there. Citing only certain research is controlling the narrative, but it’s not in the best interest of survivors. It only perpetuates a false heteronormative binary gender paradigm that makes LGBTQ survivors and abusive partners invisible.”

In addition to engaging new practitioners of interventions for people who cause harm as well as opening access to marginalized populations, training with practitioners would

enable alignment with survivor advocacy, resources-sharing, and implementation of promising practices. Furthermore, training with key systems actors could enable smoother integration as well as program utilization. Albery Abreu, Abusive Partner Intervention Specialist, Family Wellness Program, Children’s Aid, observes that judges may not have information useful in sentencing. He shares, “We’ve offered to meet with judges to talk about programs—our aims and goals. A lot of times participants are given different messages. There’s just not enough communication on goals of our programs.”

In a parallel vein, one Assistant District Attorney remarks, “It would be nice for the Citywide judiciary to have additional education on intimate partner violence. It’s tricky for the lawyers to know more. If judges had more complex knowledge, they would act differently.”

Abreu notes that law enforcement could also receive training informed by effective abusive partner interventions that would enable different responses to calls and completing intimate violence domestic incident reports.

In addition to enhancing systems responses and enabling efficacy, trainings are also a vital space for addressing systemic violence. Deesha Narichania, DV Coordinator at St. Luke’s-Roosevelt Crime Victims Treatment Center, speaks to law enforcement violence faced by trans women. She observes that trans women are often criminalized for survival sex work (or sex worker status is exploited and used by police as an excuse to rape) or when

calling in an intimate partner violence situation hear, ‘Well you’re actually a man. Why didn’t you fight back?’ Narichania adds that trans women understandably fear to go to the police because doing so makes them vulnerable to more violence. Training is essential to ensuring access across systems—and reducing all kinds of violence.

In general, training for judiciary, law enforcement, and attorneys would enable more effective understanding of current abusive partner interventions, shifts in the field and approaches, and opportunities for engagement. Such systems integration would respond to crucial gaps in understanding that impede program utilization as well as offer a new grounding in current intervention options. Importantly, training not only enables field evolution but, through cultivating services designed to enable support and safety, ensures we are engaging without furthering harm.

Luckily, as Catherine Stayton, Director, Injury and Violence Prevention Program, Bureau of Environmental Disease and Injury Prevention at the New York City Department of Health and Mental Hygiene, notes, “Training for the workforce is a worthwhile investment. That can be low-hanging opportunity.”

STRATEGIES FOR RESPONSE

- Provide ongoing trainings for practitioners providing interventions for people who cause harm as well as allied providers in order to support promising practices, field evolution, and alignment with survivor advocacy
- Provide ongoing trainings for courts, police, and legal staff interacting with providers of interventions for people who cause harm in order to ensure effective responses and referrals without furthering systems-based harm
- Provide ongoing trainings with practitioners, allied providers, criminal legal system staff, and stakeholders on expanding capacity to work with marginalized populations and to work with current populations more holistically, effectively, and transformatively

RECOMMENDATION

- 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

RECOMMENDATION 4: TRAIN ALLIED PROVIDERS ON ABUSIVE PARTNER INTERVENTIONS

I used to work in a substance abuse facility. The executive director started this program in one room on top of a church and his slogan was ‘God loves addicts too.’ God loves abusers too. He loves us all. Everyone deserves a shot. Everyone deserves help. Everyone deserves another chance. Whether it’s a second chance or tenth chance. You know we all have the potential to change regardless of what we do. And a lot of times abusers don’t know another way to relieve anger and stress than to hit and bruise. They need to know that there are other ways to handle any kind of situation, anything that they’re going through. Churches play a big role in the community today—they always have. Churches are our community so maybe some spiritual growth can help, spiritual guidance.

— SaSha

GAPS

Our work to end violence and interrupt abuse is hindered by not having entry points in the community and workplaces. To reach more diverse populations—and foster community-based networks for intervention—we need to build capacity to engage people beyond the confines of a courtroom or intimate violence agency. Faith-based leaders are a natural go-to in times of crisis. “People won’t go to the police but who they will go to is a spiritual leader. Spiritual leaders getting formally and informally trained on what to do in terms of accountability and responsibility will create new spaces for response,” notes Joseph Maldonado, Men’s Roundtable Co-Facilitator at CONNECT.

While faith-based leaders can be part of a cohort of allied responders beyond the criminal legal system, training of faith-based leaders—and partnership with advocates—is crucial. In particular, training is vital so that faith leaders do not perpetuate victim-blaming or amplify tactics for manipulation and perpetrating abuse. As Robina Niaz, Founder and Executive Director at Turning Point for Women and Families, clarifies, “The imams can provide spiritual guidance but they’ve not been trained as social workers. This work takes deep knowledge on dynamics. It is very deep work and requires deep understanding.” Niaz does underscore the importance of engagement with faith leaders,

noting, “I don’t think an intervention with Muslim men can happen without the intervention of our faith communities.”

People who have caused harm emphasize the importance of faith-based and community access points to transforming behaviors. One individual reflects, “Now today looking back, I would say that, for me, one of the things I think would be very important is seeking therapy, speaking to a clergy, somebody from the church, a pastor or imam, whatever the faith might be. I think those things—and just picking people who are in the community who has some status that could speak to a young man about the situation and what he was going through and why he was acting out the way that I was.”

Beyond faith-based institutions, other entry points include community health centers and community counseling providers. Furthermore, employers and employee assistance programs could be strong arenas for engagement of people who cause harm and ongoing interventions outside the criminal legal system. As Sharlena from Voices of Women suggests, “In order to have a healthy community, a healthy environment, it would be great for employers to look into this as well. Because then they have employees who are receiving some other level of support that they can work better at the jobs that they’re doing and and just grow a healthy family.”

Allied providers—whether substance abuse counselors or employee assistance programs—and community responders—whether faith-based leaders or community stakeholders—can be vital supports for interrupting cycles of

violence and transforming behavior. By supporting training, we can open up spaces for people causing harm to transform in environments where they can build on connection and belonging. Margarita Guzmán, Deputy Executive Director at Violence Intervention Program, Inc., emphasizes the value of opening approaches, observing, “People want to change given options and opportunities. They didn’t believe they deserve more. Asking, do you think there’s any behavior you’d like to change? Exploring response to be a healthier person: what would you imagine would be helpful to you?” Building capacity through training in allied and community spaces can bolster avenues for effective and sustainable behavior change.

STRATEGIES FOR RESPONSE

- Provide ongoing trainings for faith-based leaders, community stakeholders, and employers as well as social workers, substance abuse counselors, community health workers, and other allied providers on engaging people who cause harm and collaborating on interventions

RECOMMENDATION

- 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 ABUSIVE PARTNER INTERVENTIONS WITH NYC HEALTHY RELATIONSHIP TRAINING ACADEMY SERVICES

What do healthy relationships look like? Teaching young boys early on and for women—what does it look like to exert yourself? — Anonymous

GAPS

In 2016, the New York City Healthy Relationship Training Academy conducted a total of 737 healthy relationship workshops with 11,500 youth, parents, and professional staff participants as noted in the Mayor’s Office to Combat Domestic Violence (OCDV) Fact Sheet (<http://www1.nyc.gov/assets/ocdv/downloads/pdf/ocdv-fact-sheet-2016.pdf>).

With a robust infrastructure for trainings, OCDV is poised to incorporate new resources, referrals, and strategies for intervention with people who cause harm into the Healthy Relationship Training Curriculum. Integration of lessons from this Blueprint—and the resulting shifts in funding and practice—would be a powerful addition to the current Healthy Relationships Training. As Vanessa Nisperos, Young Adult Social Worker at the Red Hook Initiative, notes, “A lot of times young people will disclose family violence at home before parents do.” Integrating interventions for people causing harm into Healthy Relationships Trainings will ensure resources are available for youth and parents who might need them as

well as enable new entry points for supporting families and youth in schools, foster care, and other vital spaces.

Furthermore, integrating information and resources on interventions for people who cause harm can deepen links between prevention and intervention services. Joseph Maldonado, Men’s Roundtable Co-Facilitator at CONNECT, observes, “We don’t have a lot of services focused on prevention. Our systemic and community response is when abuse happens. We have a deficit model. There’s no support for healthy relationships.” In integrating information on interventions for people who cause harm into Healthy Relationship Training, we can embolden preventative approaches as part of interventions. In so doing, we acknowledge that prevention is part of intervention and that intervention can lead to prevention through transforming cycles of violence.

For example, healthy relationship workshops offer space to re-examine masculinity and gender socialization—a key aspect of transforming cultures of violence. Maldonado shares, “Our socialization of boys and men

and girls and women is really patriarchal and affirms men as subjects and women as objects. It's that socialization we have to interrupt." Through integrating information on interventions for people who cause harm into Healthy Relationship Training, we can both amplify models for healthy relationships while advancing that behavior change is possible—and that unhealthy relationships can transform through commitment, work, and services. In so doing, we can build capacity to simultaneously foster healthy relationships, nip unhealthy relationships in the bud, repair harm, and transform cycles of violence.

STRATEGIES FOR RESPONSE

- Integrate youth-related data and strategies shared in the Blueprint into the current Healthy Relationship Training
- Integrate information on promising practices, innovations in accountability with healing, and transformative interventions with people who cause harm into the current Healthy Relationship Training
- Engage with youth who demonstrate interest in being a peer mentor or peer leader for possible service and voice on a borough advisory board for abusive partner interventions

RECOMMENDATION

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

RECOMMENDATION 6: INTEGRATE ABUSIVE PARTNER INTERVENTIONS WITH NYC FAMILY JUSTICE CENTERS SERVICES

I myself was a victim of domestic violence for almost 8-9 years. And that time when I came here, USA, I was not knowing anything about help and I had never been abused at my home by anybody. It was really a very painful experience for me. And then my child was born and I was seeing him watching that behavior and it was very, very concerning to me. And then I feel it is very important that besides helping the victim, it is also helpful if the abuser gets help too because that way maybe these abusers may change their behavior. — Razia

GAPS

In 2016, there were 62,644 client visits to the Family Justice Centers (FJCs) across New York City with a 6.5% increase in new clients (including clients at the Staten Island FJC which opened in 2016) as noted in the Mayor’s Office to Combat Domestic Violence (OCDV) Fact Sheet (<http://www1.nyc.gov/assets/ocdv/downloads/pdf/ocdv-fact-sheet-2016.pdf>).

While more and more survivors reach out to the City through the FJCs, similar go-to sites are not known for people who cause harm. As a result, interventions for abusive partners are harder to pinpoint and unheard of in many communities. Furthermore, survivors of violence often reach out to staff at FJCs for supportive services and referrals for their loved ones causing them harm.

By integrating information on and referrals for interventions for people who cause harm, our City can serve a wider swath of survivors. “Right now, everything is about the police and Family Court protection orders. Most survivors I serve don’t want either of those solutions,” articulates Catherine Shugrue dos Santos, Co-Director of Client Services at the New York City Anti-Violence Project, adding, “Who are we to decide survivors cannot get what they are asking us to give them? Who are we to limit their solutions?”

Indeed, survivors speak to the value of non-judgmental spaces of support for both survivors and their loved ones causing harm. Grace shares, “You know LGBT individuals, we’re always abused. In public, people degrade us. Right now, I have my pride colors on. I love my

colors. I'm comfortable in my own skin but it's not my job to make you comfortable because I am who I am. I'm not going to change for anyone. If you serve a different type of religion, that's important as well. Everyone needs to be comfortable. That's the whole point. If you're in a comfort zone, you can be more open-minded to people that can assist you. The goal is to get the help so you can stop the behavior or you can stop the behavior from happening to you. Redirection."

Some survivors even envision joint services-delivery. "It will be centers all over the City for both abusers and survivors. You could walk in and get help, not necessarily thinking that it's going to put you in a financial position that you can't make it—because some of the therapy costs a lot of money," offers Sarah Pantaleon.

The current FJC model may take time to address safety concerns and offer whole family services. Yet, given many survivors seek information on services for their partners, the FJCs are poised to productively incorporate new resources, referrals, and strategies for intervention with people who cause harm into FJC trainings, referrals, and policies. Integrating information on and referrals for abusive partner interventions will enable new approaches to supporting survivors engaged with FJCs.

Furthermore, for people who cause harm reaching out for City resources, the FJCs could offer vital information and referrals for accessing interventions towards behavior change and healthy families.

STRATEGIES FOR RESPONSE

- Integrate information on promising practices, innovations in accountability with healing, and transformative interventions with people who cause harm into FJC trainings and ongoing professional development activities
- Develop FJC referral processes and protocols for survivors seeking interventions for their partners and/or family members causing harm
- Provide feedback on interventions for people who cause harm to service providers and community members in order to enable integration, survivor safety, and further analysis on impact and behavior change

RECOMMENDATION

- 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

How can we be a lifeline of change? If someone transformed their life, it's not because we did it but supports were provided. — Paul Feuerstein, President/CEO, Barrier Free Living

RECOMMENDATION 7: INTEGRATE ABUSIVE PARTNER INTERVENTIONS WITH NYC FAMILY JUSTICE CENTERS COMMUNITY ENGAGEMENT

I do feel like a lot of Muslim men and women, they were reluctant to seek help. Some also thought, 'I'll be deported if I report this.' For Muslims, Friday prayers are very important to us. If the city can take a step and go to Friday prayers with that information, it would help a lot of these families. If that information is taken to a big gathering, then it is not really directed to a person but the community. The services can be passed around, not targeted. Those people may know someone who needs the help. The services need to be offered in schools, masjids, big community events. Sometimes the people who cause harm don't take the services because abusers don't want to be known as that and singled out. This is one way to reach out so that other people will not know, 'I'm one of them.' — **Iffat**

GAPS

Especially in the current feverish climate of xenophobia, Islamophobia, transphobia, and attack on all marginalized communities, community engagement is crucial for ensuring access to services. While community members may hesitate to engage with government agencies, going into communities can make a difference in fostering channels of communication and information-dissemination. Furthermore, as Iffat astutely offers, sharing information on resources around abusive partner interventions—even in a format of passing the material on to others—may open more entry points for access.

Additional community entry points for services are vital, particularly because many services are closed to people who have caused harm. One provider observes, “A history of domestic violence excludes people from services which is a barrier to access. This may escalate violence when people are trying to change.” Through information-sharing during NYC Family Justice Center (FJC) community engagement activities, we can simultaneously enable referrals for people causing harm while furthering survivor safety and advocacy.

In addition, community members—including youth—are searching for such spaces.

New York Police Department Sergeant Joseph Alohan shares, “Students who were probably the victimizer said, ‘I didn’t realize I was being that way.’ I’m a police officer. They didn’t have to share that with me. We need a safe place for people to engage.”

Joseph Maldonado, Men’s Roundtable Co-Facilitator at CONNECT, emphasizes that a community approach furthers belonging while enabling behavior change and transformation. Speaking to CONNECT’s work with people who identify as using abusive behaviors as well as those who don’t, Maldonado notes, “People will show up to these groups because of community and wanting to be part of a human family. They will get to their growth edge. From that space, we can address the issues. It grows that way and becomes part of that community’s culture. That’s a gap in our individualistic society. Our responses are very much designed to work in community.”

In particular, alongside City staff, FJCs host community-based organization staff who are poised to foster innovations in community engagement. “How do we support each other when harm is happening? How do we draw folks’ own experiences and develop folks into leaders?” asks Essex Lodes, National Coalition of Anti-Violence Programs Coordinator at the New York City Anti-Violence Project. Responding to such questions and having culturally specific community engagement and services for immigrant, Muslim, queer, and/or trans communities can open doors community members may not go through otherwise due

to fear of state surveillance, deportation, hate violence, and/or incarceration.

Furthering community engagement and information on interventions for people who cause harm can create more community-based solutions. As one community stakeholder offers, “For any type of program, you’re going to have to have individuals who’ve actually been through that. I think it’s important to have individuals who can share their own private situation, what they was going through and how they became an abuser, and what changed, what help did they receive about it.” Not only will enhancing FJC community engagement with abusive partner intervention resources provide new entry points, it will enable community leadership through credible messengers and stakeholders—and foster spaces for cultivation of further community leaders in ending violence.

STRATEGIES FOR RESPONSE

- Integrate community solutions and stakeholders, particularly the borough advisory boards and credible messengers, into FJC community engagement practices
- Integrate information on enhanced and new abusive partner interventions into current FJC community engagement and information-sharing
- Engage with community members who demonstrate interest in being a peer mentor or peer leader for possible service and voice on a borough advisory board for abusive partner interventions

People don't know the services. The information is not out there in certain communities. — **Henry Algarin**, Program Director, Brooklyn TASC

RECOMMENDATION

- 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: INTEGRATE ABUSIVE PARTNER INTERVENTIONS WITH NYC DEPARTMENT FOR THE AGING SERVICES

They won't want to put them out on the street. They keep contacting us asking what can we do. — **Cheryl Lee**, Previous Director of the Brooklyn Legal/Social Work Elder Abuse Program (LEAP), JASA

GAPS

While the strategy of separation in order to access safety is ill-suited for many intimate partner violence survivors, it is particularly unhelpful for many survivors of elder abuse. Most elders facing violence from their children or grandchildren will not engage punitive systems—but they will often request supportive services for their loved one who is harming them.

Aurora Salamone, Director of the Elderly Crime Victim Resource Center at the NYC Department for the Aging, speaks to an elder abuse survivor who refused services unless they included their loved ones, saying, “We could have done something for the mother but she wanted something to happen for her daughter or she wouldn’t work with us.” Given this context, whole family services and other innovations in accountability with healing are crucial for supporting survivors of elder abuse.

In addition, older survivors of intimate partner violence struggle to be seen. Salamone explains, “We don’t think domestic violence victims are older women or men. They are at the

periphery. They’re invisible.” Moreover, elder queer and trans survivors of intimate partner violence are further isolated. “It’s more stigmatized to a degree. There’s more of a stigma,” notes Joshua Rotkin, Queens LEAP (Legal Social Work Elder Abuse Program) Director at JASA.

Furthermore, elder survivors may themselves be affected by health challenges and/or disabilities or be in relationship with a partner with mental and/or physical health issues and/or disabilities—age-related or otherwise. “If someone becomes abusive with cognitive decline, can a domestic violence awareness program help in that context?” Salamone asks. Cheryl Lee, Previous Director of the Brooklyn Legal/Social Work Elder Abuse Program (LEAP) at JASA, amplifies the challenges of conventional intimate violence services by asking, “If the abuser has dementia, where can they go?” For both elders and children causing harm who cannot afford NYC rents and independent living, options for off-ramps are limited. As Lee states succinctly, “Housing is getting worse. Housing is a crux of issues.”

Moreover, Salamone points to how perceptions of disability affect response to intimate violence with elders. Speaking to the minimization of violence, Salamone explains, “He’s wheelchair-bound, so in Family Court people say, ‘How abusive can he be?’ Our perception gets distorted.”

Given these barriers to accessing support, it is crucial that services for survivors of elder abuse and interventions for people causing harm to elders are inclusive across culture, family formation, language access needs, and identity including ability, ethnicity, gender identity, race, and sexual orientation as well as economic, HIV, housing, immigration, and mental health status.

Given survivor isolation, by integrating information on and referrals for abusive partner interventions, the NYC Department for the Aging (DFTA) can enable new approaches to supporting survivors engaged with DFTA, particularly through the Providing Options to Elderly Clients Together (PROTECT) program which, in partnership with the Weill Cornell Institute of Geriatric Psychiatry, provides therapy to survivors. Aligned with the City’s focus on furthering mental health access, PROTECT embeds mental health practitioners within elder abuse services response in order to address depression and other mental health needs so that survivors can more fully benefit from other services. Furthermore, given the partnership with Weill Cornell Medical Center, there are potent possibilities for drawing upon the innovative therapeutic models in the Blueprint in order to explore referrals and/or expansion

of services to people who are causing harm. This Blueprint offers vital information for accessing innovative interventions focused on accountability with healing and can enable DFTA and its partners to develop deeper responses to people who harm elders.

STRATEGIES FOR RESPONSE

- Integrate information on promising practices, innovations in accountability with healing, and transformative interventions with people who cause harm into DFTA trainings and professional development activities
- With OCDV interface, develop PROTECT referral processes and protocols for survivors seeking interventions for their family members and/or partners causing harm
- Provide feedback on interventions for people who cause harm to PROTECT service providers in order to enable integration, survivor safety, and further analysis on impact and behavior change

RECOMMENDATION

- 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: INTEGRATE ABUSIVE PARTNER INTERVENTIONS WITH SERVICES AT THE NYC ADMINISTRATION FOR CHILDREN’S SERVICES

I hate ACS to be honest. They’re so nasty or so mean instead of like ‘Let’s help you. We’re trying to help you. We’re going to make sure whatever situation’s going on is going to help you or keep your kids.’ Not automatically just put you down and make you feel like, ‘Oh, you should have known better. No one told you to have kids’ type of thing. I mean the lady actually told me that.”

— **Kierra Coll**

GAPS

Though crucial shifts at the Administration for Children’s Services (ACS) have occurred over the past decade, ACS is still seen as a punitive system with many youth and adults wary of any encounters. The fear of removal of children and separation is still at the forefront of survivors’ minds and hearts.

Administrators at ACS understand survivors’ fears. Providing a history of ACS approach, Beverly James, Associate Commissioner, Child Welfare Support Services at ACS, explains, “We rely solely on the mothers to make the changes needed for the family. We rely too heavily on the mom because that’s the system we built. The child welfare system relies on the mom. We started the work in the wrong way.” James adds that engaging people who cause harm is necessary for the vital agency goal of safety, noting, “In protecting mom, we’re protecting children. But we need to get the dad involved and under-

stand his role in the process. The safety plan is not a robust comprehensive plan when we haven’t taken abusive partners in consideration.”

In particular, deaf parents have faced a number of challenges engaging child welfare services particularly in relation to meaningful language access. Christina Curry, Executive Director at the Harlem Independent Living Center expresses the emotional trauma deaf parents often face with ACS involvement, saying, “Everything’s on hold for a day or three until we get an interpreter. The person is feeling bad. There’s no communication. There’s no language. It’s ACS and children are removed.”

Furthermore, advocates for Deaf communities still report the use of children to interpret.

“ACS is really good for showing up without an interpreter and using the child to communicate,” Curry observes. “It goes back to failure to protect. Yet ACS will do the same thing.

We're really working on engaging survivors better. How can we offer support not only as a parent but as an individual? — B. Indira Ramsaroop, Senior Policy Analyst, Office of Clinical Practice, Policy and Support, Domestic Violence Policy and Planning, Administration for Children's Services

No matter where they start.” Paul Feuerstein, President/CEO of Barrier Free Living, concurs, underscoring the threat of permanent separation from deaf parents: “Systems gravitate to the hearing person to get the story. What we see as well is the parentification of children who will end up being interpreters. There’s a fast track to adoption and smaller chance they’ll get their kids back.”

Given these barriers to accessing support, it is crucial that services for survivors with children and interventions for people causing harm within families are inclusive across culture, family formation, language access needs, and identity including ability, economic status, ethnicity, gender identity, race, and sexual orientation as well as HIV, housing, immigration, and mental health status.

Child welfare workers often have significant caseloads and need training and resource supports to navigate all these barriers to access. Moreover, each family’s situation may be complex and difficult to quickly assess. James emphasizes, “Should you be back in the home? That’s a really hard decision to make.”

Nonetheless, removal of children can become a de facto decision from fear of making the wrong decision or not having enough time and resources to address complex situations. In

order to better serve families, new approaches are needed within ACS. For example, James suggests, “We need more in-home services because what I need to see, I need to see in the home, in the home life.”

In addition to in-home services, the development and use of whole family services as well as interventions with people who cause harm that enable accountability with healing can enable more effective ACS practice. Speaking to the need to engage abusive partners, James notes that with current services, “We haven’t gotten to the underlying reason why he feels the way he does. It’s just very complex and I know it can be very expensive. But I know if we want to make changes, it’s where we have to start. We have to get to the underlying reasons.”

Many survivors would also like to see a focus on addressing underlying causes. “I believe that hurt people hurt people and I don’t think that when anyone is born that they decide that they want to be an abuser—certainly no more than I believe that anybody that becomes a victim decides it when they’re born, that’s what they would be,” Ann remarks. “I believe that the abusers learn how to become abusers in their unresolved and unhealed wounded places. And my belief is just as much as the people that are victimized, in order to really change this para-

digm and really resurrect as healers in our own lives, we have to go into those wounded places.” Lisa O’Connor, Chief Program Officer at Safe Horizon, echoes the benefit to interventions with people who cause harm focused on accountability with healing: “By healing trauma, they can be full participants in their lives.”

Getting to underlying causes could not only lead to healing but could interrupt cycles of violence. Similarly, additional services are needed to support children in challenging intergenerational violence. “Sometimes we provide services for the parent but not the child,” James explains. “That’s where we get the angry child, the teenager acting out. That’s where we are struggling in a big way—specialized services for the child. Even if it seems like there’s no behavior change yet, we make a referral—even if it’s for play therapy.”

Given the need for new family-centered approaches and specialized services, ACS should strive to develop and amplify a preventive services strategy and whole family approach. Integrating information on and referrals for abusive partner interventions will enable new approaches to supporting survivors engaged with ACS, particularly through piloting and developing preventive and whole family services. Such innovations could lead to healthier families. Or as B. Indira Ramsaroop, Senior Policy Analyst, Office of Clinical Practice, Policy and Support, Domestic Violence Policy and Planning at ACS, offers, “Success would be more stable families and healthier kids and children who don’t witness violence.”

STRATEGIES FOR RESPONSE

- Integrate information on promising practices, innovations in accountability with healing, and transformative interventions with people who cause harm into ACS trainings and professional development activities
- Integrate meaningful language access and specialized services to ensure appropriate response to all communities
- With OCDV interface, develop ACS referral processes and protocols for survivors seeking interventions for their partners and/or family members causing harm through a whole family approach
- With OCDV interface, develop ACS capacity to provide healthy relationships information to youth and parents engaged with ACS in order to break cycles of intergenerational violence
- Provide feedback on interventions for people who cause harm to ACS staff in order to enable integration, survivor safety, and further analysis on impact and behavior change

RECOMMENDATION

- 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: INTEGRATE ABUSIVE PARTNER INTERVENTIONS WITH THE NYC DOE RESPECT FOR ALL PROGRAM

Bullying. That experience shattered me. Going to the school counselor—that’s not going to stop that bully from taking your lunch. Bullying shows up as scars.

— Jamel Hooks Jr.

GAPS

With new vantages in abusive partner interventions focused on accountability with healing, we have an opportunity to link bullying and later violence—and create new spaces for healing. In speaking on participants of the Teen Accountability Program (TAP) at STEPS to End Family Violence, one TAP advocate and leader observes, “They’re often victims of many types of abuse. Like bullying, abusive behaviors can become patterns.”

Through the Respect for All program at the NYC Department of Education (DOE), we can make links across the spectrum of violence—and proactively support strategies for harm reduction, use of services, and healing. Respect for All, through a staff liaison, annual school plan, professional development, and implementation of age-appropriate curriculum, strives to prevent and address bias-related behavior and bullying in order to promote interpersonal and inter-group respect within school culture. Emerging as a response to the rise in hate violence after 9/11, Respect for All also addresses bullying and hate violence faced by LGBTQIA students in schools.

Data on Youth Violence

Compiled from: <https://www.dayoneny.org/statistics>

- 1 in 3 teens report experiencing some kind of abuse in their romantic relationships, including verbal and emotional abuse
- The New York City Domestic Violence Hotline receives an average of 1,400 calls from teenagers every month
- 50% of people age 14-24 have experienced digitally abusive behavior
- Forty-two percent (42%) of the males and 43.2% of the females who reported abuse stated that this abuse occurred in a school building or on school grounds

Linking dating violence and other intimate violence to Respect for All activities would enable transforming cultures of violence. Jeimi Burgos, Relationship Abuse Prevention Program Coordinator at Day One, emphasizes, “I think DV is a big issue in the same way you’re targeting bullying and racism.” Connecting the work

of Respect for All liaisons with school Sexual Harassment liaisons as well as school staff would root interpersonal respect across a range of relationships. In addition to building Respect for All program connections with healthy relationships workshops and Relationship Abuse Prevention Program, many advocates suggest incorporating age-appropriate workshops on consent starting from elementary school.

By connecting dating violence and intimate violence to bullying, we can create more avenues for disclosure of violence and seeing a more whole picture of an individual who has caused harm. Moreover, we can interrupt cycles of violence in and beyond school contexts. As a TAP advocate and leader shares, “We have a critical opportunity to teach them—that would allow them to make positive decisions in the community.”

STRATEGIES FOR RESPONSE

- Integrate youth-related data and strategies shared in the Blueprint into the current Respect for All program
- With OCDV interface, integrate information on promising practices, innovations in accountability with healing, and transformative interventions with people who cause

harm into trainings, policies, and practices for Respect for All liaisons, Sexual Harassment liaisons, and school staff

- Through Respect for All liaisons and school staff, engage with adults and youth who demonstrate interest in being a peer mentor or peer leader for possible service and voice on a borough advisory board for abusive partner interventions

RECOMMENDATION

- 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

Girls who dress traditionally are being attacked as part of the Islamophobia. They find it difficult to speak up especially if, in their homes, they are being abused. The repercussions and impact go way beyond even the services providers’ imaginations. — Robina Niaz, Founder and Executive Director Turning Point for Women and Families

RECOMMENDATION 11: INTEGRATE ABUSIVE PARTNER INTERVENTIONS WITH THE NYC DOE-RECOMMENDED COMPREHENSIVE HEALTH EDUCATION CURRICULUM

Why are we not talking about domestic violence in school but we're talking about sex in school? It doesn't make any sense to me. And if you probably look at the numbers, you're probably realizing and seeing a lot more younger girls and gay guys have physical issues at school age. So, I think in school, it should definitely be on the top of the list. We're talking about bullying—I think domestic violence goes right hand-in-hand. — C. Delaine Dixon

GAPS

School is a setting ripe for learning as youth are curious about healthy relationships—and it is information that students can put to use as they navigate relationships.

As described by the NYC Department of Education (DOE), “In New York State, all students at all grade levels must receive comprehensive health education that builds decision-making, goal setting, relationship management, communication, and other important skills across lesson topics that focus on: violence and injury prevention; emotional and mental health; physical activity and nutrition; alcohol, tobacco and other drug prevention; and HIV prevention. The New York City Department of Education requires all students in grades 6-12 to receive sexual health education as part of comprehensive health education. Sexual health education must be age appropriate, skills-based,

and medically accurate” (<http://schools.nyc.gov/Academics/Wellness/WhatWeTeach/HealthEducation/default.htm>).

In addition to creating new spaces for support and intervention, incorporating information on abuse, healthy relationships, and interventions can help support a culture of intervening and seeking to disrupt violence. Furthermore, expanding models presented in the recommended curriculum would ensure going beyond a gender binary as well as Judeo-Christian moral frameworks. Moreover, adding skills-building on how to break up in healthy ways could interrupt and prevent violence. In this way, the DOE can support crucial information-sharing with students, inclusion of LGBTQIA and other marginalized students, and a larger process of culture change towards ending violence.

Data on Youth Education and Violence Reduction

Compiled from: <https://www.dayoneny.org/statistics>

- In a 2008 study, young people who received comprehensive sex education used significantly fewer acts of violence toward a dating partner by the end of Grade 11
- Teaching young people about healthy relationships and ways to avoid physical dating violence can reduce physical dating violence and sexual dating violence by 60%

STRATEGIES FOR RESPONSE

- Integrate youth-related data and strategies shared in the Blueprint into the NYC DOE-recommended Comprehensive Health Education Curriculum
- With OCDV interface, integrate information on promising practices, innovations in accountability with healing, and transformative interventions with people

who cause harm into trainings, policies, and practices for NYC DOE Health Educators

- Through NYC DOE Health Educators, engage with adults and youth who demonstrate interest in being a peer mentor or peer leader for possible service and voice on a borough advisory board for abusive partner interventions

RECOMMENDATION

- 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

In school, we are taught a lot of things. A whole bunch of stuff—some we use, some we don't use. I do believe that if at the high school level, girls are taught or given advised on what love looks like, it would be helpful. Let me not say girls alone because there's men who've been and is being abused too. So, I want to say at the high school level, if students are taught about the dynamics of love: what love looks like, what a healthy relationship looks like, what is abuse, how to define it—it would be helpful. — Samantha Taylor

RECOMMENDATION 12: TRAIN PARENT COORDINATORS AND PARENT LEADERS IN NYC SCHOOLS ON ABUSIVE PARTNER INTERVENTION RESOURCES

One of the only way to reach out to the undocumented would be the schools. I think school should have a domestic violence talk or sort of a workshop once a month for abusers and victims. And maybe those workshops, people can feel empowered to come and listen—just listen, you know. We don't have to call it abuse or domestic violence. We don't have to call it domestic violence workshops. And then in the workshop, we could talk about the abusers and the victims and survivors, how to move on, how to get help, how to get the services. I think the school more than the churches and community centers are more reachable because everybody goes to school—and most of the undocumented people have children in schools. So that's a good way. — Sarah Pantaleon

GAPS

In addition to being a ripe space for youth, school can be a nexus for parents and community members. The school environment can provide a non-punitive setting for gaining tools and resources to access services without shame. In addition to creating new spaces for support and intervention, incorporating information on abuse, healthy relationships, and interventions in the toolkit for Parent Coordinators who work at individual NYC Department of Education (DOE) schools as well as parent leaders in communities can help support a community-based culture of intervening and seeking to disrupt violence.

As described by the NYC Department of Education (DOE), “Parent coordinators are

an important part of your school community. They are responsible for: creating a welcoming school environment for parents; working with the principal to address parent issues and concerns at the school; conducting outreach to engage parents in their children’s education; and, strengthening parent involvement in their children’s education. As a member of the school staff supervised by the school principal, the parent coordinator partners with and supports the work of their Parent Association/Parent Teacher Association, School Leadership Team, community groups, and parent advisory councils.” (<http://schools.nyc.gov/Offices/FACE/ParentCoordinators/MeetPC.htm>)

For example, NYC DOE Parent Coordinators and parent leaders can work to integrate healthy relationship workshops for youth and adults as well as resources for people who cause harm with an anti-bullying framework that supports LGBTQIA students who may be unsafe at home due to family members' biases. Furthermore, NYC DOE Parent Coordinators and parent leaders, in partnership with community-based organizations, can bolster community networks and solutions to interrupting cycles of violence. In this way, DOE can support crucial information-sharing with students and parents as well as a larger process of culture change towards ending violence.

STRATEGIES FOR RESPONSE

- Integrate youth-related data and strategies shared in the Blueprint into learning tools for NYC DOE Parent Coordinators and parent leaders
- With OCDV interface, integrate information on promising practices, innovations in accountability with healing, and transformative interventions with people who cause harm into trainings, policies, and practices for NYC DOE Parent Coordinators and parent leaders
- Through NYC DOE Parent Coordinators and parent leaders, engage with adults and youth who demonstrate interest in being a peer mentor or peer leader for possible service and voice on a borough advisory board for abusive partner interventions

RECOMMENDATION

- 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

I became highly aware that those who survive heinous harm also perpetuate harm. And we don't have the space to talk about that without judgement and legal consequences. The way we've been doing the work hasn't been transforming communities. Schools are a vital entry point. — Kimberley Moore

RECOMMENDATION 13: INTEGRATE ABUSIVE PARTNER INTERVENTIONS WITH NYC DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT PROGRAMS

You know, it's the little things that you benefit from. That aspect of communicating better, like it doesn't start with a hit. It starts as a phone call, a date, a courtship. How do you take a girl out? How do you value her worth or his worth? From there, then you actually build a sense of care for that person and you really don't want to harm people you care about. Along with self-esteem and self-worth, teaching a loving relationship.

If I had somebody or an organization that would have let me know ahead of time, then that would be a big help in preventing what happened to me. I mean, thank God, I'm okay. Some people unfortunately die. So yeah, I think that prevention early on about healthy relationships is very important.

— **Sharlena** from Voices of Women

GAPS

With a number of its programs, including after school programs, youth community centers, fatherhood programs, and youth employment programs, the NYC Department of Youth and Community Development (DYCD) accesses youth and communities at points where prevention can mean never needing intervention and where intervention can lead to prevention.

DYCD programs, including Beacon and Cornerstones, offer skills-building and activities including at New York City Housing Authority (NYCHA) Community Centers throughout the five boroughs. In addition to enabling more informed decisions, integrating information

on abusive partner interventions into Healthy Relationship workshops can open arenas for gathering resources, support, and services outside the context of punitive systems. Furthermore, such integration of information can foster community-based responses and a larger arc towards culture change.

One additional way DYCD can amplify its impact with people who cause harm is through emboldening its employment programs for youth between 14 and 24. Many advocates speak to the demand for these programs—and that current program access is too limited. Cheryl Lee, Previous Director of the Brooklyn

Legal/Social Work Elder Abuse Program (LEAP) at JASA, notes that children causing harm to elders would benefit from career opportunities. Lee remarks, “Everyone should get a shot at youth employment.”

STRATEGIES FOR RESPONSE

- Integrate youth-related data and strategies shared in the Blueprint into the current Department of Youth and Community Development Healthy Relationship workshops
- With OCDV interface, integrate information on promising practices, innovations in accountability with healing, and transformative interventions with people who cause harm into the current Healthy Relationship workshops
- Expand youth employment opportunities and foster linkages to wrap-around services
- Engage with youth who demonstrate interest in being a peer mentor or peer leader for possible service and voice on a borough advisory board for abusive partner interventions

RECOMMENDATION

- 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

RECOMMENDATION 14: TRAIN NYC EMERGENCY FIRST RESPONDERS ON ABUSIVE PARTNER INTERVENTIONS

What would really get to me is like in the case of my husband, after he hit me with the remote control, he tried to convince me that he didn't do that. Like everything is all in my mind, you know like, 'Oh I didn't hit you. What are you talking about?' Like they try to make you think like you're the crazy one, you imagined it, or whatever. I feel like that a first big step is just to admit, 'Yeah you know I did do this' and then after that we can work on why did you do this.

— **Ronndolyn Black**

GAPS

Even as we build capacity for community-based responses to address violence, we know emergency first responders will interface with community members who may never approach an agency or community-based organization. We should cultivate emergency first responders to enable productive referrals and to engage individuals in resources outside the context of punishment.

While admitting to harm is a vital first step in change, we need to create opportunities for people to repair harm. Kaela Economos, Community Office Social Work Director, former Social Work Supervisor, Family Defense Practice at Brooklyn Defender Services, observes, “People who cause harm should be treated as whole individuals. We need to understand where their behavior comes from and why. We need to make room for them to be empowered to repair some of the damage they’ve done.”

Furthermore, given that individuals in crisis are more likely to be amenable to resources, engaging emergency responders could be a productive entry point in access to services fostering accountability with healing for people who cause harm. Engaging emergency first responders in information-sharing could offer one more gateway for behavior change and transformation.

STRATEGIES FOR RESPONSE

- Provide ongoing trainings for NYC emergency first responders on engaging abusive partners and providing information on interventions
- With OCDV interface, develop linkages between anti-violence agencies and emergency first responders in order to more effectively collaborate on assessment and appropriate interventions for people who cause harm

I just would like to say something about abuse which abuser causes on his family whether it is wife, children, or anybody in the family: it hurts and it is so difficult. — Razia

RECOMMENDATION

- 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

RECOMMENDATION 15: INTEGRATE ABUSIVE PARTNER INTERVENTIONS WITH THRIVENYC PROGRAMS

My psychologist didn't understand trauma. She didn't understand domestic violence—even in a clinical field. I was in an uphill battle to get it recognized even within the clinical field. — Anita

GAPS

As with specialized training for judges or school staff or faith-based leaders, therapeutic practitioners need support in understanding dynamics of intimate partner violence, cultural contexts, oppression impacts, and promising practices for intervening with someone who is causing harm. The opportunity to mobilize the Thrive NYC network of programs could not only provide new entry points for interventions but could also create a base of providers that would support aftercare and maintenance of behavioral changes and transformation.

Jamel Hooks Jr. underscores the important of therapeutic methods in an accountability with healing framework. “Anger management wasn’t enough. I needed emotional management. Filling a cup of water—eventually you have to stop. I didn’t know how to manage it,” he shares. “It took one-on-one conversation. I had to open up to that dark place. I learned that feelings are temporary. How do you manage that to where you remain leveled? You can do more. You can do better. I was at a low place. Behaviors don’t just sporadically happen. They’re rehearsed. I’ve learned so much. If I

was able to have someone to talk to, my life would be in a different place.”

Unfortunately, not enough therapeutic interventions are available to stem violence, maintain behavioral change, or foster wellness. Culturally specific and responsive interventions are also needed to ensure access. C. Delaine Dixon relays, “We did discuss couples therapy, but a very large number inside of the Black and Latino community don’t believe in therapy and counseling. Some of this stuff is culturally-accepted behavior. You know what his instinct was? His instinct was that this was okay, this was just a part of our relationship—it being physical cuz if it wasn’t physical, we didn’t love each other. This is what he really believed.”

Given these barriers to accessing support, it is crucial that interventions for people causing harm are inclusive across culture, family formation, language access needs, and identity including ability, ethnicity, gender identity, race, and sexual orientation as well as economic, HIV, housing, immigration, and mental health status.

Moreover, involvement of therapeutic workers opens up larger conversations on

wellness that can be culturally-informed, nuanced, and generative. Framing the work to meet someone's services needs therapeutically shifts the frame, language, and role of the provider to being a support in the journey for transformation. With a focus on wellness—and the capacity of individuals receiving services to define their own wellness goals and contexts—collaborations with ThriveNYC programs could enable participant-motivated change, avenues to wholeness, and healing across generations.

STRATEGIES FOR RESPONSE

- Integrate information on promising practices, innovations in accountability with healing, and transformative interventions with people who cause harm into trainings and professional development activities for ThriveNYC programs
- With OCDV interface, develop ThriveNYC program referral processes and protocols for survivors seeking interventions for their partners and/or family members causing harm

- With OCDV interface, develop ThriveNYC program capacity to provide therapeutic services to people causing harm in a framework that enables accountability with healing
- Provide feedback on interventions for people who cause harm to ThriveNYC practitioners in order to enable integration, survivor safety, and further analysis on impact and behavior change

RECOMMENDATION

- 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

There is an abundance of emotional and wellness practices—not just Western. There are tons of entry points for all sorts of healing practices. — **Margarita Guzmán**, Deputy Executive Director, Violence Intervention Program, Inc.

RECOMMENDATION 16: INTEGRATE ABUSIVE PARTNER INTERVENTIONS WITH ASSESSMENTS ACROSS CITY AGENCIES AND CITY-FUNDED PROGRAMS

All of these young men should not be in the same class—a young man who threw a phone once versus someone who is like, ‘Women are nothing.’ We can’t treat all these cases the same. — **Gene A. Johnson, Jr.**, Mediator and Facilitator

GAPS

“I feel like a lot of times people perpetrate acts of violence because of a multitude of reasons. And you know, when you look at it like the social services umbrella, if some of them abuse when they’re under the influence, they may be more predisposed to do that under the influence. Or they might have some mental health issues or some trauma-related issues themselves that might need addressing. And I feel like it would be really important to provide the services and maybe find out—you know, I’m not saying it’s possible to change everybody who perpetrates acts of violence but there’s a multitude of reasons why it happens and I feel like those services might directly impact the way that a person who perpetrates violence might be less inclined to do so in a different circumstance provided with those tools and those resources. You might have these things that society is not directly addressing and you know if you’re just treating for the anger and for the abuse part but if you’re just kind of neglecting the mental health issues or substance

abuse issues, you’re putting a band-aid. You’re not healing it—you’re just putting a band-aid over it.

Because there’s a lot of layers to why people abuse and why people hurt other people. It’s really in all different brackets. I mean you know, we used to argue about relationships and even having a communication class or family therapy or something of that nature would help. Because I’ll be real—my children’s father and I have never had an order against each other but a lot of girls I know, and in the past when I did have an order, he was my only support (the guy who did not take use of the services, that I was with before, not my children’s father but the guy I was with before)—he was my only support. And you know, he went for the batterers classes. He went for the fatherhood program but he didn’t—there was so much more going on mentally with him. There was so much more going on than just taking those classes. And you know I ran into him and just to see he hadn’t changed was just—you know his partner started behaving the same way

I did. Which was defensive and combative and 'I got to show him how tough I am so he won't hurt me.' And it just broke my heart to know that he's doing the same things over and over and over and over and over again. So, like intensive services and just not anger management but address the different brackets." — **Lindsay**

Assessment can be a vital safety tool—and it can also simplify the complexity of people's lives. As many LGBTQIA advocates have noted, existing risk assessments are often modeled to heterosexual relationships and do not thoroughly engage patterns of abuse and primary aggression. As a result, new tools need to be created that reflect relationships across the spectrum of sexual orientation and gender identity.

In addition, providers seek to go beyond assessments of physical violence only. "We need the whole picture," one provider articulates. "For example, violence within a couple and family may decrease physical abuse but increase other violence such as emotional or financial. We need to look at the quality of life and well-being for the whole family."

Furthermore, many advocates search for risk-need-responsivity tools that will enable pathways for transformation of abusive behaviors. One Assistant District Attorney asks, "What do we do for people so we don't see them again? We have tons of cases with a son with a drug problem. That kind of case comes up over and over again. Those people are family forever. She is not going to just cut him off. We need treatment with a safety perspective." Or as

Jamie Burke, Supervising Attorney, Integrated Defense Practice at Brooklyn Defender Services, amplifies, "The current system makes it frustratingly difficult to get to the root problems of domestic violence."

Advocates request risk assessments connected to differential assessments as well as tools that reflect structural oppressions and systemic violence. One City employee seeks to know: "What are the environmental issues impacting these issues? How are racism and prejudice and uneven access to services impacting? How does all this come together in terms of intimate partner violence? How can we create global interventions that address micro issues yet also the environmental issues? For men of color or a black male who's been abused by the system or criminalized?"

Similarly, assessments may not capture contexts important to survivors, families, or communities. The work to incorporate additional input into an assessment process will make the picture more whole and enable interventions that both honor safety needs and the voices of the people affected by systems interventions. Such a process for gathering input also clarifies success measurement informed by participants and community members and fosters a broader vision for impact and transformation.

STRATEGIES FOR RESPONSE

- Integrate information on promising practices, innovations in accountability with healing, and transformative interventions with people who cause harm into trainings and

professional development activities into trainings and professional development activities across City agencies

- With OCDV interface, develop cross-agency tools for gathering survivor, children, family, and/or community input on assessments
- With OCDV interface, develop cross-agency capacity to provide resources that enable wrap-around services and support behavioral change
- With OCDV interface, provide feedback on interventions for people who cause harm in order to enable integration, survivor safety, and further analysis on impact and behavior change

RECOMMENDATION

- 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

RECOMMENDATION 17: INTEGRATE ABUSIVE PARTNER INTERVENTIONS WITH NYC DEPARTMENT OF PROBATION DOMESTIC VIOLENCE PROGRAMS

You have to be around positive people. You have to be in a structured place where you're doing things to enhance and enrich your life. I have a very stern probation officer and that's what I need. She keeps me on track. I am honest. I get angry and frustrated. My probation has been a good thing.

*I want to be a role model for the kids. The whole situation is beyond my control. Authorities make these decisions for you. Probation—they have my freedom — **Anonymous***

GAPS

Probation services are a systems-rooted response based on mandates and coercion. And yet, even as participants often lament a loss of freedom, the structure of individual and group services can enable engagement, commitment, and change. Probation officers are at the front-lines—within an often-punitive criminal legal system—of enabling accountability with healing. In part, this is possible due to a recognition of intersecting oppressions and a commitment to community engagement. With the expansion of programming and a pilot project in Queens, the NYC Department of Probation (DOP) has an opportunity to continue to innovate with abusive partner interventions.

Furthermore, with the development of new frames for abusive partner intervention, DOP can continue to conduct comprehensive risk-need-responsivity and differential assess-

ments within 30 days in order to offer interventions tailored to each individual as well as foster participant relationships with community organizations and facilitate warm hand-offs to aftercare and long-term services. Through developing strong referral relationships, this systems intervention could embolden community responses to transforming cultures of violence.

STRATEGIES FOR RESPONSE

- Integrate information on promising practices, innovations in accountability with healing, and transformative interventions with people who cause harm into DOP trainings and professional development activities
- With OCDV interface, develop DOP connections to community programs to enable long-term services and maintenance of behavioral changes

- With OCDV interface, provide feedback on interventions for people who cause harm to DOP staff in order to enable integration, survivor safety, and further analysis on impact and behavior change
- Engage with program participants who demonstrate interest in being a peer mentor or peer leader for possible service and voice on a borough advisory board for abusive partner interventions

RECOMMENDATION

- 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

REFRAMINGS TOWARDS ACCOUNTABILITY WITH HEALING

“In most neighborhoods that have people of color who are poor, there is a lack of funding for certain things. There’s not the after-school programs. We no longer have the places where the kids can go in the summer and use the schools as recreation places for the kids so now they have to be in the street. We need to have more services for our youth. We need to catch our youth at a very young age because the violence starts at a very young age as well. Schools to me is a major place to start at because that’s where you have the majority of kids going to be.” — Anonymous

“I believe that self-care should be taught in schools. And I think that coming from my circumstance of sexual violence, I think that having consent workshops in schools would be a huge thing because that was not a framework for me—I didn’t have that.” — Kimber

“Police still profile and target LGBTQ people. It’s more important to have services in the community. Trans women are getting profiled as sex workers. Because queer people are so targeted in the world, we need to have services reflective of the communities.” — Essex Lories, National Coalition of Anti-Violence Programs Coordinator, New York City Anti-Violence Project

“What policies are driving the work? How do we streamline? We need to have a holistic view and not get stuck in what someone’s role is. There has to be some degree of collaboration and feedback. At the other end is a family. I’m so hopeful we’re on our way to doing something great.” — B. Indira Ramsaroop, Senior Policy Analyst, Office of Clinical Practice, Policy and Support, Domestic Violence Policy and Planning, Administration for Children’s Services

“This work has shaped my life, my thinking. The shift I’ve made in doing this work is that a lot of these men come from communities of color where domestic violence is also part of the trauma. Men didn’t understand the violence they were perpetuating was like violence they witnessed as a child. Some men actually recreate experiences they lived through as children. They were actually re-living something.”

We need to change the mindset. We can create a safer environment for women and girls in our society. It’s not easy. Men have been given messages. It can’t change overnight.

Where does it come from? How can we intervene? How can we prevent? How are we teaching and restoring humanity? We need to inspire young people to think about themselves and relationships.” — Juan Ramos, Executive Director, Community Driven Solutions, Inc.



COALITION ON WORKING
WITH ABUSIVE PARTNERS
Safety. Accountability. Support

