



CREATING A TRAUMA-INFORMED ABUSIVE PARTNER INTERVENTION PROGRAM

Core Program Tenets and Policy Recommendations
from the Manhattan District Attorney's Criminal
Justice Investment Initiative



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INTRODUCTION

Domestic violence—and intimate partner violence (IPV), in particular—is a long-standing public health crisis that has persisted despite earnest political and programmatic efforts to curb it.¹ Although batterer intervention programs, also referred to as abusive partner intervention programs (APIPs), emerged in the late 1970s to reduce instances of domestic violence, research suggests that many traditional APIP models do not promote long-term behavior change.² Several evaluations have found that abusive partners who complete an APIP are less likely to be re-arrested; however, these studies have relied largely on administrative criminal justice data, limiting their understanding of post-program patterns of behavior and abuse that may not result in an arrest.³ On a national level, members of the domestic violence community have advocated for more effective approaches to criminal justice intervention, including the creation of innovative and trauma-informed programs that take the experiences, needs, trauma histories, and risks presented by the abusive partner into account.

Given the link between traumatic experience and subsequent perpetration of domestic violence, and the potential for tremendous innovation and impact in this challenged field, the Criminal Justice Investment Initiative (CJII) sought to create a trauma-informed abusive partner intervention program (TI-APIP) in Manhattan that incorporates best and promising practices for working with abusive partners who have experienced trauma.⁴ CJII's TI-APIP goals are far more expansive than those of traditional APIPs, which typically aim to increase participant accountability through court reporting and fees. In addition to holding the abusive partner accountable, the TI-APIP aims to increase the likelihood that abusive partners will gain insight into their behaviors, develop empathy for survivors, accept responsibility for their actions, and engage in meaningful and sustained behavior change.

Through this investment, CJII and the Urban Resource Institute—CJII's program provider for the TI-APIP—developed innovative approaches to working with abusive partners, serving survivors, and integrating trauma-informed care into behavioral health and social service delivery. One year into implementation of the program, this policy brief explores the new TI-APIP approach being piloted in Manhattan, describes core program tenets of that model, and outlines early policy recommendations from the TI-APIP planning and implementation process.

ORIGINS: THE DOMESTIC VIOLENCE INITIATIVE AND CJII PLANNING PROCESS

In 2014, the Manhattan District Attorney's Office convened the Domestic Violence Initiative, a yearlong working group comprised of criminal justice stakeholders, public health officials, victim advocates, and community-based organizations tasked with developing citywide recommendations to reduce domestic violence recidivism and enhance responses across systems. From the outset, the working group acknowledged that many existing batterer intervention programs are ineffective and operate without well-defined measures of success, accountability, and standards—this was affirmed by national research suggesting that these programs have mixed effectiveness in reducing domestic violence.⁵ A key recommendation from working group members (which the Mayor's Office's 2016 New York City Domestic Violence Task Force subsequently reiterated among its recommendations) was the creation of a new, innovative, and trauma-informed abusive partner intervention program.⁶

Working group members likewise identified the need to center survivors' voices in law enforcement interventions. Many domestic violence scholars and advocates have been critical of police and prosecutorial policies that reduce or limit survivor input, particularly when survivors express that they want or need to stay with their abusive partner.⁷ Given the frequency with which survivors of domestic violence remain in contact with abusive partners, the group recognized a need for interventions and resources that improve the safety, health, fiscal stability, and well-being of all parties.⁸

In 2015, the Manhattan District Attorney's Office contracted with the CUNY Institute for State and Local Governance (ISLG) to create a strategic plan for CJII. This strategic planning process supplemented the work of the Domestic Violence Initiative and involved a review of relevant academic research and an extensive listening tour to solicit insight from more than 250 national experts in a number of areas, including domestic violence. Through this process, ISLG identified gaps in abusive partner intervention programming and trauma-informed care for abusive partners engaged in behavioral health services; these findings were similar to the findings and recommendations of the Domestic Violence Initiative. Notably, ISLG also recognized a lack of comprehensive evaluations of these programs. Few formal APIP evaluations exist, and those that do are often limited in scope, focusing exclusively on recidivism and criminal justice involvement. Although important, these metrics do not define success in abusive partner intervention holistically and exclude other significant factors, such as survivor engagement and overall abusive partner behavior change.

Informed by this planning work, and the guidance and experience of experts across the social and public sectors, CJII sought to develop and evaluate a holistic, trauma-informed abusive partner intervention program that provides targeted services to both abusive partners and survivors of IPV.

PRINCIPLES OF TRAUMA-INFORMED PROGRAMMING

In recent years, there has been a growing focus among policymakers and service providers on the impact of trauma on people’s well-being and their future, behaviors and the need to consider this pervasive public health issue in the delivery of effective social services. Studies show a correlation between early exposure to adverse or potentially traumatic experiences and negative long-term outcomes such as poor physical and mental/behavioral health.⁹ Additional effects of trauma exposure during childhood include an increased risk of violence toward peers throughout adolescence and adulthood, as well as substance abuse issues, depression, suicide, and poor health and educational outcomes.¹⁰ Among adults who commit acts of domestic

violence, a disproportionate percentage are survivors of violence themselves, having been exposed to domestic violence and other forms of childhood trauma.¹¹

Trauma-informed programming is designed with an awareness of the prevalence and impact of trauma and the risks of re-traumatization among those engaged in services. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) recommends that trauma-informed programming follow six principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historic, and gender responsiveness.¹²



CREATING CJII'S TRAUMA-INFORMED ABUSIVE PARTNER INTERVENTION PROGRAM

In designing a trauma-informed APIP in New York City, CJII aimed to synthesize the core principles of trauma-informed care with the most promising practices of APIP programs implemented nationally to create a new, innovative program—a program that is trauma-informed, holds abusive partners accountable for their behavior, and promotes sustained behavior change.

Through a competitive solicitation process, the Manhattan DA's Office selected the Urban Resource Institute (URI) to plan and implement a new TI-APIP in Manhattan. For four decades, URI has provided comprehensive, client-centered services to domestic violence survivors and other vulnerable populations. In addition to offering critical safe shelter and emergency services, long-term housing assistance, and wraparound supports to survivors, URI has experience operating a relationship abuse prevention program and a 65-week APIP in Westchester County, New York.

URI conducted an intensive 10-month planning process to design the program. As part of this work, URI regularly consulted with the DA's Office, ISLG, and two leading experts in the field of abusive partner intervention and trauma—Dr. Chris Huffine and Kerry Moles. Dr. Huffine is the executive director of Allies in Change, a Portland, Oregon-based non-profit organization that offers a wide range of counseling services and batterer intervention programs, and is recognized nationally as a leader in the field of abusive partner interventions. Ms. Moles is the executive director of Court Appointed Special Advocates of New York City with over 25 years of experience in child welfare, domestic violence, and youth

development. These national experts assisted URI in adopting the Allies in Change curriculum for the new TI-APIP, developing policies and procedures for the program that reduce re-traumatization and training staff on trauma-informed approaches.



THE “MANHATTAN MODEL” CORE PROGRAM TENETS

In building and testing a new trauma-informed APIP model for abusive partners prosecuted in Manhattan Criminal Court (the “Manhattan Model”), CJII and URI sought to combine the best features of existing APIPs with a trauma-informed approach that would shape all core program practices. For example, like some other abusive partner intervention programs in New York City, the new TI-APIP includes 26 weeks of mandated group counseling. Unlike prior APIPs in the city, the TI-APIP is completely free-of-charge and offers a wide range of voluntary holistic services, including case management, trauma specific counseling services, and wraparound referrals to address other needs, such as job readiness and housing supports. Additionally, the TI-APIP offers ongoing support for those who have completed their mandate but wish to continue their work with the program. Though URI’s program was the first court mandated TI-APIP in New York City, the Mayor’s Office of Criminal Justice launched additional trauma-informed APIPs in early 2021. Other city agencies, including the New York City Administration for Children’s Services, have also launched APIP pilots or demonstration projects over the past several years, and the Mayor’s Office to End Domestic and Gender-Based Violence will soon pilot a new TI-APIP for non-mandated participants.

Below is an overview of the core programmatic tenets of URI’s trauma-informed APIP model, following one year of implementation. During the first year, the TI-APIP pilot tested different aspects of the model, allowing for ongoing analysis and program refinement. The program may continue to evolve over time as more participants are served and new lessons surface.

Referrals and Screening

The TI-APIP is open to individuals who are arraigned on an IPV offense in Manhattan Criminal Court,

although participants are not required to live in Manhattan to participate.¹³ The program receives referrals directly from the court and utilizes a series of screening and assessment tools to complete a risk, threat, clinical, and needs assessment prior to accepting a potential participant into the program.

Throughout the process of planning and implementing the TI-APIP, URI developed a close working relationship with court stakeholders, including leadership from the Manhattan DA’s Office’s Domestic Violence Unit, who typically are the prosecutors on IPV cases that are referred through the court. As a core partner in this initiative, the DA’s Office often initiates referrals to the TI-APIP. This relationship allows TI-APIP staff to problem-solve quickly during the referral process (e.g., discussions on how to proceed if a phone number is disconnected, an individual has an unexpected emergency, or an individual has other treatment needs to arrange prior to starting group), provide faster compliance updates throughout programming, and inform the DA’s Office of any potential safety risks.

As part of the participant screening and intake process, TI-APIP staff identify a participant’s holistic needs (such as an immediate need for substance abuse treatment) and level of access to resources, including: medical/health insurance, transportation, education, housing, employment, and social supports (such as family and friends). Understanding a participant’s long-term and short-term needs helps program staff to reduce potential barriers to engagement, increase survivor safety, and address the underlying reasons for an individual’s abusive behavior. The assessment process is also an important aspect of relationship building. It provides an early and efficient opportunity to build trust and empathy between the participant and the TI-APIP staff.

A Trauma-Informed Program Space

Centrally located in Harlem, the TI-APIP is close to multiple subway and bus lines, providing easy access from communities throughout Manhattan and the surrounding counties. URI selected this location to place programming within an impacted community and increase accessibility beyond the typical concentration of programs in Midtown and Downtown Manhattan. Further, this location provides easy access to the many service providers serving northern Manhattan and the South Bronx.

In consultation with national experts, URI designed a trauma-informed program space that includes natural lighting, large windows, private rooms to allow for confidential conversations with participants, calming artwork, and comfortable furniture. URI likewise built common areas where participants can socialize and gather, eat program-provided food, and access computers to search for jobs, write resumes, and apply for benefits. TI-APIP staff quickly learned that the trauma-informed common areas help participants feel more comfortable in the program space, invite individuals to engage in wraparound services, and provide a safe space for participants to socialize outside of the group programming room.

Group-Based Work

Groups are a core component of the TI-APIP design. Utilizing a group-based model allows participants to build a community and hold each other accountable during programming. The groups operate on an open enrollment model, with participants able to join a group at any time after their intake and assessment. Each of the 26 mandated sessions is two hours long, and each group is capped at 12 participants, although the program aims for a group size of 8-10 individuals. Group facilitators use URI's trauma-informed curriculum (adapted from Allies in Change) that has five major components (see sidebar).

Through guided group discussions, participants learn skills to evaluate their choices and develop accountability for their actions by reflecting upon learned behaviors, life stressors, the regulation of emotions, family and interpersonal dynamics, and the impacts of trauma. The TI-APIP created clear and transparent expectations and policies for participants surrounding group attendance and program requirements, which enhance accountability and ensure that participants know what is expected of them from the beginning of the program.

Even with attendance and participation expectations in place, scheduling conflicts arise often in groups. The program embraces a trauma-informed reporting approach to provide some flexibility for participants, who may encounter transportation issues and/or other conflicts that prevent them from attending their scheduled group meetings. Therefore, although staff report all missed sessions to the court, the TI-APIP has some discretion in determining when to write a formal non-compliance report.

When absences or lateness do occur, participants meet privately with the program staff to understand the reason for the attendance issue and address barriers to participation. Typically, if a session is missed for a documented reason (e.g., a court date, an emergency medical appointment, a change in employment schedule), TI-APIP staff and the participant work to find an agreeable solution. However, when absences are recurrent and/or unexcused, and problem-solving has been unsuccessful in addressing the behavior, the TI-APIP will submit a formal non-compliance report to the court. This trauma-informed practice helps to build trust and develop clear expectations between participants and program staff. To further reduce barriers surrounding travel, the TI-APIP offers MetroCards to participants to ensure they can attend all mandated sessions.

TI-APIP Curriculum Facilitation Components

The TI-APIP group sessions are structured to include several or all of the following components, which are based on the Allies in Change curriculum.¹⁴ Together, these components allow for self-reflection, accountability, and knowledge-building:

“Welcoming”: A welcoming period allows for staggered/flexible arrival times to the program. The welcome period includes non-structured time for participants to discuss general information with facilitators, grab a cup of coffee, enjoy a small snack, and greet each other, with the aim of promoting relationship-building and dialogue. Participants additionally use this time to submit journal entries and solicit initial feedback from staff. Lastly, this time provides an opportunity for participants to advise staff of any outside issues they’d like to discuss following the group.

“Checking in”: A second component of the weekly TI-APIP is a formal check-in process. Facilitators ask participants to complete a TI-APIP check-in board, which consists of prompts to self-disclose any occurrences such as abusive or at-risk behavior, significant life changes, survivor contact, and other life stressors. This process prompts discussions around challenges that the participants are facing in their daily lives, opportunities to practice (or positively reinforce) nonviolence/non-abusive behavior, and discuss larger systemic issues.

“Journal Sharing”: Participants are invited to share experiences described in their journal activities that were submitted during the welcoming period. Typically, this component follows the “Checking in” period. Participants are invited to share their journal with the group, after which peers and facilitators provide feedback.

“Didactic Presentations”: Sessions typically include presentations of didactic materials from the curriculum. Facilitators choose two to three lessons of didactic content each week and present the information to participants as time allows; topics vary in length and complexity. Facilitators may additionally select topics based on issues that arise during the “Checking in” and “Journal Sharing” components.

“Self-Awareness Exercises”: Each group session ends with various activities and opportunities for self and group reflection. This time helps to promote change and reinforce learning by inviting participants to further engage in their individualized journey towards becoming nonviolent.

Strong and Caring Relationships

TI-APIP staff employ intensive engagement strategies to maintain regular contact with participants, build relationships, and ensure that participants receive wraparound supports to meet their basic needs. The program works deliberately to engage participants in programming while helping them see that they are valued and cared for as individuals. Program staff regularly have conversations with participants after official program hours, sort out participants' housing and primary needs, participate in daily check-ins, and provide warm meals—efforts that directly build trust with participants and lead to better engagement in the program. By building upon a foundation of strong relationships, the program's engagement strategy allows participants to be vulnerable and, thus, progress in their work to

become nonviolent. Further, the level of trust between staff and participants means that the relationship between the program and the participant is less likely to be harmed when the provider holds the participant accountable (e.g., reporting absences or concerns around safety).

Wraparound Services

Understanding and addressing trauma are at the forefront of the TI-APIP approach, and staff must continually find a balance between promoting participant accountability and supporting those who have experienced—and may continue to experience—an incredible amount of trauma. Life stressors or new traumatic events can have a particularly strong impact on those with histories of trauma. Participants can find themselves struggling to connect and stay focused in the



program, or they may prioritize other acute and concrete needs (e.g., food and shelter) over program participation. Individuals with pre-existing behavioral health conditions may have a much harder time coping with these stressors, which can severely limit their ability to engage fully in the TI-APIP.

In addition to the group setting, the TI-APIP offers optional individualized trauma-specific services (such as therapy) in-house for participants who wish to more directly address their untreated trauma. Those who opt into the voluntary trauma services are enrolled in short-term individual counseling that seeks to reduce the impact of trauma on the participant. TI-APIP staff select and utilize the clinical treatment approach(es) that best serve the participant's individual needs (e.g., relational therapy, narrative therapy, cognitive behavioral therapy). Almost all TI-APIP participants have articulated extensive trauma histories, and many have utilized these free trauma-specific services.

All participants are likewise encouraged to engage in ongoing case management, which helps program staff respond to each participant's basic living needs. Case management links individuals to services that address financial, educational, and housing goals, as well as emotional, spiritual, physical, and social supports. Most participants utilize the wraparound supports in some form, indicating that there is a need for and interest in voluntary support services alongside mandated APIP programming.

Wraparound supports provided by the TI-APIP do not end when participants complete their mandates to the program. In an effort to support ongoing success, the TI-APIP offers cost-free, wraparound services after the program has ended and encourages participants to continue engaging in the group voluntarily. The program is currently developing a more formal voluntarily aftercare program component based on best and promising

practices in the field and feedback from participants who are engaged in voluntary services. In an aftercare program, former TI-APIP participants could come together to celebrate successes and discuss new or ongoing challenges they have encountered, supporting one another after the end of the formal program. The TI-APIP likewise plans to incorporate a peer support component, in which a select group of graduates will serve as mentors to current participants and co-facilitate groups in partnership with TI-APIP staff.

Survivor Engagement

The safety of IPV survivors and their children remains a top priority of this initiative. Coordinated communication between the TI-APIP and court stakeholders, as well as established protocols for reporting non-compliance and breaches in orders of protection, ensure that safety concerns are addressed swiftly and that law enforcement is informed immediately of risks to a survivor's or family's well-being. Accordingly, URI developed a survey to understand the survivor's perspective on the abusive partner's ongoing behavior, incorporating the survivor's voice into the program's approach to accountability.

Research shows that survivors of domestic violence are at increased risk of chronic poverty, homelessness, underemployment, illness, and other forms of victimization.¹⁵ In response, the TI-APIP and Victim Advocates from the Manhattan DA's Witness Aid Services Unit work together to ensure survivors are connected with a wide range of resources and remain safe. Survivors have immediate access to counseling, safety planning, legal services, referrals to shelters, advocacy for government benefits, and workforce development programming. These offered services are voluntary, and survivors have agency to determine when, if, and to what extent they would like to remain in contact with the program.

TI-APIP DURING COVID-19

To ensure the safety of staff, participants, and their families, URI shifted to remote programming during the COVID-19 pandemic. In the early stages of the pandemic, URI conducted programming and check-ins by phone, but quickly shifted to video conferencing, particularly for group sessions. Although URI encountered challenges with transitioning the group onto a videoconference platform, URI worked closely with participants to maintain engagement and reduce barriers to participation, including purchasing emergency phones for participants who did not have technology to participate in remote sessions. Through its strong relationships with participants and the holistic wraparound approach, TI-APIP staff successfully maintained services and prevented any participant drop-off during the pandemic. URI provided additional support to participants through individualized remote case management, coaching, and therapy sessions, which took place at least once a week for many participants. This regular contact with participants helped staff quickly address acute safety issues and keep survivors and abusive partners safe from harm.

New participants referred to the TI-APIP during the pandemic completed their intake and assessment appointments through videoconference. Using technology in this way has allowed URI to assess new participants for eligibility and need, begin engagement and outreach, and assist participants in addressing barriers to access.

During the TI-APIP group sessions, facilitators hold space to acknowledge participants' trauma while continuing to focus on accountability. Major events in 2020 such as the protests against police violence and the COVID-19 pandemic were particularly salient to participants in the TI-APIP. Many experienced anger, isolation, food insecurity, and an increased risk of (or ongoing) homelessness; many lost friends, family, and neighbors to COVID-19; and many more worried about the health and safety of their loved ones. Participants shared their own experiences of powerlessness and drew connections between these experiences and times that they themselves held "power over" their partners in the context of IPV.



EVALUATION

To test the efficacy of the TI-APIP model, CJII is funding a process and outcome evaluation of the program. Through a competitive solicitation process, CJII selected the Urban Institute (“Urban”), a nationally recognized research institution, as the evaluator. Urban will produce a preliminary evaluation report in the summer of 2022, with final results expected in early 2023.

The TI-APIP evaluation will provide many rich and detailed lessons about this new Manhattan Model for trauma-informed APIP services. Unlike traditional APIP evaluations, which often measure success based solely upon recidivism rates, the TI-APIP evaluation is broader in scope. The evaluation plans to assess the program’s impact

by **1)** analyzing participants’ criminal justice outcomes, including re-arrests, re-convictions, and jail bookings compared to similar non-participants, and **2)** through additional data collection, measuring emotional and behavioral shifts in participants, including their motivation to change, attitudes, and behaviors. In funding this study, CJII aims to fill a gap in the field of APIP evaluations, which, as noted above, have typically focused on criminal justice outcomes and not behavioral and attitudinal changes that may not be apparent in administrative data.

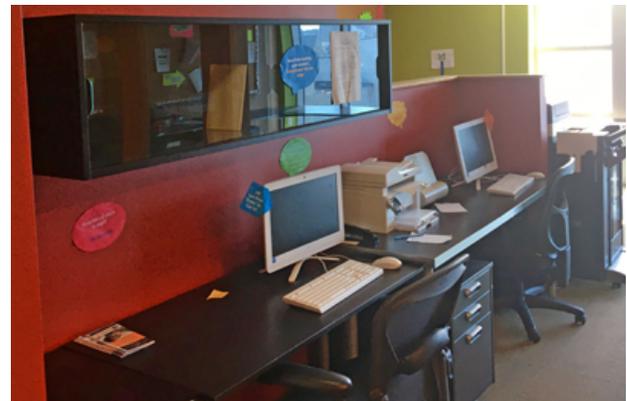
Future communications from CJII will document the TI-APIP’s progress and impact over time, including results of the process and outcome evaluation.

POLICY RECOMMENDATIONS

After one year of implementation, CJII and URI have learned a great deal about designing trauma-informed programming and effectively serving abusive partners toward the goal of sustained behavioral change. Although more will certainly be learned, including through the Urban Institute’s evaluation, CJII has several early policy recommendations based on the experience of planning and implementing the TI-APIP pilot to date.

Incorporate Trauma-Informed Principles into APIP Designs and Utilize Tailored, Trauma-Specific Interventions

In order to fully engage abusive partners, new and existing APIP programs must incorporate trauma-informed principles into all aspects of their design. APIP providers should review and update program policies, office space, and staff supervision to ensure that trauma-informed principles are fully reflected in APIP programs. This may include providing staff training and technical assistance resources, capital



improvements to program buildings and spaces, and policies/expectations relating to participant attendance, referrals, and eligibility.

Further, given the prevalence of trauma, particularly complex trauma, among abusive partners, it is critical that the TI-APIP address this trauma through the structure and design of its broader programming, as well as within the APIP group itself. Programs should consider the following:

- Provide an ongoing, comprehensive assessment to understand a participant's concrete needs, behavioral health histories, risk/threat, and trauma histories (including symptomology).
- Develop a diverse referral network to support the program in meeting these needs.
- Directly address the impact of trauma on the participant through individualized trauma-specific services. Consider building in-house capacity for trauma-specific therapeutic work. When this is not possible, or if the in-house capacity cannot meet the program's overall needs, develop a referral linkage with an outside provider that specializes in treating trauma among those who cause harm.
- Consider how trauma presents within the APIP group context and develop a strategy for addressing it based on the resources available to the program.

Reduce Barriers to Accessing Services and Provide Comprehensive Wraparound Supports

Organizations can take concrete steps to facilitate involvement in programming and reduce the many complicated barriers that prevent participants from fully accessing and remaining engaged in services. First, programming should be offered at no cost to the participants. Many existing APIPs charge a fee for participation, which can be an insurmountable barrier for individuals who could otherwise benefit from the program. By waiving this fee, Manhattan's TI-APIP ensures that lower-income abusive partners can access services that may help them become nonviolent without putting them at risk of other negative outcomes, including homelessness, food insecurity, program disengagement, and possible re-arrest if the fee cannot be met.

Second, programs should be funded sufficiently to offer concrete, wraparound resources to participants to address basic needs and further limit the impact of poverty on engagement. Examples from the URI TI-APIP include the



provision of MetroCards for program travel, in-house case management services, and the availability of food during groups and individual sessions (including drop-ins).

Incorporate the Survivor's Voice into APIP Programming

Work with abusive partners must be grounded in the safety of survivors and their family. Although many abusive partners who are mandated to APIP programming are no longer intimately involved with the survivor of their abuse—and may even have active orders of protection against them—it is not uncommon for relationships between abusive partners and survivors to be ongoing. In some cases, an intimate relationship may continue beyond the arrest; in others, the survivor and abusive partner's relationship may continue through coparenting or ongoing community ties. For these reasons, APIPs should be responsive to both the survivor's safety and experience and the abusive partner's needs and antiviolence efforts.

Connections between the survivor and the APIP can offer several benefits to the survivor, the program, and the abusive partner. When it is safe and with the consent of both the survivor and abusive partner, the APIP sometimes includes survivors in the accountability process. The connection can also serve as another point of access for a survivor in crisis: if a crisis occurs, the APIP can link the survivor to services or contact the appropriate parties if there is a safety concern.

CLOSING

CJII hopes that the basic program tenets of the Manhattan Model TI-APIP pilot and early policy recommendations set forth in this brief after one year of implementation will help funders and service providers to implement trauma-informed programming and design APIP models that promote long-term behavior change, enhance accountability, address trauma, and support survivors. The Manhattan District Attorney's Office is strongly committed to its work supporting survivors of domestic violence and their families and believes that more effective abusive partner intervention programs—and

improving the field of abusive partner intervention more broadly—will ultimately keep our homes and communities safer. This ongoing work, including its evaluation, aims to:

- Increase the field's understanding of what works to change behavior and end violence by abusive partners;
- Improve abusive partner intervention services by incorporating trauma-informed approaches; and
- Begin to make an impact on the persistent public health challenge of domestic violence in our communities.

ABOUT CJII

Manhattan District Attorney Cyrus R. Vance, Jr. established the Criminal Justice Investment Initiative (CJII) in 2014 to invest \$250 million seized in international financial crime prosecutions to strengthen and support communities in New York City. Guided by the principle of prevention as a cornerstone of a 21st century crime-fighting strategy, CJII invests in efforts that cut across systems to increase public safety and promote a fair and efficient justice system. CJII has invested in projects that address individuals, families, and communities affected by poverty, trauma, and the criminal justice system. To date, CJII funds have supported more than 25,000 people across New York City and New York State through the initiative's 50+ grantee programs. The Manhattan District Attorney's Office selected the City University of New York Institute for State and Local Governance (ISLG) through a competitive process to serve as the technical assistance consultant on CJII. ISLG provides recommendations on investment strategies to the District Attorney's Office, manages the solicitation and contracting process, provides guidance and oversight to award recipients, and conducts performance measurement throughout the initiative.

ENDNOTES

- 1 Domestic violence refers to violence (e.g., physical, emotional, sexual) between family members. Intimate partner violence is a type of domestic violence that exists within an intimate, or romantic, relationship.
- 2 The first batterer intervention programs were EMERGE (<http://www.emergedv.com/>) and Domestic Abuse Intervention Programs (<http://www.theduluthmodel.org/index.htm>). L. Feder, D.B. Wilson, and S. Austin, *Court-Mandated Interventions for Individuals Convicted of Domestic Violence*, *Campbell Systematic Reviews* 2008:12; L. Salcido Carter, *Batterer Intervention: Doing the Work and Measuring the Progress - A report on the December 2009 Experts Roundtable*, Family Violence Prevention Fund and National Institute of Justice, 2010; L. Feder and L. Dugan, "A Test of the Efficacy of Court-Mandated Counseling for Domestic Violence Offenders: the Broward Experiment," *Justice Quarterly*, 19 (2), (June 2002), 343-375; S. Jackson, L. Feder, D.R. Forde, R.C. Davis, C.D. Maxwell, and B.G. Taylor, *Batterer Intervention Programs. Where Do We Go From Here? Special Report*, National Institute of Justice, June 2003; A. Klein, *Practical Applications of Current Domestic Violence Research*, NIJ Special Report, U.S. Department of Justice, June 2009; E. Schneider, *Battered Women and Feminist Lawmaking*, Yale University Press: New Haven, 2000; E. Stark, *Coercive Control: How Men Entrap Women in Personal Life*, New York: Oxford University Press, 2007; C.E. Jordan, "Intimate Partner Violence and the Justice System: An Examination of the Interface," *Journal of Interpersonal Violence*, 19 (2004), 1412-1434; M.P. Koss, "Blame, Shame, and Community: Justice Responses to Violence Against Women," *American Psychologist* 55 (2000), 1332-1343.
- 3 S. Bocko, C. Cicchetti, L. Lempicki, and A. Powell, *Restraining Order Violators, Corrective Programming and Recidivism*, Boston, MA: Office of the Commissioner of Probation, November 2004; C. Eckhardt, *Stages and Processes of Change and Associated Treatment Outcomes in Partner Assaultive Men*, Final Report for National Institute of Justice, August 2003; L. Bennett, C. Stoops, C. Call, and H. Flett, "Program Completion and Re-Arrest in a Batterer Intervention System," *Research on Social Work Practice*, 17 (42) (2007): 42-54. L. Feder and L. Dugan, *Testing a Court-Mandated Treatment Program for Domestic Violence Offenders: The Broward Experiment*, Final report for National Institute of Justice, 2004.
- 4 S.L. Bloom, and B. Farragher, *Restoring Sanctuary: A New Operating System for Trauma-Informed Systems of Care*, OUP USA, 2013; M.E. Harris, and R.D. Fallot, *Using Trauma Theory to Design Service Systems*, San Francisco, CA: Jossey-Bass, 2001.
- 5 L. Feder, D.B. Wilson, and S. Austin, "Court-Mandated Interventions for Individuals Convicted of Domestic Violence," *Campbell Systematic Reviews* 2008:12; L. Salcido Carter, *Batterer Intervention: Doing the Work and Measuring the Progress - A report on the December 2009 Experts Roundtable*, Family Violence Prevention Fund and National Institute of Justice, 2010; L. Feder and L. Dugan, "A Test of the Efficacy of Court-Mandated Counseling for Domestic Violence Offenders: the Broward Experiment," *Justice Quarterly*, 19 (2), (June 2002), 343-375; S. Jackson, L. Feder, D.R. Forde, R.C. Davis, C.D. Maxwell, and B.G. Taylor, *Batterer Intervention Programs: Where Do We Go From Here? Special Report*, National Institute of Justice, June 2003; A. Klein, *Practical Applications of Current Domestic Violence Research*, NIJ Special Report, U.S. Department of Justice, June 2009; E. Schneider, *Battered Women and Feminist Lawmaking*, Yale University Press: New Haven, 2000; E. Stark, *Coercive Control: How Men Entrap Women in Personal Life*, New York: Oxford University Press, 2007; C.E. Jordan, "Intimate Partner Violence and the Justice System: An Examination of the Interface," *Journal of Interpersonal Violence*, 19 (2004), 1412-1434; M.P. Koss, "Blame, Shame, and Community: Justice Responses to Violence Against Women," *American Psychologist*, 55 (2000), 1332-1343; J. Davies, *Advocacy Beyond Leaving: Helping Battered Women in Contact with Current or Former Partners*, National Resource Center on Domestic Violence and Family Violence Prevention Fund, 2009; and N. Hawkins, 2010.
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ENDNOTES CONTINUED

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