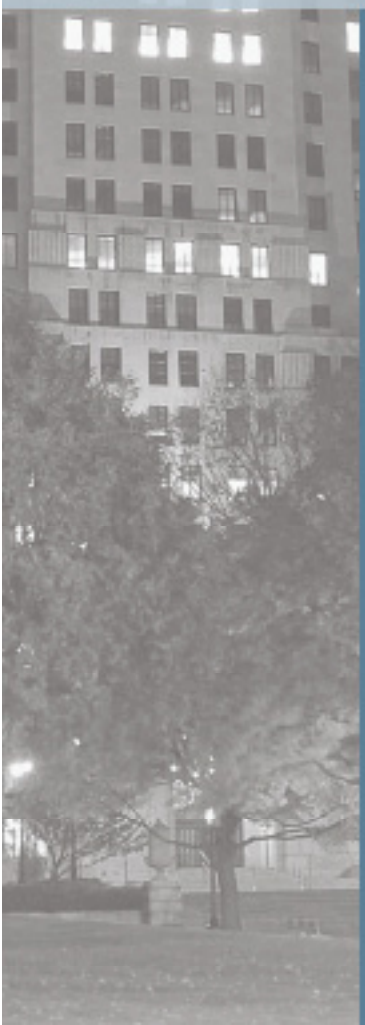
Report on Public Hearings on Accountability Programs for Those Who Cause Harm



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NEW YORK STATE

Office for the Prevention of Domestic Violence

Introduction

In June 2021, the Office for the Prevention of Domestic Violence (OPDV) hosted two public hearings on the topic of accountability programs for those who cause harm, also known as batterer accountability programs or batterer intervention programs. Through these hearings, OPDV sought to gather information on accountability for people who harm their intimate partners and to hear perspectives about the role of New York State in providing oversight to accountability programs.

OPDV acknowledges the historical significance and, at times, harmfulness of the traditional criminal justice approach to accountability, and that most people who choose to cause harm may never interact with law enforcement. Historically, traditional law enforcement responses have disproportionately affected people from marginalized communities, especially people who are Black, Indigenous, and People of Color (BIPOC). Unfortunately, this disproportionate impact has often not yielded greater protection or safety for such communities. OPDV commits to proposing culturally responsive solutions throughout all of its accountability work. As this work progresses, OPDV will consistently solicit feedback and partnership from BIPOC communities. This work will include direct engagement with such communities to identify community-based solutions that extend beyond measures currently offered by the criminal justice system.

In advance of the public hearings, OPDV invited testimony from legal professionals, experts in the field, officials in the criminal justice system, organizations conducting related work, and domestic violence advocacy organizations, among others, accepting participation from all who submitted written testimony. In total, OPDV received testimony from 20 individuals or organizations. The following report presents this testimony, offers a historical overview of the evolution of the dominant philosophies guiding batterer intervention and accountability programs, and relates some of the history of New York State's work relative to such programs.

Theories of Batterer Intervention and Accountability Programs: An Evolution

Since the emergence of the first batterer intervention programs in the 1970s, the field has witnessed several shifts in the dominant philosophies guiding best practices of batter intervention and accountability programs. Initially seeking to rehabilitate abusive partners through processes like anger management courses or substance abuse treatment, the field has since shifted to focusing on offering measurable mechanisms of accountability and judicial monitoring, given that research has not provided evidence that individual rehabilitation can be an attainable goal for batterer programs.

Created in 1981 by the Duluth Domestic Abuse Intervention Project, the Duluth Model became the first model widely employed by batterer intervention programs across the country. Inextricably grounded in a coordinated community response effort, the model-paired psycho-educational strategies with the long-utilized social casework framework.[1] Known for developing the "power and control wheel," the program maintained that

1 John R. Barner and Michelle Mohr Carney, "Interventions for Intimate Partner Violence: A Historical Review," *Journal of Family Violence* 26 (2011): 235-244, 237.

domestic violence is based in patriarchal socialization, rather than individualized factors like anger management failure or substance use.[2] Within its program, the Duluth Model challenged abusive partners' beliefs surrounding power and control of their partners through consciousness-raising techniques.[3] Though the Duluth Model is still used by some today, the field also witnessed a shift towards more perpetrator-centered interventions in the 1980s.[4]

Rising shortly after the inception of the Duluth Model, an approach centered in individualized problem-solving became another batterer intervention and accountability program strategy. Sometimes offered as a complement to Duluth Model methods, such programs similarly employ a gender analysis of domestic violence and generally include anti-abuse education.[5] However, they also utilize an individualized psychoeducational approach, wherein group facilitators engage the men in exploration of the attitudes that dispose them to violence, and attempt to foster a sense of respect toward and among the men.[6] Advocates of this method argue that this approach mitigates participants' resistance to the work of the program.[7]

Though sometimes offered in conjunction with the Duluth Model, clinical interventions based in cognitive behavioral therapy (CBT) rose in parallel popularity with the late 80s-shift towards perpetrator-centered interventions. Though many in the field debate the key distinctions between the psychoeducational Duluth Model and the cognitive behavioral therapy-based intervention, Barner and Carney describe the key point of distinction as lying within the models' perceptions of perpetrator attitudes.[8] While the Duluth Model —informed by feminist perspectives— regards domestic violence as a socially-reinforced choice, the CBT model considers the violence to be a personal predisposition.[9] Advocates of CBT interventions believe domestic violence can be mitigated through skills training and anger management techniques.[10]

In the early 2000s, critics of the Duluth Model emphasized that despite claiming to instigate psychotherapeutic and behavioral change, the model does not employ a therapeutic methodology, often regarded as a necessity for initiating such change.[11] Others have stressed the Duluth Model, created through a "statistically insignificant culturally- and gender-biased sample of IPV perpetrators," is thus limited as such.[12] Previous studies of both the Duluth Model and interventions based in CBT have reported no significant differences in their results.[13]

Other, "activist-oriented" programs have pivoted treatment away from the individualized

2 Barner and Carney, 237.
3 Barner and Carney, 237.
4 Barner and Carney, 239.
5 Edward W. Gondolf, *Gender-Based Perspectives on Batterer Programs* (London: Rowman & Littlefield, 2015), 29.
6 Gondolf, 29.
7 Gondolf, 29
8 Barner and Carney, "Interventions for Intimate Partner Violence," 240.
9 Barner and Carney, 240.
10 Barner and Carney, 238.
11 Barner and Carney, 240.
12 Barner and Carney, 240.
13 Barner and Carney, 240.

approach, turning instead towards a community change approach anchored in social justice practice. Though these programs still utilize an educational component and engage those who cause harm in self-reflection-driven discussions aimed at changing their attitudes and actions, they aim to not only change the behavior of such individuals, but to shape them into agents of change in their communities. Critics of such programs highlight worries that only a very small portion of offenders will go through these programs, thus limiting the potential for community change.[14]

Most recently, programs based in restorative justice practices have begun to emerge in the field. Generally centered on facilitated dialogue between victims, offenders, and the surrounding communities, restorative justice practices seek to repair harm caused by offenders' actions, rather than simply punish the offenders. Though there is great controversy regarding the use of these programs and practices with perpetrators of intimate partner and domestic violence, thus far there has been no evidence to indicate their outcomes differ for better or worse from those of other batterer intervention programs.[15]

Despite several decades of their use in the field and many iterations among the methods and practices they employ, there remains a dearth of research on the efficacy of batterer intervention programs. None have been shown to be highly effective at reducing future violence and comparative studies have yielded little variation in relative outcomes.

New York State and Abusive Partner Accountability and Intervention Programs

New York State has long done work related to batterer accountability and intervention programs. Chapter 411 of the Laws of 1988 established the New York State Batterers Intervention Project (Project). While operating, the Project was intended to serve as the batterer intervention component of a coordinated community response to domestic violence, designed to hold abusive partmers accountable. The Project was first funded at five different sites in New York City, Erie County, Onondaga County, Rockland County, and Tioga County. Originally administered by the New York State Division of Probation and Correctional Alternatives (DPCA), administrative responsibility for implementation of the Project was transferred to OPDV upon its formal establishment as an executive agency in 1992.

In accordance with the provisions of Chapter 411 of the Laws of 1988, OPDV was responsible for evaluation of the New York State Batterers Intervention Project. While the Project was in operation, the goal of OPDV's evaluative role was to study the extent to which the five batterers' education programs served as an effective referral option for the criminal justice system as one part of a continuum of intervention services within a community. OPDV conducted their first evaluation of the programs in 1992.

Over the years, OPDV funded pilot projects through several rounds of competitive

14 Gondolf, *Gender-Based Perspectives on Batterer Programs,* 91.
15 Linda G. Mills, Briana Barocas, and Barak Ariel, "The next generation of court-mandated domestic violence treatment comparison study of batterer intervention and restorative justice programs," *Journal of Experimental Criminology* 9 (2012): 6-90.

procurements. RFPs were issued, and programs applied for funding. In 2008/2009, in the throes of a national recession, the Legislature did not appropriate the funds for the grants, and the contracts had to be nullified. Since that time, such funding has not been appropriated, so OPDV funding of batterer intervention projects has not been restored.

After 2009, OPDV reduced its direct work with batterer intervention and accountability programs, contending that the use of consistent probationary supervision and other criminal justice sanctions best achieves offender accountability, rather than mandates to batterer programs.

However, as courts and communities continued utilizing batterer intervention and accountability programs throughout the state, many organizations sought guidance on determining whether their local abusive partner programs were using best practices. OPDV responded to these requests with publication of the New York State Guidelines for Abusive Partner Intervention Programs, in 2017. These guidelines are designed to be useful to judges, probation departments, and others who seek to refer domestic violence offenders to such programs.

In 2020, the need for offender accountability and intervention programs was once again brought to the fore as a recommendation from the COVID-19 Domestic Violence Task Force. Convened in the wake of a spike in domestic violence during the COVID-19 pandemic, the Task Force was charged with finding innovative solutions to address the impact of the pandemic on domestic violence survivors. In its final report, the Task Force stressed a need for greater support for offender accountability, recommending that OPDV exercise its oversight authority for abusive partner intervention programs in the State and highlighting the need for prevention initiatives.

In response to this directive, OPDV convened a workgroup on the topic of accountability programs for those who cause harm. Composed of representatives from domestic violence programs, batterer intervention programs, and relevant state agencies, the workgroup collaborated throughout the year to share insights and build proposals centered on accountability for those who harm their intimate partners. Through its final proposals presented to OPDV, the workgroup emphasized the importance of fostering accountability efforts that are community-based, culturally-responsive, and survivor-centered, imploring the State to take proactive steps towards advancing these efforts. The workgroup urged the State to take a principal role in creating a framework of guiding principles for community engagement and prevention work, conducting an assessment of existing programs, creating a toolkit for programs, and providing seed funding for a select number of community-based programs in a pilot cohort to assess their impact.

Striving to gain insights and expertise from a broad, diverse range of relevant voices from disparate fields, backgrounds, and experiences, OPDV followed the workgroup's closing with the series of public hearings presented in this report. OPDV intended for the public hearings to serve as a forum for gathering information regarding best practices in providing accountability for people who harm their intimate partners and opinions on what the State of New York should be doing to provide oversight to such programs.

In the call for testimony, OPDV asked for response to nine questions:

1. Should New York State have guidelines (standards) for programs providing accountability for those who harm their intimate partners?
2. Should New York State license, certify, and/or regulate accountability programs for persons who harm their intimate partners? All? Some? If so, which ones?
3. What are the key components of an effective accountability program for persons who cause harm?
4. Should there be different requirements for programs receiving court-referred participants than for programs taking only voluntary participants? What should those requirements be?
5. What would accountability that does not involve the criminal or civil court system look like?
6. How should "success" be measured for programs for those who harm?
7. Should such programs be limited to one gender, or should all genders be addressed together? Are there different dynamics?
8. To what extent should programming be uniform, or should there be a range of acceptable options that may be chosen by programs for use?
9. In what ways can/should programming be culturally-responsive and trauma-informed?

What We Heard

Though the testimony generated productive discussion and valuable insights, it yielded limited consensus regarding the questions posed by OPDV. Overall, however, respondents widely affirmed the importance of prioritizing survivor safety and fostering accountability efforts that are community-based, culturally-responsive, and survivor-centered.

In response to OPDV's inquiry as to whether New York State should have guidelines for programs providing accountability for those who harmed their intimate partners, only eight of the twenty testimonies offered a direct response. All eight of those who provided a direct response supported State guidelines for such programs. None of the testimony expressed a direct rejection of the creation of State guidelines. However, responses to the question about standards, licensing, or certification indicated lack of a perceived need for these, as opposed to "guidelines."

Several public hearing participants expressed, however, the need for further, more extensive, research on the efficacy of these programs –and the specific strategies they may employ– prior to embarking on guideline creation. The testimony stressed that any guidelines established and endorsed by the State must be evidenced-based. Some testimony also emphasized the need for guidelines to emphasize the safety of those harmed. Additionally, several public hearing participants stressed that any guidelines created should be utilized to ensure such programs' accountability to survivors via domestic violence programs and the state coalition.

Despite a diverse range of responses to the questions posed by OPDV, the insights offered in the testimony did present several consistent themes.

- **Lack of research regarding effectiveness of such programs**

  Many of those who testified raised concern over the lack of research on these programs, and which –if any– of the specific strategies and methods they employ reduce recidivism and future violence amongst participants. Domestic violence advocates and criminal justice professionals alike emphasized the difficulty of this reality and the complications it poses on the potential creation of guidelines.

- **Such programs should never be presented, or thought of, as a "cure"**

  Many of those who offered testimony also stressed the importance of batterer accountability and intervention programs never presenting themselves as a cure, but rather as simply one part of a coordinated community response.

- **Safety of victims should always be the number one priority for programs**

  If the State does choose to pursue the creation of guidelines for such programs, however, participants in the public hearings emphasized that they should always prioritize the safety of those harmed. As one means of ensuring this outcome, those who testified stressed that any efforts to make guidelines should directly involve the voices of survivors, as well as the New York State Coalition Against Domestic Violence (NYSCADV), and their member domestic violence programs.

- **Need for accountability beyond the court system**

  Though OPDV recognizes the critical roles that traditional intervention programs and the criminal justice system have played in efforts to foster accountability and safety for survivors, in recent years the need to expand opportunities for accountability beyond the criminal justice system has become increasingly apparent. Not only is it understood that most people who choose to cause harm may never interact with these systems, but Black, Brown, Indigenous, and other marginalized communities' experiences of disproportionate rates of policing and criminalization have highlighted the need for alternative methods of accountability and justice. Several public hearing participants underscored this need for extending accountability efforts beyond traditional mechanisms via the court system and abusive partner intervention programs, and towards a reimagining of more robust means of community accountability. Public hearing participants also advocated for fostering a process of accountability that is enforced, supported, and upheld by the communities affected by an abuser's violence.

Survivor Testimony

OPDV is grateful for the participation of several survivors during the June public hearings. Their testimony offers invaluable insights into the realities of navigating systems and seeking help in New York State.

All survivors who participated emphasized the importance of considering and prioritizing the safety and wellbeing of their children and the children of all survivors. Reiterating that there is no evidence to suggest that program duration has an effect on recidivism rates and stressing that these programs should serve chiefly as mechanisms of accountability, one survivor supported mandating abusive partners to lengthy programs in order to maximize the duration of judicial monitoring and supervised-only access to children. She urged the State to consider mandating abusive partners' completion of 12-month-long programs as a precondition to unsupervised access to their children.

Though not speaking as directly to accountability programs, the other participating survivors shared their experiences with the judicial and legal systems, describing the failure of the courts to hold their abusive partners accountable and recounting the many ways in which the systems are instead capable of inflicting further harm and trauma, both through their weaponization by abusive partners, and through perceived negligence and lack of understanding about domestic violence among those who work within them.

Next Steps

Although OPDV recognizes the critical roles that traditional intervention programs and the criminal justice system have played in efforts to foster accountability and safety for survivors, in recent years the need to expand opportunities for accountability beyond the criminal justice system has become increasingly apparent. Not only is it understood that most people who choose to cause harm may never interact with these systems, but marginalized communities' experiences of disproportionate rates of policing and criminalization has highlighted a need for alternative methods of accountability and justice.

While pursuing such alternative methods of accountability, OPDV will be drawing on the insights and knowledge gained from these public hearings to inform statewide policy and programs. OPDV recognizes that fostering truly survivor-centered, trauma-informed, and culturally-relevant systems of accountability in New York State requires long-term collaboration and innovation. Through facilitating spaces for sharing expertise, experience, and insight across disciplines, OPDV is laying the foundation to work towards this goal.

Working with sister State agencies, advocacy organizations, the court system, and others, OPDV will engage in work on the following issues, informed by what has been learned through the COVID-19 and Domestic Violence Task Force, the Accountability Working Group, and the public hearings:

- Surveying courts, probation departments, advocacy organizations and accountability programs to identify which programs exist in each county and how they are used within those counties
- Identifying each program's theoretical foundations and practices, including, but not limited to, acceptance of non-court mandated participants, length of program, costs to participants, and actions taken for non-attendance
- Continuing to identify best practices being used by programs around the state
- Working to create consistency throughout the state for accountability programs that receive court-mandated participants by creating guidelines for how such programs should operate, while still providing space for the differing approaches currently in use, so long as those approaches are consistently using best practices
- Enhancing collaborations with local probation departments and the State Office of Probation and Correctional Alternatives regarding use of programs as conditions of probation and how people on probation are monitored regarding program participation and progress
- Working with communities to identify and support the creation of community accountability options –outside of traditional court-mandated programs– which are centered on community ethics and beliefs and led by members of those communities
- Creating methods for studying such community accountability options and evaluating ways to replicate or adapt those programs for other communities
- Seeking to identify potential funding streams to support accountability programs in their work

Through every aspect of this work, OPDV will always seek to ensure that programs, whether offering traditional or alternative methods of accountability for domestic violence offenders, keep survivor safety at the forefront of the work they do and operate in ways that do no further harm to survivors and their children.

OPDV is grateful for the dedication of all who submitted testimony to these public hearings, and to all those working to support domestic violence victims and survivors across the state. We look forward to continuing this necessary work with such committed community partners in the future.

Attached Testimony

Please note: Minor edits were made to the following testimony for clarity. Individuals named in the testimony were redacted for privacy.

NEW YORK STATE | Office for the Prevention of Domestic Violence

Testimony

Francesca Amato

Hi my name is Francesca Amato and I am the owner and founder of the nonprofit 501(c) 4 Punished 4 Protecting Inc. and the best-selling author of the book “Punished 4 Protecting: The Injustice System of Family Court” a book I wrote based on my own experiences at the _____ county family court about Judge _____ and his continual harm against my son and I.

We are solutions based and have an amazing team of experts

NYS needs our group and to not only

Listen to what we have to say but begin to implement what we are teaching with groundbreaking answers and solutions that will protect families anyone knows that knows me knows that I want to abolish the Family Court is not serving the people and it is endangering the lives of countless children every decade it is counterproductive and all my years of court watching judges across the country I can honestly say I’ve never seen one judge make one good decision. I have firsthand knowledge and I work thoroughly with the families I get to know them intricately unlike the judges and the Child Attorney‘s or anyone else that works for and is paid through the courts.

But until and up to these courts finally being abolished or defunded as they should be we need to begin implementing these accountability standards true evidentiary hearings and the public needs to be able to visually see what goes on in these courts to hold him all accountable we also need judges to be held accountable and dealt with based on the crimes they are committing against families this is a money making machine

I am here today to talk about countless families in the state of New York that I advocate for as a national advocate. I am an expert in the American disability act and Domestic Violence & Domestic Violence by proxy and how it harms children. Thus causing Lifelong effects to children who encounter Domestic Violence. ACEs research adverse childhood experiences.

I’m here to shed a big bright light on why children and families are continually are abused. Why victims of domestic violence are revictimized and truly don’t get the real help they deserve. My main Area is the protection of women and children, our most helpless and vulnerable victims. I'm not disputing that men are not occasionally abused through Domestic Violence however in the state of New York statistics are withheld and women are very mistreated. I'm going to go over some true statistics and what can be done about it. I’m also going to show you the correlation between Family Court Judges and Attorneys For Children or Guardian ad litem's or child advocates that are paid for through the court system (tax dollars) and how they are failing our families every day.

My organization serves thousands and thousands of New York women and children who have called, faxed, emailed and written to Governor Cuomo‘s office to get help to prevent continual domestic violence and the severing of children from their mothers and mothers from their children. The main discussion topic is when children are placed in sole custody or unfettered access with their actual abusers. Governor Cuomo declined any appointments for over seven years.

Family court judges & attorneys don't acknowledge when domestic violence is present and evidence of DV and domestic child abuse is disregarded dismissed, not admitted, or omitted from the record! Women are treated horribly in family court or once family court involved all places of protection is referred back to fc
Attorneys for church are a big problem they lie to the court
Don't speak to the children
Defend only abusers
Are paid by our counties for work they don't do
They don't follow the OCA handbook rules

Due to my work, I have become a target of a specific Judge; _____, _____ County Family [Court], Due to my best-selling book where I exposed his clear bias of women and harm.

Due to years of work and diligence to end this horrific matter. Here is what I've learned with over 13 years of intensive work helping families to keep them protected

Judges need Domestic Violence, Abuse and Coercive Control Training. But above all need to be held accountable

The public needs the judges to elaborate on how many hours of training they have and what they've actually learned.

We need public groups to hold them accountable and ensure the safety of welfare of our most vulnerable women and children.

Now let's ask ourselves the following questions

Do you think if judges implemented dv, abuse and CC (coercive control) training it would help them improve decision making in regards to custody?

When they order children to live with their abusers shouldn't they consider that they are harming the child's safety and well-being?

Why don't they consider protecting children from being placed with an abusive parent?

Is it not true that judges have very broad discretion to make decisions?

So it's safe to say they make rulings right from the bench?

Yet many choose to push emergency cases out months or even years on end?

We can all agree that judges must understand the harm this does to children and their loving mothers?

And understand the impact sexual abuse has on children?

What about when judges force them to not only be in The presence of their perpetrator but order them to live with their perpetrator?

Judges must understand the impact of the children that are ordered to live with sexual abusers?

After knowing this, what makes them give these types of perpetrators full custodial rights and all decision-making power?

To include the gals attorneys for children They must understand the Psychological or emotional impact that it has on a child victim?
They must be held accountable for lying and covering up or manipulation of court records

They must understand what this does to the mothers who only want to do what comes naturally like protect them from this type of abuse?

After they make these types of orders isn't it true that they then further harm these mothers by restraining them more by taking away phone calls to the children removing GPS from the mothers don't you consider that they would be in a constant state of panic?

We need to ask ourselves as a society if these judges or officers of the court get some kind of satisfaction when they are hurting people to these extreme measures when they have the authority and power to actually protect these types of families?

Why do they remove children from much-needed protection orders?

Why do they put protection orders against innocent mothers who don't do anything wrong to their children but protect them from abusers?

I have interviewed countless mothers and looked at the records and I looked at the orders that judges like

_____
_____, _____ County family court
Judge _____, _____ county
And countless others

Child attorneys like

_____
_____
_____, children's rights society
have put in place and knowing what they do to women versus men can we honesty say that they are not gender biased against women?

Why do judges allow attorneys for the children to lie?

Why doesn't NYS unified court system have outdated practices when it comes to ADA

American disability act

And why doesn't the court orders comply with the federally protected codifications under the ADA

Let's talk about the committee's

The committee of judicial conduct fails families daily

The appellate courts take too long families can't remain in

But let's talk about the judicial wellness committee that is the NY state bar association

Public integrity

The civil rights department of the NYS attorney general

Have repeatedly failed victims

Ex Parte protection orders fail the innocent

Keep children from innocent parents

Are not placed to protect children when real abuse occurs

All rights are denied once it's ordered by a judge and Once you are Family Court involved there appears to be no remedy other than to the department of justice or it's against the unified court system of every state to include New York State and their failure to protect families failure to protect federally protected class members of Domestic Violence gender victims children of abuse and American disability act violations

I'm going to emphasize now on this committee New York attorney Bar Association called the Judicial Wellness I'm going to read what they do here and then I'm going to laser focus on the dangers of how any judge continue to sit in a position making orders and decisions on families when they themselves are not sober or suffering from a mental health issue.

Women reporting abuse with actual evidence

Convictions of dv abuse drugs

My shelter victims' rights are severely violated judges take the children many times and give them to their abusers because they're in shelters

Women who take children to doctors are banned

Dee Jae Diliberto

To Whom It May Concern:

Thank you for allowing me to submit this Affidavit outlining some of the emotional, psychological, physical and economic abuse I was subjected to by my ex-husband. What is worse than the abuse that my four children and I endured before I filed for divorce is that my journey through the judicial system compounded the abuse, as the judicial and legal systems became weapons used by our abuser to cause further emotional, psychological and economic abuse.

In January of 2011, when my children were in first and fourth grades, I finally found the courage to file for divorce from my oppressive, controlling abuser after he physically abused not only me, but my 10 year old son. I had just completed my first semester of law school, and my ex-husband had become extremely jealous.

I was extremely afraid of my ex-husband, who had threatened to “squash” me in court if I ever left him. He would taunt me regularly, saying, “If you ever leave me, I will squash you in court. You have no money, so my attorney will tear you apart.” He would tell me that he would get custody of our children because I had signed away my rights to spousal maintenance in a pre-nuptial agreement he demanded I sign when he gave it to me just 2 weeks before our wedding.

My ex- told me repeatedly that I would end up living in a dumpy apartment and he would get full custody of the kids because they would rather live with him in a "mansion" than live in a dumpy apartment with me. He suggested that I move back to Kentucky because I would not be able to afford living in NY. He said he would have my biological kids write me postcards, but I would never see my step sons again.

Shortly after filing for divorce, against my lawyer's strong advice, I moved with our children out of our beautiful $5,000,000 (Five million dollar) waterfront home on Centre Island. It was like liberating myself from the scene of the crimes of domestic violence that had been perpetrated for years. We moved into a furnished rental home that cost $7,000 per month, and our children attended private schools that cost over $30,000 each per year.

At that time my ex- was spending $55,000 per month ($660,000 per year) on his own separate expenses while he lived alone in our $5,000,000 waterfront marital home on Centre Island. We also owned two condos in the Cayman Islands and he owned 1/3 of a vacation home upstate without mortgages.

My ex-husband made over $20,000,000 during the first 11 years of our marriage before I filed for divorce. Within a year after filing for divorce, we executed a post-nuptial agreement that was dispositive of approximately 95% of our equitable distribution. Unfortunately, the judge refused several motions requesting him to so-order the contract to allow enforcement of the contractual obligations. As a result, my ex-husband was allowed to breach multiple terms of the post-nuptial agreement without recourse, withholding for years over a million dollars due to me in October of 2012. Those breaches forced me to wastefully dissipate hundreds of thousands of dollars of my own separate assets, and to incur hundreds of thousands of dollars in debt to support myself and my children while renting a furnished home for my children and me for several years.

Since my ex-husband was never ordered to pay child support, spousal maintenance, counsel fees or add-ons for our children, he paid a ridiculously low token amount ranging from $2,600 - $2,900 per month until the Decision After Trial was rendered.

When I filed for divorce, I had just completed my first semester of law school at Hofstra University. I was raising four children (two biological and two from my ex's first marriage whose biological mother died when they were just 2 & 4 years old; less than a year before I met them.) I went to law school because my ex-husband had lost his job on Wall Street and said the kids would have to pay for their own college expenses.

During my first semester in law school, my ex- got extremely jealous and more abusive to me and our children. When his physical abuse involved our 10 year old son, I filed for divorce. I was terrified to litigate against my narcissistic ex. Nearly all of our assets were in his name alone, and he withdrew nearly all of the cash from our joint accounts as soon as I filed for divorce (despite the Automatic Orders).

Shortly after filing for divorce, I sought help with the Coalition for Domestic Violence, now known as the SAFE Center. I needed to know how to protect myself and my children, and I asked for referrals to therapists who understood domestic violence and could help me and my children understand what was happening and start the healing process. They did not have a referral list for therapists, and I did not qualify for their services because of my then-husband’s assets and income. I was, however, given the opportunity to attend a lecture presented by Lois Schwaeber, an attorney and Director of Legal Services at the SAFE Center. Lois became a great source of inspiration to me.

It took 8 long and torturous years to be granted my Judgment of Divorce, despite that the Standards & Guidelines set by the New York Office for Court Administration states that divorces should be granted within 18 months. The Standards & Guidelines need to be established as Rules that must be followed instead of simply "standards & guidelines". Furthermore, it took 8 years for me to receive orders for child support, spousal maintenance, counsel fees and add-ons! This violates the Federal Child Support Act § 302, of 1988, the NY Child Support Standards Act, the Domestic Relations Laws and the NY & Federal Constitutions, which guarantee us equal rights to the law.

The legal fees for my divorce, the appeal of my judgement of divorce and my custody battle total more than $500,000.00, and the appeal and custody battle are not over yet.

There should be oversight and accountability throughout the judicial processes of divorce and custody matters to prevent gross deviations from statutory mandates and standards and guidelines which can cause egregious delays and withholding of economic resources. . that allowed my case to drag out for eight long years. The ink was barely dry on our Judgement of Divorce when my abusive ex-husband initiated yet another long and malicious legal battle, filing for a change in custody and asking the court to order me to pay him child support. This battle has continued for the past two years

I was prohibited from presenting evidence of abuse, as the opposition would say it was only a financial trial, since custody had been determined by stipulation. I pleaded with the judge to hear my details of abuse so that he could use the court's orders to curtail the abuse. I tried to educate him about coercive control by reciting information written by Dr. Evan Stark’s and posted on the OPDV website. The opposition objected, saying, "She cannot simply site

something she read off a some website." The judge refused to hear my evidence and he did not use court orders to help protect me and my children.

I did independent research while in law school on former Chief Justice Judith Kay's Miller Matrimonial Commission of 2008 to learn how to reduce the trauma to children who are the innocent victims of divorce. The main take-away is that the main indicator of harm to children is the length of a divorce action. Furthermore, the intensity of harms to the children (i.e. depression, anxiety, academic problems, alcohol and drug abuse, juvenile delinquency, self-harm, eating disorders, parental alienation and a myriad of other harms) are directly proportional to the length of time it takes to terminate an action. Furthermore, these harms do not stop in childhood; they continue into adulthood. This causes a drain on the resources of social services, public health programs, the criminal justice system, etc. New York spent tens of millions of dollars on the Miller Commission investigation and report, yet they did not utilize the findings to implement policies and procedures to prevent the emotional, psychological, physical and economic harms caused to people who turn to the courts seeking justice. The Miller Commission provides extensive guidelines that can be used by the State Assembly to reform the laws to achieve the shared mission to ensure children's due constitutional and statutory rights and to decrease the trauma to children who are the innocent victims of litigation.

To deter abuse and compensate victims, NY Domestic Relations Laws allow the courts to consider a history of emotional, psychological, physical, sexual and economic abuse as a factor in considering the allocation of equitable distribution. The court refused to acknowledge Defendant's long history of abuse, and denied my due process right to present a history of evidence of the abuse. I was told by numerous attorneys that Nassau County Family & Matrimonial Courts do not recognize domestic abuse unless it meets the criminal criteria of egregious physical abuse and there is a conviction.

The NY Office for the Prevention of Domestic Violence website clearly states that domestic abuse is rooted in power and control. The court's failure to recognize the history of domestic abuse in my case, and their furtherance and support of my ex-'s economic abuse empowered my children's father to continue to abuse us emotionally, psychologically and economically.

I decided to try to change the laws through case law & statutory law. I filed an appeal and have worked with the NY State Assembly, who reviewed over 180 documents from my divorce and appeal.

Victims of abuse need to be able to trust that the government can help them. We need to establish systems that guarantee accountability, oversight, reduce unbridled judicial discretion and use the orders of the court to protect victims from their abusers.

INVOLUNTARY SERVITUDE is a legal and constitutional term for a person who is forced under some form of coercion, other than a worker's financial needs, to labor against their own will to benefit another. *I* was subjected to involuntary servitude for many years before I had the strength to leave my oppressor. I left my abuser to provide a more peaceful life for my children. The court's role in delaying my trial and depriving my children and me of our lawfully entitled awards of support deprived us of our constitutional rights to liberty, the pursuit of happiness and the right to remarry for eight years, and caused us to suffer from severe emotional, psychological, physical and economic harm.

Congress has enacted legislation to ensure appropriate and equitable child support awards. Furthermore, each state that receives Federal funding for public welfare programs is required to establish child support guidelines. The Federal Family Support Act of 1988 requires state child support guidelines be established to insure that properly calculated awards of support are ordered. Failure to follow the mandates of the Federal Family Support Act can compromise the state's ability to receive federal funding for administering child support collections.

I welcome the opportunity to work with the New York Office for the Prevention of Domestic Violence to address ways to improve the judiciary and administrative system to expedite proceedings and access to vital resources, provide equal access to resources, and creating systems of oversight and accountability

It is my hope that knowledge I have gained through this grueling ordeal will be used to prevent other families from suffering the emotional, psychological, physical and economic harms that my children and I have been subjected to because of the inequitable treatment in this case.

Victoria Gribbin

Transcribed by OPDV Staff

Based on my 12-year experience, in the New York State Unified Court System, in the matrimonial courts, family courts, integrated domestic violence courts, and US State Court of Appeals personally, and as an advocate, a licensed New York State social worker, and retired police officer, who was an ADA advocate and licensed domestic violence advocate, I would like to speak about the need to for research and regulating an accountability program for domestic violence in the context of matrimonial court and family court orders, the effective components of each for success, and using a trauma-informed approach. Regulation is needed, I believe, because the existing accountability program, which I was sent to when I was targeted and interpreted to be the domestic violence perpetrator back in 2008, only existed for criminal domestic violence. That was an anger management program that I was sent to, but my husband was not. It did help me, actually, because it taught me to walk away. They said whether you feel you don't belong here because you are the abused party, you could have walked away. So, when he attacked me and I fought back, I should have just left the house. But, aside from that, court orders from matrimonial court do not address coercive control, which is economic, psychological, emotional, verbal, and legal abuse. All those components exist in court orders that are judgement of divorce orders, temporary separation orders, and family court orders, yet I and many other women are told, "we are not in the domestic violence prevention business, go to the Coalition Against Domestic Violence, go to the Safe Place if you need help, go to family court for an order of protection." So therefore, the judges, who listen to case attorneys and are basically lied to behind closed doors because there is no transparency… the reason we need regulation is that every court is able to create and enforce their own policy for domestic violence prevention and accountability. When a husband is in contempt of court, and/or if you are being forced to live with someone, their polices, practices, and procedures are that you must live with your abuser until you are legally divorced unless he chooses to leave the house, because it's his home too. If you have a financial contempt order, it will not be submitted until its $5000 dollars. Once it reaches that point, by then trial is ordered and you are told to wait until trial. My point is that matrimonial court and family court orders do not prevent –they actually foster and promote and transmit—domestic violence.

The way to prevent that is to create a program, that I believe can be done, by using domestic violence advocates and social workers, that are forensic social workers like myself, who apply evidenced-based social science research, like how I was trained at Adelphi, and to report to the judge what the attorneys don't report, so when there is a he said-she said and she's saying "he's not giving me the money," or "he's abusing me at home in front of the children," you have a social worker trained to identify coercive control. There is no policy that requires having any violence prevented in court orders. What's the root cause? Economic abuse, verbal, psychological, emotional, child exposure, are all in the hands of judges and attorneys in these contested cases. So, if

the Office for the Prevention of Domestic Violence regulates their programs where they include coercive control, which is on the website by Dr. Evan Stark, for specifically to matrimonial courts and family courts, and IDV courts. So I was sent to IDV court and I was like, “thank god, now I can prove he’s the abuser,” when I went to family court and asked for an order of protection to leave the home, I was told that it’s a “he said-she said” because I developed PTSD, because I appeared anxious and nervous and I couldn’t remember things. I was viewed as not being credible, he was charming, quiet controlled, it was ruled a “he said-she said,” and we were both forced to live together with two mutual orders of protection against each other. And then mine was denied and expired after six months when the trial was over and he was still allowed to live with me, and I said, “he is going to rearrest me, I’m going to lose the kids, I’m going to fail out of social work school, you’ve got to get him out of the house.” And they said, “no, you have to stay or settle.” So, the attorneys want to reduce the trial rate and settle. Judges measure success as reduced trials. The trial rate in Nassau County is 4%. You can measure success by increasing the trial rate based not on settling, but on new policies supported by the forensic social workers and DV advocates and ADA advocates giving reports to the judges who are being lied to. This is a holistic approach. It provides transparency and its trauma-informed.

I was told when I called the police several times as a retired cop, they said, “well where does he live?” and I said, “with me,” they said, “what? Where’s your order of protection?” I said, “It was lost.” We went to IDV and because he’s the one who filed and I was viewed as the perpetrator, there were saying I had to live with him. The police officer said to me, “Can I give you advice? If he hits you on the head like this, say ‘harder please,’ because you are going to lose custody and lose your case.” It took me 12 years to get a divorce. I was told that I had to live with him. It cost me $250,000 following all the money. The lawyers made money, we went to trial, I finally went pro se, they wouldn’t let me enter any domestic violence, nothing. At the end of this, he had a house, he had enough money to buy a home, I did not.

If you regulate accountability for the root cause of domestic violence in families –50% of families are divorced, you had families that were never married sharing children, there is no accountability for coercive control in these orders-- and if you create a program with social workers who are trained and use evidenced-based, trauma-informed measures, then you can have success by, one, when domestic violence is alleged or known to exist like in my case, increase the number of trials. The trials and contested cases with domestic violence should be increased and over in a year so that the state will save millions and the lawyers will make less money. You can track it by seeing our ACES reduced. My children were in such great shape and so was I, but we ended because there was no accountability for domestic violence and no prevention in matrimonial or family court orders, with I having PTSD, my children have anxiety/ACES, and him owning the house.

You can measure success… why does research show that women enter poverty more than men after divorce? Because of this. Because they are not in the business of preventing domestic violence. Well guess what? Legally, they should be. They should be because it violates civil liberties and because it violates Title II of the ADA. I'm also an ADA advocate and an expert in the ADA. If you start measuring reduced poverty rates, reduced ACES, reduced research, and most of all, are women equal to men? Ability to own a home? How was I the only case that my three attorneys ever had that was able to graduate school during a contested divorce? Because they make the women do everything. They are fostering it and that's why domestic violence hasn't been eradicated in society, because the children are witnessing this. Children being raised being taught "you're wrong, daddy's right," "well you don't have to respect me, I don't have to respect me," "it's both your faults," or "you were being arrested so it must be your fault," and now both children are better because they are not in that environment. If you want to eradicate DV, define it as coercive control and solve it and the root cause in families, and the matrimonial courts, and the family court orders, and attorneys making… Why $250,000 to get divorced? Trauma-informed PTSD, that's not a he said-she said.

If you create an offender accountability policy in the context of contested divorce orders, and you make coercive control, which is not legally domestic violence, but it doesn't have to be, it can still be regulated that programs are required to identify coercive control, the pattern that actually, if it's not prevented, you have contested divorces or custody cases, leads to criminal, and it will save money and eradicate domestic violence. You need to build a network that supports this mission and right now, the lawyers don't give transparency, judges and lawyers are not qualified, and, the last thing is, that when you are a domestic violence victim, the policy is that the domestic violence coalition is not allowed to speak. They can only send an advocate to sit there so that the judge knows you are a victim. They do everything they can to keep DV out and judges have a headache with he said-she said, and lawyers make money because they are awarded cases for settling and dragging it out forever. This will save money in the long run and you can measure the success because it will no longer exist, the poverty, the PTSD, the ACES they'll go down, and trials will go up.

Dorothy Hill

Hello to all and thank you for your time.

My name is Dorothy Hill and I most recently lived and raised my family in Manhasset on Long Island.

May story may leave you craving justice as I do, each every morning, afternoon and night, for my beautiful family.

I moved to Long Island from the Upper East Side of Manhattan where my children were enrolled in a wonderful public school, surrounded by friends and family. My first husband had fled the US in 2007 to avoid paying child support (making my case one of the top arrears case in NY State). I thus sought a stable family structure and father figure for my children.

It was 2007 and I was engaged to a man close to me in age, who also had two young children from his prior marriage. At first the red flags seemed minor and perhaps I was "reading too much into them". After all, this man who then became my new husband was working long hours and "business networking" for his role as a retail and small business banker on Long Island.

If you had asked me then what a DV wheel is, I would say "I don't know". Now I can draw it from memory and give examples of each type of abuse.

The verbal abuse and taunts became emotional insults in some odd way to try to make me feel bad about myself including as a mom, stepmom and wife.

Even my career as a Wall Street professional (who has worked in five countries outside the US and is fluent in two foreign languages), and my close relationship with my family, was not off limits. The cycle of love-bombing and niceties would evolve into his prolonged anger rages.

It got so bad that I would hide in the basement when he came home from work, and I could hear his car in the driveway, shaking and not wanting to interact with him in any way.

In 2010, my worst fears came true. He had never apologized for pushing me down the stairs in 2009 (after which I called 911), or the many times he would start his abuse campaign. He'd rip the phone out of the wall and the battery of my cell phone to prevent me from calling 911.

No amount of my pleading for him to get alcohol rehab or go to therapy would help. Desperate, I asked his mom (and the man I told was his biological father), to help him, to no avail. Then the phone calls started coming to our home at 3 am from 631 (Suffolk County area code), soon after the remains of four young women (later disclosed to be escorts) were found in December 2010 along Ocean Parkway of Gilgo Beach.

I started asking where $80,000 of joint marital assets had gone, and isn't Gilgo close to where his "poker parties with high school friends" were held? The more I asked, the angrier he got until one day in December 2020, when I said how nervous I was to work at home alone with the security on the house yet to be installed, he stood up and told me "Turn off the news, he only kills hookers".

One month later, on a weekday morn after a major snowstorm, the driver of a white truck drove right at me in Great Neck in an effort to kill me, and sped away. A witness came forward two years later to tell me who that driver was. The abuser then strangled me to the point of asphyxiation in February 2011. I passed out and was in shock. I had dropped to a size 0-2 from the stress. Who was this monster I had married?

I had to get my sweet children (then out but HOW? How could I pack my twins' items and mine and find a safe home, and bid farewell to my stepsons whom I loved as my own? Well, I did it in less than three weeks, with the help of family and friends including a senior partner of Goldman Sachs to whom I will be eternally grateful. I read every resource, every book and support group chat. "Why Does He Do That? Inside the Minds of Angry and Controlling Men" was by my bedside. It spoke to me. This was it! I started to unravel all the layers.

InNant cases goes back to the childhoods of these abusers - how were they raised? Were they neglected and/or abused as children? I started to learn more about my soon-to-be-ex mother in law and alcoholism while she was a young mother of four in an unhappy marriage, and things started to make more sense.

Now, I look back and I want ONE thing: justice. Eight years after our divorce in 2013, I want financial freedom and two related court cases of my abuser to end. I want my children to heal from the trauma of what their stepfather had inflicted on me, and in turn, on them. I want to be able to spend précious time with my stepsons and help them to heal too.

I want my abuser to be held accountable for the horrific abuse and damage he did to my children and me including having filing many false CPS reports against us ("anonymous") from 2012 to as recently as Jan 2019, calling CPS to tell them "Dorothy is violent."

I want him to finally cease his legal abuse by proxy tactics to try to drain my financially when strangulation didn't "finish the job" then. He was ruthless and his goal is likely still…to destroy me.

I think about little Kyra Franchetti and Thomas Valva, may they both Rest In Peace. Both had violent, undeterred fathers who believed they were "above the law".

DV abusers must learn HOW to live in peace, and to stop their role in the cycle of DV that has evolved become a crisis around our nation.

These are the actions of an abuser. DV and malignant covert narcissism are much more common than people know, in all communities regardless of gender, race, sexual orientation, level of formal education, and socio-economic status.

I can only imagine what my abuser has done - and may still be doing - to other unsuspecting women.

Why? Because he has gotten away with it.

Like a felon who continues to rob banks until caught!

We MUST have better training of judges, DSS workers including CPS (to properly document historic DV abuse in the files) and CODING in all cases as they grow to to age 18, when the child of the DV victim has a case.

We must stop the victim blaming and truly address the sources of DC.

Thank you for listening. I am here because of my two amazing children who inspire me to forge ahead each and every day, and due to thousands of caring people. Let's please continue to work together to make this world a better place for ourselves, our children and all future generations.

- Dorothy Hill

Long Island

Vanessa Petrossian-Pahucki

The significant social problem of domestic violence has typically been addressed by ordering perpetrators to attend batterer intervention programs, though in Rockland County, for example, where there is a program available, the Family Court rarely takes this route. Research on the effectiveness of these programs has been inconclusive. There is debate about whether or not Batterer Intervention Programs (BIP) reduce recidivism rates. However, regardless of whether or not they have been effective, there are currently no feasible alternatives for managing or treating those who perpetrate domestic violence. Therefore, efforts must be undertaken to enhance the outcomes of batterer intervention programs.

Adverse Childhood Experiences (ACES) research is used to facilitate introspection and create connections between childhood trauma and adult perpetration choices, as well as any existing substance abuse and current mental health issues. Early Recollection techniques have been shown to be very effective in helping individuals heal from early trauma, a frequent contributor to abusive behavior as an adult. It also serves to bring awareness to the client of how their own violent choices are impacting the future generation – their own children. Many of the lessons in, *Another Way… Choosing to Change,"* are designed to help overcome the participants ACE score by building their resiliency.

Traditionally, group meetings are held weekly from 12 to 52 weeks, with most programs running approximately 26 weeks. There is no evidence to suggest that shorter or longer programs are more effective at eliminating re-assault. However, since these programs are used to hold defendants accountable, it may be beneficial to place the defendant in a longer program where he can be more effectively monitored. **In addition, placing the batterer in a longer program whereby he/she only has supervised access to the child(ren), increases the safety of that child(ren).**

Batterers drop out at high rates and research doesn't capture dropouts. These individuals are typically higher risk than treatment completers for recidivism. Dropouts will never receive unsupervised access to their child. By requiring batterers to successfully complete BIP before they are allowed unsupervised access, the criminal justice systems send a clear message that **parental rights do not supersede the human rights of a child.**

Parental rights should not supersede the basic human rights of a child. Children's lives matter, too.

Domestic violence is child abuse. Does the violence have to be right in front of us for us to care?

The courts treat every case virtually the same. They issue a temporary order of protection, mandate temporary supervised visits, then without mandating any type of rehabilitative/accountability programming for the abuser, the child victim is handed over to the abuser, with no supervision.

All too frequently, children murdered by the abusive parent. Often, the protective parent, a survivor of domestic violence pleaded with the courts to not allow the abuser to have access to child.

Do I believe abusers can be rehabilitated? By and far, no. However, mandating domestic violence/batterer accountability programming for 12 months, as a precondition to having access to their child - will rehabilitate the few who have accepted accountability and weed out the ones who fight for access just to maintain control over their victim(s), control and punishments often exercised by further abusing or murdering the child. The vast majority of abusers will not complete, successfully, 12 months of therapy just to have access to the child, it's too much control being imposed on them. Ergo, the child victim is protected – and the state and courts have done their job. Any abuser who cannot take full accountability for his/her actions, does not deserve the privilege of being a parent based solely on genetics.

NEW YORK STATE | Office for the Prevention of Domestic Violence

New York State Coalition Against Sexual Assault
Working for a World Without Violence.

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June 10, 2021

To: New York State Office for the Prevention of Domestic Violence
80 S. Swan Street, Suite 1157
Albany, NY, 12210

From: New York State Coalition Against Sexual Assault
28 Essex Street
Albany, NY 12206

Re: Testimony Submitted to the Office for the Prevention of Domestic Violence Regarding Accountability for People Who Have Done Harm

The New York State Coalition Against Sexual Assault (NYSCASA) gives thanks to the Office for the Prevention of Domestic Violence for creating space to discuss best practices in providing accountability for people who have committed interpersonal harm and violence. In 2020, the COVID-19 Domestic Violence Task Force—of which NYSCASA's Executive Director, Joanne Zannoni, was a member—included in their recommendations to Governor Andrew Cuomo that OPDV should exercise its oversight authority for abusive partner intervention programs in New York State. We are glad to see that OPDV is soliciting public input to inform their next steps.

NYSCASA's mission is to end sexual violence and to address the impacts of sexual assault. We recognize that sexual violence is rooted in systemic oppressions that shape our society, including white supremacy, racism, ableism, sexism, homophobia, and more. We also know that those same oppressions affect survivors' access to support, advocacy, and care in the aftermath of sexual violence. NYSCASA believes that, in order to eliminate sexual violence, we must create a culture that actively fights for equity and opposes oppression in all of its forms.

Last year, NYSCASA joined sexual and domestic violence coalitions across the nation in signing on to a collective "Moment of Truth" statement, which outlines the ways in which our movement has failed Black, Indigenous, and people of color (BIPOC) survivors, leaders, organizations, and movements, and offers a call to action to pivot towards investing in solutions that protect and heal individuals and communities. We called on each other to create a future where "all human beings have inherent value, even when they cause harm," and "people have what they need—

adequate and nutritious food, housing, quality education and healthcare, meaningful work, and time with family and friends." We can do this by letting go of the myth that punishing systems are a solution to sexual and intimate partner violence. We can do this by turning toward accountability as a way to disrupt violence, acknowledge harms resulting from violence, repair harm where possible, and change the conditions, attitudes, and actions that are responsible for the violence.

It is with this in mind that NYSCASA recommends that we cultivate and support accountability mechanisms that 1) are survivor-informed, culturally relevant, and trauma-informed; 2) encourage people who have done harm to take accountability for their actions and demonstrate changed behaviors; and 3) do not target and ravage communities made vulnerable by systemic oppression.

The Current Landscape of Abusive Partner Intervention Programs in NYS

There are few programs in New York State for people who have caused harm or interpersonal violence. The majority of programs, specifically those that follow the "NY Model for Batterer Programs," are often called "abusive partner intervention programs" or "batterer intervention programs," and they are intended only for participants who have been referred or mandated to attend by the court, or other agencies within the criminal legal system, such as probation, parole, or child protective services. Some programs accept voluntary participants; however, OPDV's current guidelines state that mandated and referred participants are preferred.

Many of these programs can only be accessed through a court referral or mandate—many people who experience sexual or intimate partner violence do not report to law enforcement, so it is unlikely that the person (or people) who harmed them would be able to participate in such programs. Accountability is often measured in terms of compliance: Does the participant comply with the rules and policies of the program? Does the participant comply with what has been ordered by the court? An individual who has done harm may be in compliance with the program or court mandate without internalizing and learning content from the program and taking meaningful accountability for their actions—possibly repeating abusive and harmful behaviors.

The majority of abusive partner intervention programs in New York State also focus solely on men as perpetrators of intimate partner violence. While intimate partner violence is overwhelmingly perpetuated by men, we also know that people of all genders can experience or perpetuate violence. Therefore, we must also create mechanisms for accountability for women and non-binary/gender non-conforming people.

We've heard from survivors, advocates, and people who have done harm that the existing landscape of abusive partner intervention programs in New York State does not effectively address or prevent intimate partner violence. For decades, and even centuries, communities across New York—and the world—have developed strategies for facilitating accountability for people who have done harm that do not rely on state systems and state violence. We have much to learn from them, especially Support New York, Creative Interventions, generationFIVE, Philly Stands Up, Communities Against Rape and Abuse, Bay Area Transformative Justice

Collective, Stop It Now!, and so many more organizations and community groups. NYSCASA's testimony draws from their work.

What Do We Mean by Accountability?
Because we are here to discuss best practices in providing accountability for people who have committed intimate partner violence, it is essential that we clarify what we mean by accountability.

Existing OPDV guidance defines accountability as "making sure the participant takes responsibility for their actions, along with the consequences associated with them, and understands that they are the only person who is responsible for their abusive behavior." The guidance also specifies that participants should 1) acknowledge that their actions are a choice, or a learned behavior; and 2) understand that abusive behavior is not something that can be "treated" or "cured" and that participants must make active choices to be accountable for their behaviors.

Any discussion of accountability must acknowledge the following dynamics:

- According to writer and educator Mia Mingus, true accountability requires "apologizing, understanding the impacts your actions have caused on yourself and others, making amends or reparations to the harmed parties; [and] changing your behavior so that the harm, violence, abuse does not happen again."
- Accountability looks different with each situation and it can require different strategies in each unique context. The Creative Interventions Toolkit visualizes accountability as a staircase, beginning one step at a time and measuring progress each step of the way. In the "Staircase of Accountability":
    1) we stop the immediate violence;
    2) we recognize the violence;
    3) we recognize the consequences of violence without excuses, even if those consequences are unintended;
    4) we make repairs for the harm when possible;
    5) we change harmful attitudes and behaviors so that violence is not repeated; and
    6) we commit to becoming healthy and supportive members of our communities.
- Accountability is voluntary and active. The individual who has done harm needs to be an active participant in identifying, taking responsibility for, and, where possible, repairing the harm and violence of their actions.
- Accountability is relational. Intimate partner violence impacts not only the victim or survivor, but also family, friend, and community relationships. Relational accountability highlights the importance of healthy relationships, including mutual respect, understanding, patience, communication, trust, honesty, compromise, safety, and conflict resolution based on ongoing negotiation and fairness rather than coercion and threats.
- Accountability requires community. Interpersonal violence is a community problem, not just an individual problem. Communities have had a role to play in allowing

violence to happen, and communities have the responsibility and power to change violence.

- Accountability cannot be imposed on someone. Threat of punishment (e.g. when there is a court-imposed consequence for non-participation) can actually impede accountability. The adversarial and dehumanizing nature of the criminal legal system actively prevents individuals who have done harm from taking responsibility for their actions.

New Yorkers Deserve Interventions That Are Survivor-Informed

Accountability and intervention programs should be survivor-informed. Accountability for a person who has done harm must be informed by the victim/survivor's needs and wants. This is not to say that the survivor must be present or have control over an accountability process, but that we give survivors space to take the lead on expressing their needs and setting boundaries. Intervention programs should be designed, implemented, and/or evaluated with intentional partnership, collaboration, and input from survivors and survivor advocates to ensure that the program addresses survivors' needs and interests.

New Yorkers Deserve Interventions That Are Trauma-Informed

Accountability and intervention programs should be trauma-informed. The "survivor/perpetrator" or "victim/offender" binary that the funded anti-violence movement has relied on ignores the reality that nearly everyone who commits violence has also survived it. Intervention programs must acknowledge that people who have done harm may have varying levels of past trauma and needs that influence their behaviors and pathways to change. While past trauma is never an excuse for using violence, addressing past harms and traumas can allow for creating specific, person-centered, trauma and research-informed strategies.

New Yorkers Deserve Interventions That Are Culturally Relevant

Intimate partner violence affects people regardless of race, ethnicity, class, sexual or gender identity, religious affiliation, age, immigration status, and ability/disability. We also know that culturally specific factors can contribute to intimate partner violence and affect whether people have access to support and care in the aftermath of violence.

Accountability and intervention programs should be culturally relevant, striving for cultural competency and cultural safety. "Cultural competency" builds awareness of the effects of culture at all levels, including policy, governance, practice, and access. It is an ongoing process and commitment, rather than a discrete set of practices. "Cultural safety" means creating an environment that is spiritually, socially, emotionally, and physically safe for all people, where there is no denial of identity, of who they are, or what they need. Cultural safety moves beyond the concept of cultural sensitivity or cultural competency to account for oppression, power imbalances, institutional discrimination, and the effects of colonization.

Administrators and facilitators involved in accountability and intervention programs should demonstrate awareness and understanding of cultural competency, empathy, language access,

historical trauma, and the role of systemic oppression in creating conditions that promote violence. They must actively engage in efforts to educate themselves about other cultures and communities; evaluate, reflect on, and deliberately address their own biases, prejudices, and stereotypes, and commit to the ongoing journey of cultural competency and safety.

We must also actively cultivate and support culturally specific community-based programs who seek to work with people who have done harm. Culturally specific programs have expertise and lived experience within specific communities that are often unserved, under-served, or mis-served in "mainstream" funded programs, including: Black, Indigenous, and other communities of color; LGBTQI2S communities; and disabled communities.

Funding Is Needed

Funding should be made available for accountability and intervention programs, especially culturally specific programs and grassroots organizations. This funding should not be dependent upon any licensing or certification. Per OPDV's recommendations, intervention programs should never compete with victim services providers for funding.

Many intervention programs currently require participants to pay a fee for the program, with one program requiring weekly fees ranging from $15 to $90. If a program must require participant fees, the program should implement a sliding scale fee structure to assure that cost is not a barrier to participation. Funding from New York State will help to make these programs accessible to individuals from marginalized and oppressed communities.

The Role of New York State in Accountability and Intervention Programs

Accountability and intervention programs should be local and community-specific. They should not be regulated by state agencies. However, NYS OPDV should exercise its authority to provide core competency training and guidelines on best practices for organizations and individuals seeking to work with people who have done harm. OPDV should create and maintain a list of accountability and intervention programs, identifying which programs receive court-referred participants and which programs receive voluntary self-referral participants.

New York State should allocate funds to support accountability and intervention programs. As was previously mentioned, access to these funds should not depend on state certification or licensing. Culturally specific programs and grassroots organizations should be prioritized where possible.

Additional Questions to Consider

- Who has been consulted already? What do they have to say about the current landscape of accountability for intimate partner violence in NY? What do they say is needed?
- What programs/support can we provide to people who have committed harm or violence outside of intimate partner relationships?

- What kinds of prevention strategies can we develop to assist people who are at risk of doing harm with intervening in harmful or violent behaviors and to foster structural and cultural change? We can't rely solely on accountability and intervention programs.
- What is OPDV's goal? Is the goal to create more systems that impose punishment and state violence on people who have done harm, or is the goal to disrupt harmful behaviors, facilitate accountability, and transform the conditions that enable interpersonal violence to occur?

Recommended Resources

- Barnard Center for Research on Women, "What Is Accountability?" Building Accountable Communities, https://bcrw.barnard.edu/videos/what-is-accountability-2/
- Barnard Center for Research on Women, "How to Support Harm Doers in Accountability," Building Accountable Communities, https://bcrw.barnard.edu/videos/how-to-support-harm-doers-in-being-accountable
- Barnard Center for Research on Women, "What Are Obstacles to Accountability?" Building Accountable Communities, https://bcrw.barnard.edu/videos/what-are-obstacles-to-accountability
- Center for Court Innovation, "Guiding Principles for Abusive Partner Intervention and Engagement," https://www.courtinnovation.org/sites/default/files/media/document/2020/Guiding%20Principles%20for%20Abusive%20Partner%20Intervention.pdf
- Center for Court Innovation, "The Intersection Of Gun And Intimate Partner Violence: A Conversation about the RISE Project," *In Practice* podcast episode, https://www.courtinnovation.org/publications/practice-intersection-gun-and-intimate-partner-violence-conversation-about-rise
- Creative Interventions, *Creative Interventions Toolkit: A Practical Guide to Stop Interpersonal Violence*, https://www.creative-interventions.org/toolkit
- The Chrysalis Collective, "Beautiful, Difficult, Powerful: Ending Sexual Assault Through Transformative Justice," https://docs.google.com/file/d/0B1JeBfMXlK6WNlJtZ3YzbnY5dlU/edit?resourcekey=0--NMystOjKTjjUaVnZMjPVw
- Support New York, *Accountability Process Curriculum*, https://supportny.org/transformative-justice/curriculum
- generationFIVE, *Toward Transformative Justice: A LIberatory Approach to Child Sexual Abuse and Other Forms of Intimate and Community Violence*, http://www.generationfive.org/wp-content/uploads/2013/07/G5_Toward_Transformative_Justice-Document.pdf
- Esteban Lance Kelly and Jenna Peters-Golden, "Philly Stands Up Portrait of Praxis: An Anatomy of Accountability," Philly Stands Up! https://www.transformativejustice.eu/wp-content/uploads/2010/02/portrait-of-praxis.pdf
- Annie Gorden, "Breaking the Cycle of Violence: Utilizing Community-Based Accountability Strategies to Address Sexual Violence," Restorative Justice Center of UC Berkeley, https://www.rjcenterberkeley.org/blog/breaking-the-cycle-of-violence-utilizing-community-based-accountability-strategies-to-address-sexual-violence

- Billie-Jo Grant, Ryan T. Shields, Joan Tabachnick, and Jenny Coleman, "'I Didn't Know Where to Go': An Examination of Stop It Now!'s Sexual Abuse Prevention Helpline," *Journal of Interpersonal Violence*, https://doi.org/10.1177/0886260519869237
- Danielle Sered, "Accounting for Violence: How to Increase Safety and Break Our Failed Reliance on Mass Incarceration," Common Justice and Vera Institute for Justice, https://www.vera.org/downloads/publications/accounting-for-violence.pdf
- Quality Improvement Center on Domestic Violence in Child Welfare, "Relational and Systemic Accountability for Persons Who Use Violence," https://dvchildwelfare.org/wp-content/uploads/2019/11/Relational-and-Systemic-Accountability.pdf
- Sexual Assault Demonstration Initiative, "Culturally Relevant Services for Tribal Communities and Communities of Color: A Roundtable Discussion," https://www.nsvrc.org/sites/default/files/publications/2020-02/1906A-01%20Culturally%20Relevant%20Sexual%20Assault%20Services%20-%20FINAL508.pdf
- National Sexual Violence Resource Center, *Evaluation Toolkit*, https://www.nsvrc.org/prevention/evaluation-toolkit

Public Hearings Q&A Transcript
NYSCASA – Chel Miller

Elizabeth Cronin (OVS): *When you mentioned in the beginning about part of this is letting go of the myths of the punishing systems as the only way to go --having been a domestic violence prosecutor for many years, that was certainly the way we were headed, was just through the punishing system-- how do we balance that here with victims who want to have someone punished through the criminal justice system, where others feel maybe that's not in their best interest? Is the vision that its completely victim-driven, or how do you balance those competing interests?*

Ultimately, it should be victim- and survivor-driven. It is up to the survivor if they want to report to law enforcement in the first place. That's entirely their choice and should never be pressured to. When it comes to having other options, they need to be available. The reality is that they are not made available, people are not informed about them, and I think we have an opportunity to imagine what could be. I shared a list of organizations that have been working outside the state for decades. This is not to say that their processes should be replicated, but that we can learn from what they've accomplished. I included in our recommended resources a number of documents that those organizations have put together that could be very helpful. Ultimately, it should be survivor-driven and, also, anti-oppressive.

Elizabeth Cronin (OVS): *So that also brings up the question of mandatory arrests and all of that, that sort of was developed when I was practicing. I have another question there are a lot of these programs —and I'm not sure or clear about if there's a lot of different models that are all equally appropriate, and whether its good to have a bunch of different models that different programs can use-- so when you were talking about how the decisions should come from the community level, if there's different organizations within that community that want to employ different models, do you see that that works, or is it that communities should be encouraged to kind of adopt the same model so that its kind of clear to everybody where the best practices are?*

We should definitely outline best practices and guidelines, but it should be driven by the community. Ultimately, in my experience of learning about accountability from some of the organizations I mentioned, is accountability processes are best done within a very local, specific community. So, facilitators, for example, should really be from within a very small community. I, personally, will not facilitate an accountability process for people I don't know, for example. SO that's what I mean when it needs to be community driven. Facilitators should be coming from the community, have lived experience and know people in the area. The models they develop in Kingston might be really not appropriate for Porter Corners, New York where my parents live, as it's very rural. It may require different dynamics and that's okay.

Johanna Sullivan (DCJS): *I just want to follow up, and this is something in our work, and we're doing a lot of work in the area of police-community relations and trying to define and working to provide technical assistance to police departments on those issues and a variety. And one of the issues that comes up a lot is, when you say community, what exactly are you defining as the community? And I'm just curious, from your perspective, when you say community-driven, obviously within a community there are lots of different people and lots of different voices, how do you define or how do you frame, if we are going to have this be --if I'm understanding where you are going correctly—broad guidelines with a very heavy flexibility for communities to make it be very flexible to them, who gets to be the community, the voice in that community to define what it looks like for that community and how would you envision that looking like?*

> Right, and I think to clarify, too, what it means when we say community-specific, right, it's defining community in very broad ways, whether it's a faith community, a neighborhood, there's different kinds of communities. Ultimately, it should also be locally specific. Is it a neighborhood, a borough, a town, a county? Perhaps its specific to that county, perhaps its specific to that city. Ultimately, we believe that a one-size-fits-all does not work in victim advocacy, it does not work in supporting people who have done harm.

Johnathan Smith (DHR): *I also have a follow-up, which I think builds on both Elizabeth and Johanna's comments, because, I guess to put a fine point on it, and maybe I'm wrong here, but say you have community, however you define it, that says, "we want mandatory minimums, we want mandatory arrest policies" or, "we want a really kind of punitive, traditional, or whatever term you want to use," is it —just so I understand your argument— would you say "okay, that's what they want to use," or is it your position that there should be some limit to what… and obviously I say this in part because we are having a statewide and national conversation on punitiveness or public safety, and so, to me it's a moving target, in all different types of communities, in all the communities you mentioned, and I just wonder to what extent you think that's okay, or if there is some type of frame or baseline that should drive that conversation?*

> Right. So ultimately NYSCASA's position is that we do need to rethink —as the community that is the anti-violence movement in New York— we do need to rethink, actually, how we look at violence, you know, who gets to say what violence is. We are also not addressing police violence in this field, largely. Ultimately, we do need to rethink how we are responding to violence. Ultimately, many survivors will want to see criminal justice involvement, and it is not our place to say that's not acceptable. Ultimately, we do need to really be thinking about how do we prevent it in the first place, and relying on mandatory arrest is not doing that. Relying on incarceration doesn't prevent violence in the first place. It can provide some safety for survivors in domestic violence contexts, when we

remove somebody from a situation, but ultimately, its not a tool that our movement should be relying on in the long run. As far as resources, I really recommend looking into the Creative Interventions Toolkit, which is a really helpful tool for thinking through what do we mean by community, what do we mean by what the community wants, and I think I would highly recommend that folks take a look at that resource.

Kelli Owens (OPDV): *Does NYSCASA use that toolkit?*

We use it more for learning, we are not facilitating accountability processes and that is what that toolkit is primarily intended for, but it's a very helpful resource for understanding a lot of these issues.

Kelli Owens (OPDV): *You mentioned the New York model – what is NYSCASA's position on the New York model?*

We don't have a position on it necessarily. We do appreciate that the folks who have developed it are actively taking an antiracist stance and working to eliminate racism in the ways that we respond to harm and violence, but we don't really have a stance besides what we shared in our testimony.

Kelli Owens (OPDV): *And are they listed as a resource?*

Yes, they are.

NYSCADV
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Testimony of The New York State Coalition Against Domestic Violence
Presented in Response to the Public Hearing on Best Practices for Accountability
Convened by the NYS Office for the Prevention of Domestic Violence

Testimony Submitted by Connie Neal, Executive Director
June 10, 2021

My name is Connie Neal and I am the Executive Director of the New York State Coalition Against Domestic Violence (Coalition). On behalf of the Coalition, I want to thank Kelli Owens and the staff of the NYS Office for the Prevention of Domestic Violence for the opportunity to convey comments regarding accountability.

About the New York State Coalition Against Domestic Violence

The New York State Coalition Against Domestic Violence was established 43 years ago as a statewide non-profit advocacy organization comprised of local domestic violence service providers and allied organizations who are committed to preventing and ending domestic violence. In New York, there are nearly 100 residential and non-residential domestic violence programs which serve more than 53,000 survivors of domestic violence and their children each year.

Our organization is federally designated as the information clearinghouse, primary point of contact and resource center on domestic violence for the State of New York. We provide education, support and technical assistance to domestic violence service providers, and support the development of policies, protocols and procedures to enhance domestic violence intervention and prevention.

Introduction

For nearly 45 years, batterer intervention programs, offender accountability programs, and abusive partner intervention programs have been offered in locations across New York State. The programs vary greatly, by who is facilitating them, how frequently the programs meet, their duration, and the particular curriculum that is followed. Some programs accept only participants who are required to participate by criminal or family courts or probation or parole. Other programs are open to voluntary participants.

For several years, the Coalition has engaged in information gathering processes to examine best practices regarding accountability for those who are abusive. One aspect many advocates agree on is that there is little evidence that accountability programs reduce recidivism. There also are no guarantees that these programs modify individuals' behaviors.

In 2017-2018, the Coalition convened a small focus group of accountability program staff and had several listening sessions with advocates across the state. More recently, the Coalition convened a listening session with advocates, distributed a survey to dv programs statewide, and also surveyed statewide domestic violence coalitions across the country regarding recommendations and best practices. From this point of reference, the comments in this testimony represent a compilation of information and recommendations as the state moves forward with addressing accountability and best practices for abusive partner intervention.

Summary of "Advocate Perspectives on Offender Accountability Programs: Where Are We Now and Where Are We Headed?" Interim Report (12/20/18)

What Do Domestic Violence Advocates in New York Think About Offender Accountability Programs?

In 2017, the Coalition set out to answer this and other questions regarding accountability. The Coalition's intention was to query the domestic violence advocacy community – the people working each and every day to provide services for survivors and their families – to evaluate current thinking about accountability programs.

To begin this effort, the Coalition organized a discussion with a small number of organizations offering offender accountability programs in the state in September 2017. This meeting led to the development of a series of questions about accountability that the Coalition intended to pose to staff of "primary purpose" domestic violence service providers at a series of four forums held around the state in 2018. The Coalition invited all primary purpose domestic violence service providers to attend a forum to offer their thoughts and feedback about accountability.

Throughout these sessions, advocates repeatedly urged the Coalition to broaden its effort to include domestic violence survivors, systems partners, accountability program facilitators, individuals currently participating in accountability programs and individuals who have completed accountability programs. Realizing that this enhanced effort would necessitate time to complete, the Coalition prepared an interim report to summarize the information received throughout 2018.

Initial Coalition Discussion with a Focus Group of Accountability Program Facilitators in 2017

Participants in the accountability program focus group coalesced around these primary concepts:

- Accountability programs must not compromise the safety of the victim. Facilitators of these programs should understand that they can do more harm than good. They should avoid contacting victims for information or as a way to measure an offender's accountability.

- It is critical that facilitators of accountability programs collaborate closely with local domestic violence agencies on program approach, curriculum and measures to assess accountability. Further, accountability programs should not compete for funding with domestic violence service providers.

- A one-size fits all approach to accountability programs in a state as diverse as New York will not be effective. It might be advisable for the Coalition to identify "Best Practices" for accountability programs, but seeking changes to state statutes or regulations may take too long and would make it difficult to modify the state's approach in the future. Any process to develop guidelines or standards must be inclusive and must rely on the input of accountability program facilitators and domestic violence agencies.

- It is the responsibility of everyone in an abuser's life to hold the abuser responsible for prior actions. It is not merely the responsibility of the courts, which have very little, if any, knowledge about what accountability looks like for a survivor. Courts also have a tendency to confuse an individual's compliance with an accountability program with accountability.

- Any accountability program curriculum must be client-centered and trauma-informed and be based in the premise that abusers admit and accept responsibility for their actions. They should include a discussion of the intersectionality of oppression. It also is critical for program facilitators to understand that abusers can present themselves in their communities as "nice" people who do not engage in these offenses in their homes.

- Accountability programs largely focus on program participants. In addition, these programs ought to be working with the community on primary prevention efforts and be immersed within a solid foundation of systemic, institutional and social justice change.

- The need for interpreters for program participants is great, yet rarely is funding available.

Statewide Forums with Domestic Violence Advocates in 2018

In 2018, the Coalition invited primary purpose domestic violence service providers from around the state to a series of four forums held in New York City, Albany, Syracuse and Batavia. Each forum was conducted in the same manner, with Coalition staff posing a series of questions to forum participants.

Forum participants offered the following feedback regarding domestic violence and accountability:

- Domestic violence is intentional, coercive conduct based on power and control that someone uses to control an intimate partner or another member of the household/family. It includes psychological, physical, emotional, sexual, economic, technological or spiritual abuse.

- Domestic violence is culturally constructed and community supported. Gender is a huge piece of the origin of domestic violence so it is important to consider the intersectionality of sexism with domestic violence. For example, in our society, men are taught that because they are bigger and stronger, controlling people is acceptable. Thus, the behavior becomes normalized within the family and the community.

- We increasingly recognize domestic violence among different types of communities, including LGBTQ, immigrant communities, and communities who speak a range of languages. And, we need to refine the definition of domestic violence to make clear marriage is not a prerequisite, and that it occurs beyond heteronormative relationships. Advocates are working to make programs more accessible and inclusive to all survivors, in all relationships, in all marginalized communities.

- The fundamental dynamics of power and control have not changed over the years, but the ability of abusers to maintain power and control over their victims has. Technological advancements have presented new tactics and methods of exerting power over partners. Some abusers use immigration status to control their partners. And, with the prevalence of weapons, domestic violence incidents can become more violent.

- People are beginning to realize that abusive individuals may have been abused in their past. This does not excuse or negate the abuse they have perpetrated. Increasingly, we are beginning to humanize offenders, coming from a place of compassion, without forgetting the offenses that have been perpetrated. Offenders should understand their value within the community. We should make them aware of how their actions are impacting others, particularly their children.

- Accountability means holding an individual responsible for their actions and the consequences of such. Ideally, abusers acknowledge that their actions were wrong and recognize the harm they have caused. It means accepting the actions, thoughts and beliefs that led to the actions or series of events and the choices an abuser embarked on to make certain decisions. Accountability means an offender is given consequences for their actions, and more importantly, when the community reacts in such a way that shifts the blame from the victim to the abuser who is abusing.

- Accountability may look different, depending on the context or system that is holding the person accountable. For example, accountability within the legal and criminal justice system may be different than accountability to society or to the survivor.

- Accountability within the accountability program means there are established policies that participants are expected to follow (e.g., policies for arrival time). It

defeats the purpose if program facilitators modify program rules for participants or if judges allow participants to bend the rules.

- Today, accountability programs include discussions about racism, sexism and patriarchal society. They have evolved beyond offenders merely owning up to their actions. They now model respect while addressing behaviors and social norms from an intersectional feminist perspective.

- We know only a handful of abusive people are participating in accountability programs. Participation in the programs should be voluntary and not mandated by the court. Until an individual wants to change, it will not happen.

- Accountability programs can offer victims a false sense of hope, just like Orders of Protection may offer false security.

- Offenders complete accountability programs but continue to offend. Many abusers do not seem interested in recognizing the harm they have caused and making changes.

- Criminal courts should not assume that completion of an accountability program means the offender has been healed or will not continue to abuse.

- No program is perfect and change is possible. The goal is to conduct these programs without undermining programs that provide services to victims. That is why it is imperative that accountability programs operate with the full engagement and support of local domestic violence service agencies. Coordinated community response teams, domestic violence agencies and accountability programs need to work together and consistently across the state. Yet domestic violence advocates rarely have a role in assessing an offender's accountability, even though they may know best what the survivor is seeking with respect to accountability.

- There is no consistency to accountability programs. The programs vary widely from county to county. State standards or guidelines, however, would not be community-driven and would not support modifications to community-based approaches. It would be wise to establish a referral system where courts send offenders to a specific list of high-quality accountability programs. If a particular program is damaging or harmful, it should be shut down immediately.

- Many domestic violence agencies do not have adequate funding to provide services for survivors, let alone offenders.

- Communities fail to hold female perpetrators accountable. We also fail to hold accountable offenders with language barriers and youthful offenders.

Forum participants offered the following feedback regarding survivors:

- We need to spend more time listening to survivors and what their needs actually are. We need to understand that they are more aware and more in control of their lives

than we are. Survivors are telling us, “Hear me for where I am.” They want the opportunity to determine what safety looks like to them. We need to acknowledge that our solutions do not always meet their needs.

- Survivors see domestic violence programs as part of the system that oppresses them, particularly because programs receive funding from that same system. Systems that were intended to work, such as Family Court and local Departments of Social Services, are no longer working and instead are re-traumatizing survivors.

- Many survivors do not want to leave their partners; they want help for their partners but not arrests. Too often, advocates judge survivors who want to stay. Yet it might be safer for survivors to stay. Leaving can be dangerous. They may not be able to support themselves on their own. And there is a lack of shelter beds and affordable housing. At least at home, survivors know what to expect and can protect their children.

- Our current shelter system and non-residential programming does not work for all survivors. It would be better if advocates had funding available to provide to survivors for them to spend as they see fit. Advocates also need to acknowledge that only a few survivors come to a program for services. Advocates need to meet survivors where they are.

- Due to the current political climate, some advocacy programs have seen a 50% reduction in the number of immigrant survivors seeking services. They are not telling advocates valuable information so they can get help. Immigrant survivors also are not calling the police or filing petitions in Family Court. They are fearful of deportation and this fear traps them in abusive relationships.

- Survivors living in poverty want to learn more about economic independence. Current services are not accessible to them or are not meeting their needs. The lack of public transportation makes it difficult for many to obtain services or to maintain employment.

- Funding is unstable. We need more resources to provide training and skills development for survivors so they can become financially independent.

- Survivors from communities of color want systems and programs out of their lives because they feel over-policed and over-surveilled. They are afraid that filing petitions in Family Court will result in their children being taken away. They do not feel safe seeking services from programs that are not reflective of their community.

- LGBTQ survivors want more inclusive services. They are fearful of involving law enforcement because police typically respond by arresting both partners. The language and terminology we use must become more inclusive. By reiterating that domestic violence is primarily a man abusing a woman, it erases the LGBTQ experience.

Forum participants offered the following feedback regarding the criminal justice system:

- Some communities are utilizing High Risk Teams to train law enforcement and probation and parole officers, provide enhanced support to survivors and ensure services are provided in a survivor-focused manner. Having all the expertise at the same table is very helpful. It provides an opportunity to identify needs and trends; then the group can address them collectively. And it enables participants to hold the others accountable for the process and response.

- Training for law enforcement, judges and court staff needs to be improved. Judges need to stop offering plea bargains for domestic violence crimes. There is no consistency in the criminal justice responses and systems across the state. It can vary greatly from county to county, town to town.

- Judges do not understand that survivors need to define what accountability means to them. Accountability looks different for every victim and makes a difference in terms of survivor safety. Court outcomes are not always what advocates or survivors want.

- Domestic violence cases can be stuck in the criminal justice system for months, due to postponements and other reasons. This prolongs the risk to a victim's safety.

- Survivors are often mistaken for abusers, particularly by the criminal justice system. They often cannot understand the language spoken by police. And recent immigration policy changes have heightened the level of distrust. Survivors have negative relationships and experience with the police and court systems. It may be difficult for them to ask for help in the future.

- Our current systems cause harm to survivors and offenders. Just having more police does not fix the problem. Law enforcement discriminates against people of color. Survivors may want the abuse to stop, but they do not want their partners arrested and possibly killed in police custody. Abusers suffering trauma at the hands of police plays back into the violence survivors are already experiencing.

- Law enforcement is required to offer an interpreter to victims, but this is rarely used. Language accessibility needs to increase. It causes a lot of distrust. Survivors say they are not going to trust advocates because advocates do not speak their language.

Forum participants offered the following feedback regarding social change:

- Advocates are all doing social change work. It's in the outreach to survivors. It's in direct care, which is focused on empowering women, validation and integrity. It's in the outreach in our communities where our advocacy programs operate, such as youth prevention programs. It's in advocates' work with partners. And it's in advocates' efforts to change laws.

- Advocates do social change when we provide educational and informational outreach at public forums, when advocates conduct emergency and first responder training, when advocates train professionals on the signs of domestic violence and prevention efforts, including engaging men through curricula such as Stand Up Guys, and when advocates provide healthy relationship education in fatherhood and parenting classes. When someone in the community says domestic violence is not okay, that's real change.

- Accountability is the most important vehicle for social change. It is an area where the domestic violence movement has not yet succeeded. We need to think about accountability for the entire spectrum of abuse by the criminal justice system and other systems (including communities and peers). That is when we will see meaningful change.

- Domestic violence program funders require our work to be performed in a certain way, so advocates' ability to do broad-based social change work suffers. If advocates really wanted to pursue social change work, we would need resources to support it. It is a challenge because advocates know there are things we can do to change social norms, but programs do not have the resources to perform them.

May 2021 Advocate Listening Session and DV Program Director Survey

In May 2021, the Coalition convened a listening session of domestic violence service providers statewide to collect comments and recommendations regarding the Public Hearings on accountability and the list of questions posed by OPDV related to the topic. In addition to the listening session, the Coalition collected comments from domestic violence service providers via a survey distributed through the Coalition's dv directors listserv, as well as other comments which were provided to Coalition staff.

Using the list of questions posed by OPDV, the summary of comments and recommendations from domestic violence service providers are as follows:

1) Should New York State have guidelines for programs providing accountability for those who harm their intimate partners?

DV programs agreed that New York State should have a set standard of guidelines for programs working with those who harm. Guidelines will provide clear and transparent expectations for offender accountability programs and set consistent standards of operation for all programs operating within the state. Further, having guidelines in place will ease the burden on advocates and other community stakeholders when fielding calls from survivors and offenders in their local communities in search of this resource.

The guidelines need to be informed by those doing the work; advocates and offender accountability programs. These guidelines should emphasize offender accountability programs, dv programs and other community partners (such as law enforcement, probation, parole, criminal courts, prosecutors, family courts, child protective services, and attorneys) maintain regular communication as part of a coordinated community response team to ensure that any accountability program in the area is known and

informed by local stakeholders. This is integral to the success of any program. At present, the lack of a requirement for offender accountability programs to be in contact with local DV programs often means that a DV program is unable to provide a referral for such services confidently.

2) Should New York State license, certify, and/or regulate accountability programs for persons who harm their intimate partners? All? Some? If so, which ones?

DV programs favor setting up standards of practice for New York State with a pause on moving forward into licensing, certification, and regulation at this time. Starting with guidelines gives the state and programs time to make any necessary shifts in their operation while evaluating and adapting best practices as needed in the process. This is a necessary step before convening a conversation on regulating, licensing, or certifying offender accountability programs.

A major concern regarding licensing and certification is the cost, which needs to be given due consideration. Existing accountability programs that currently partner with or operate under the same umbrella as local domestic violence service providers maintain self-sustaining funding levels. Licensing and certification costs could negatively impact the financial stability of existing programs and cause them to seek grant funding or raise fees charged to offenders attending each meeting/session to maintain operations. At the same time, programs agreed that funding should not be taken away from domestic violence survivors in order to fund offender accountability programs.

One program shared that *"years ago, there was a program that popped up in our county and their only training was that they attended our program's DV 101. They then listed on their website that they were "certified" by us (as if we had the power to do that). We called them and insisted they remove that language from their website. So, I think some form of regulation would stop fly-by-night programs from doing this kind of thing."*

As far as who should be responsible for certifying programs, it should be informed by the programs that speak for dv survivors and advocates.

3) What are the key components of an effective accountability program for persons who cause harm?

Defining what is an effective accountability program and determining the key components of such a program requires more conversation and engagement with various stakeholders. Any conversation must involve the Coalition, as the representative of DV programs, working together with New York State to ensure that the voices of DV programs are being heard and to avoid unintended consequences for survivors and criminalized survivors in particular.

Programs did agree that offender accountability programs should be working with their local domestic violence service provider and additional service providers such as substance abuse, mental health, and other resources in their community to provide necessary referrals. This could be done through a coordinated community response

team, as it is hard to hold someone accountable for their actions when other interfering factors also need to be addressed.

Base components of effective accountability programs should include:

- Ensuring the safety of the victim/survivor.
- Offenders attending meetings regularly with clear consequences for any missed meetings.
- Offenders acknowledging harm.
- Possibly including an assessment component (i.e. placing highest risk individuals with other high risk individuals).
- Working with a coordinated community response team.

4) Should there be different requirements for programs receiving court-referred participants than for programs taking only voluntary participants? What should those requirements be?

Voluntary vs. mandated programs are different methods of programming and should have separate requirements and conditions associated with each type. Voluntary is more intervention focused, while mandated involves an external entity such as court, probation, and parole stipulating a measure of accountability. However, programming should be the same, with separate groups for voluntary vs. mandated participants. Separate groups may not always be possible in more rural community-based settings, and further discussion would be necessary to determine best practices in these situations. Outcome measures determining what success looks like could be different. There is some uncertainty on what accountability looks like in a voluntary program.

It is incredibly important that we clarify the difference between accountability programming (mandatory) and intervention programming (voluntary) and understand that accountability on its own is a necessary component in dealing with abusers. If abusers identify that they are abusive, they should have access to programs that they voluntarily enter into but that DO NOT report to the court, or write letters of support/ certificates of completion etc.

There is a noted concern in that both voluntary and mandated participants could be there to check off the box. Until the participant is ready, change will not occur, and completion of a program will not make a survivor "safer."

5) What would accountability that does not involve the criminal or civil court system look like?

Accountability outside the court has the potential to create further community engagement in the process by utilizing restorative justice models and prevention strategies. Additional strategies include financial restitution to survivors, the community, and others that may have been harmed. This could include payment of costs incurred by survivors or others such as medical bills and repair costs for property damage.

One recommendation states that it could look like intense case management and building strong partnership networks focusing on the offender's needs. Others

mentioned they do not believe accountability in this form is possible. And, overall no clear model was mentioned as a basis of best practices outside of the criminal and civil court system.

6) How should "success" be measured for programs for those who harm?

Many programs mentioned that the only measure of success for court-mandated programming is the completion of the program. This does not guarantee a change in behavior or a "fixed" offender, just that this court condition for adjudication has been met. To stipulate additional measures of success, comments noted a need for additional case management, including but not limited to pre/post-test monitoring for recidivism via DIR's (as an indicator of additional criminal justice system involvement).

Some recommendations including follow-up engagement with offenders and survivors while others noted survivors should not be involved in monitoring due to the risk this can put them in. Additional comments mentioned including the survivor in determining what success looks like in their particular case.

7) Should such programs be limited to one gender, or should all genders be addressed together?

There were no objections to limiting accountability programs to one gender. There are male and female perpetrators of dv but there are different dynamics involved. Taking into account these differences, feedback varied throughout the state. Some programs hold mixed-gender groups based on assessments at intake and discussions with group participants, some hold single-gender identity-based classes, and others find that separate programming would provide a space to better tailor the programs to specific populations.

Several comments noted that the ratio of male to female-identifying offenders is greatly disproportionate, and this may be a factor to consider for programs with low female offender numbers. Gender segregated programming also does not consider where genderqueer, non-binary and gender non-conforming individuals attendance would be most appropriate.

Additional comments expressed concern about survivors being mandated to offender accountability programs, which is already occurring. It was noted that several communities are currently only providing male offender accountability programs, which is proving problematic when a female is ordered to complete a program. Additional primary aggressor screening should be implemented as part of program operations.

8) To what extent should programming be uniform, or should there be a range of acceptable options that may be chosen by programs for use?

There was a range of responses, including specific models programs prefer or do not prefer to use. The majority suggested a range that allows every community to provide feedback and develop their coordinated community response. A range will also allow and consider the variations in availability of resources and community supports

available. Consideration is also needed for offering appropriate programming for LGBTQ+ identifying offenders vs. programs developed for cisgender male offenders.

In addition to offering a range of programming, one commenter mentioned maintaining a resource catalog of curriculum and media, technical assistance, and best practices.

9) In what ways can/should programming be culturally-responsive and trauma-informed?

All responses indicated that they are in favor of programs being culturally responsive and trauma-informed. This should be a requirement of the guidelines and any future regulations.

Specific mentions of how accountability programs can achieve this include performing an ACES assessment on all individuals as part of the intake process, and having a culturally and racially diverse staff to meet the community's needs to address tactics and behaviors that are socially and culturally condoned within individual community groups. Discussion of power and control tactics and behaviors was mentioned by several commenters as an integral piece to make offender accountability programs "successful."

In providing trauma-informed care, it was also noted that "past traumas cannot be an excuse and not the blame for the offender's behavior, at the same time, past traumas play a part in the offender's history and that needs to be acknowledged."

Summary of State Coalition Responses on Statewide Accountability Initiatives

In May 2021, the Coalition surveyed other statewide domestic violence coalitions to gather information on practices related to accountability as well as the role of coalitions in statewide accountability initiatives. Highlights of this information gathering process include the following:

1) What role does your coalition play in offender accountability in your state (certification, advisory board participation, etc.)?

State coalitions are involved in statewide accountability initiatives by participating in state committees and boards on offender accountability, working with domestic violence programs, working on reforms, and providing technical assistance and support.

Other coalitions reported that they:

- are defined in their state statute as being responsible for certification and oversight of batterers' intervention programs and providers;
- convene a standards committee comprised of state and local partners;
- coordinate a peer review process for accountability programs; and
- hold a contract with their state department of criminal justice to assist in the administration of the battering intervention and prevention program.

2) Does your state have guidelines for programs providing accountability for those who harm their intimate partners? If so, how were they developed, and who determines them?

The majority of coalitions responded that their state has guidelines. Some coalitions reported that the guidelines were written directly in statute, other coalitions reported that they led the development of guidelines, and additional coalitions reported that committees run by the state developed the guidelines/standards. A review of the responses showed that whether it was the coalitions or the states that led the development, there was a collaborative effort to invite stakeholders to participate in the process.

3) Does your state license, certify, and/or regulate accountability programs for persons who harm their intimate partners? All? Some? If so, which ones? And who does the licensing?

The majority of coalitions reported that their state runs the certification process through agencies such as the Department of Health, Department of Corrections, Department of Criminal Justice, Office of the Attorney General, and Domestic Violence Board/Council. Other coalitions reported that they are responsible for the certification and oversight. Another coalition responded that their accreditation guidelines currently only apply to groups for men who have harmed women, and one coalition reported that their state does not currently license or certify.

4) What are the key components used to determine an effective accountability program for persons who cause harm?

The majority of coalitions stated that coordinated community response, collaboration, BIP partnerships with DV programs, prioritizing survivor safety, upholding accountability, and probation involvement are key components of an effective accountability program. One coalition responded that having oversight with BIPs could lead to better outcomes in addressing domestic violence and that their state statute has requirements to maintain BIP standards such as requiring annual renewal and demonstrating administrative capacity.

5) Are there different requirements for programs receiving court-referred participants than for programs taking only voluntary participants? If so, please share them.

The majority of responses indicated that there are not different requirements, while recognizing that many of their BIPs are tailored for court-referred participants. One coalition responded that in their state, programs have different written policies for court referred clients and non-court referred clients.

6) Are there any promising models of accountability that do not involve the criminal or civil court system?

The majority of coalitions were not able to provide promising models of accountability that do not involve the criminal justice or civil court system at this time. One coalition responded that in their state there are some discussions related to restorative justice and transformative justice but that these discussions have not been disconnected from criminal court systems. One coalition responded that culturally grounded programs that focus on healing is a promising model. Another coalition responded that while they do not have such a model in their state, there are promising models in other states such as Men Stopping Violence and Allies in Change. And, a different coalition stated that with a developmental approach, programs can make progress with offenders when there are no limits on long-term participation.

7) How is "success" measured for programs for those who harm?

One coalition responded that they do not measure success as a facilitator sees an individual for 90 minutes out of 10,080 minutes in a given week. Reports to probation relate to participation in the group, attendance, tardiness, etc. and not on any other measure.

Another coalition replied there are no comprehensive requirements for how programs measure success and that the few indicators of success are around the amount of time needed to complete the program. Also, one coalition stated that they do not measure success because a facilitator sees an individual for a short time and there is no way to monitor what the individual does outside of the group.

Other coalitions stated that courts measure success based on completion and programs measure based on participation and change in attitude. Coalitions also stated assessment of offender competencies and treatment plan reviews, quality of life indicators, program completion, referrals, and engagement in coordinated community responses were all measures that were utilized.

One coalition reported that programs receive audits of their case management, staff files, policies and procedures and group sessions for compliance to the accreditation guidelines. Their department of criminal justice monitors data outcomes such as program completion rate, number of participants served, and number of service hours provided to participants. Program success includes engagement with their referral sources and CCRs to promote offender accountability and victim safety. Program completion is a key indicator of outcomes for participants. Programs should have a balance of accountability and support in the group sessions to support program completion outcomes and that meaningful opportunities for change exist in the program.

8) Are programs limited to one gender, or are all genders addressed together? Are there different dynamics?

The majority of coalitions responded that BIPs in their state separate by gender/sex. Some coalitions further provided that there are separate standards depending on gender and gender identity. One coalition stated there are vastly different dynamics, with 100% of women in these programs being victims of domestic abuse who have been arrested for using violence against the person who was abusing them. Another

coalition responded programs understand that women who are placed in programs are actually victims of violence. Only one coalition replied that some of programs put everyone in the same group while others separate by gender.

9) Is the programming uniform, or is there a range of acceptable options that programs may choose for use?

For states that have guidelines and standards, especially those written into statute, the BIPs adhere to the requirements. The majority of coalitions reported that there is not a required curriculum that programs must use. However, one coalition reported that in their state the Duluth model is being prioritized for the overall approach because curricula are only effective if they are embedded in a coordinated approach while fostering personal transformation. Another coalition further specified that while programs can design their own curriculum that complies with guidelines, they do have pre-approved curriculum such as Men at Work by MSV, Creating a Process of Change for Men who Batter by Domestic Abuse Intervention Programs (Duluth), or Emerge. One coalition stated their programming is not uniform because there are racial disparities in their state that lead to differences in how programs are operated.

10) Are programs culturally responsive and trauma-informed?

The majority of coalitions agree that programs should be culturally responsive and trauma-informed. However, many coalitions report that it varies by program. Some coalitions responded that programs are better at being trauma-informed than being culturally response because their states lacked diversity, there is a language barrier, etc. One coalition reported BIPs in their state must establish policy and procedure to ensure an awareness of cultural diversity.

Conclusion

In 2017, OPDV released a list of guidelines that could be considered when assessing abusive partner intervention programs in NYS. The guidelines offered an introduction into methodologies that should and should not be implemented when facilitating these programs. However, the effort was met with some resistance, primarily because a broad-based group of NYS stakeholders was not invited to participate in the development of the guidelines at that time.

The Coalition recommends that OPDV initiate a collaborative process with the Coalition, DV advocates, facilitators of NYS abusive partner intervention/accountability programs, DV survivors, state and national partners and other stakeholders to update these guidelines and determine how they should be utilized in the future. Accountability is a difficult, complicated, and challenging issue, but strong local and statewide partnerships can provide the framework to enhance the quality and improve the consistency of intervention and accountability programs, ideally within the context of broader social change.

Public Hearings Q&A Transcript
NYSCADV – Connie Neal

Kelli Owens (OPDV): *Could you expand a little bit on what you mean when you say the accountability programs have to include the individual taking responsibility for the abuse? Can you tell us what that might look like from your perspective and the perspective of providers?*

I think that process for some individuals is very educational, for them to get to the place where they can say, "yeah, I did that," "it's my responsibility," "I understand a bit more about how that impacted my partner, my children, and other people in my community." I think it's a goal, and it may be a goal that's not always able to be achieved in the concept of an accountability program. Again, if we are thinking about the overall amount of time that a program has with a person, it's really small. So, I think the broader theme of some of my comments is to look at ways that the community, other systems, and other people in the lives of the person that has been abusive can all relay the same message about behaviors and choices and actions, and that there are other ways of being and other ways to interact with people. So I think it's a little bit of a place where we would move through any thoughts of minimizing the abuse and the impact of the abuse that has occurred, and helping that person know and understand, and providing them with resources and support to get to the place where they are taking that in and really being able to get to the place where they can say that that's something that they did, and they are accountable for it, they know and understand. And that's one of those milestones that's on the way towards some significant change with that person in their life. For some people, it could be a lifetime process that they go through, and for others, the hope is that we'll see change more quickly, but I think the idea around change is that this has to be a broad process with consistency in the messages, consistency in how systems are responding, and consistency in how systems are also responsible in holding people accountable as well. So, it's a broad process, and if there's that person in the program, we're doing what we can to hear that message from them. There are no guarantees, of course, with anything, but that's always the hope, that we can continue to move forward with this process.

Kelli Owens (OPDV): *As you said Connie, in New York State there's a bunch of accountability programs and there are no standards. There are guidelines, but there are not standards. I know that other states have tackled this as well and provided some more standards – is there a model within New York State, or a model within the country that you think we should be looking at as the best practice, blue ribbon type of program?*

Well, Kelli, I think I would circle back to the comments I just made. I think we have a couple of points of reference here in New York. Again, back to those

major goals that were laid out a few years ago with the model policy for counties, and also really taking another look at the guidelines from 2017. Those are two points of reference. And I think it's not only the document or the model itself, but its also the process that is incredibly important, that we really have and show and model ways that --on the statewide level and the local level-- that domestic violence advocacy programs, people that are providing accountability services, and just name a system in the community. All systems in the community interact with people who are abusive and all systems interact with survivors. How we can come together to figure out "here's what we know now, this is our best thinking" about collaboration, about consistent messaging, about doing what we can to have a broader perspective about what's appropriate and what's not appropriate, and to do what we can to make sure survivors have everything that they need, and do what we can to help people who have been abusive go through that process of knowing and understanding the impact of their actions and know and understand that there are different ways of being and there are supports available. I think its also the broader messages that we put out to around domestic violence, its really being clear about what we know about domestic violence. Substance abuse and misuse does not cause domestic violence. Poverty does not cause domestic violence. Mental health issues don't cause domestic violence. There are correlations, but those aren't causal. For us to really know and understand and hear the foundation of what survivors are telling us that they've gone through, about what domestic violence is really like, and what they are telling us, so that they can hopefully be safer in the community and in their lives moving forward. At the same time, we can make some positive steps forward to reducing the amount of domestic violence that occurs. And maybe, more broadly condoned in our society. But I think we can make some positive steps to having a clear message about appropriateness and a clear message about accountability that can resonate from so many different levels and places.

Kelli Owens (OPDV): *In your testimony you referenced those that are mandated and court-mandated to go to accountability programs or other inappropriate things that are assigned for them to attend, I think you and I would agree on that. Has NYSCADV or the providers done any research around what are those that are mandated, is there a difference or should there be a difference between those that have court-mandated folks and those that are voluntary? Is there any research or anything that you can reference or help us understand around those, or should it be an integrated look at the problem?*

I think after hearing from advocates around the state, and also checking in with domestic violence coalitions from around the country, this is one of those areas where it feels a little bit less settled as far as best thinking. And I think probably

where things have landed is, perhaps, the content should be similar for both those who have been mandated, as well as those who voluntary seek out programs. It's the same content, and you know if its around domestic violence, I think there is a basis that we can build on, that the content is very much similar, and there shouldn't really be a difference. I think where there is a concern is, sometimes individuals who have been abusive may seek out an accountability program, complete it, and then use it to manipulate or twist a system response that can really have some backlash and some unintended consequences for the survivor. So, I think its really being careful about those programs in which the participants are voluntary, that, for example, there aren't letters written to the court, there's not certificates of completion, or anything else like that that could potentially cause additional repercussions for the survivor, but rather, it's a process for people who voluntarily want to seek out help or assistance or support or whatever they think they are looking for in their lives, or want to make change, we need to make sure that the content is similar for anyone.

Elizabeth Cronin (OVS): *Do you have a sense of how the courts understand the differences in these programs, and, also, probation departments? Because I assume a lot of these cases end up being misdemeanors and are put on probation with certain conditions, so what is your understanding of how this is being treated and handled by the courts and by probation departments? And then, maybe what's a good way to address this with that system?*

First, I want to speak more broadly, maybe it's a little bit of a cautionary note. It's the hope that we can do more education around expectations with an abusive partner intervention program or an accountability program. By mandating someone to a program, there is no guarantee that the behavior is going to change. By having it be a part of a court-mandated process or a part of probation or parole, its one of many conditions of supervision that an individual under supervision would have to complete in order to successfully complete their time on probation. So, it's just one aspect of everything they are asked to do by their probation officer. The hope is that they will take in information that is helpful to them. I think it's a not of thinking through that it is one element, and it has to be an element within a broader perspective of really knowing and understanding domestic violence and those foundational issues that are very important for anyone to know about. I think the possibilities certainly do exist where there is more work that we can be doing around training. I know that if we are thinking of courts –and I would equally include family courts and criminal courts in a broader picture of thinking about training and knowledge and the aspects of the kinds of court orders that occur. We know survivors are struggling with incredible issues around custody and visitation and child support issues, for example, more in the family court side of things. And to know and understand the manipulation that occur. What abusive people often times do with multiple petitions, bringing

survivors back into court year after year after year, and just thinking back to experiences of survivors totally having to spend oftentimes tens of thousands of dollars more in legal fees because they are having to respond to being pulled back into court. So, the family court piece very clearly has to be a part of this process. As we are looking at knowledge and understanding and procedures for both family court and criminal court judges and clerks and staff. I think around accountability too, when women are in the criminal justice system, the vast majority of them are survivors of domestic violence, so, I also want to say too, certainly a number of women who are in the criminal justice system are there for no other reason than they may have used force to protect themselves, or they were coerced into committing another crime, and that coercion came from their partner. So there is also a very close, clear, and strong connection about those pathways we are looking at as we look into the criminal justice system, and certainly the repercussions for how probation or a parole officer might provide that kind of supervision and support. So that all speaks to coordinated community responses, the need for clear connections and collaborations that are truly meaningful and ongoing between criminal justice professionals, domestic violence advocates, accountability program staff, and many other systems in the community, so that we can get to this place so that there is a stronger understanding of what we can do together to hold the individuals accountable, but also bring about some greater social change that we want to see towards reducing domestic violence in our communities across the state.

Johanna Sullivan (DCJS): *When you talk to the advocates and hearing* ***from*** *around the country, how have they thought about ensuring compliance? So, if the guidelines are, in fact, created as discussed, and you said that there should be consistency amongst the voluntary and the court-mandated and probation-mandated programs, has there been a thought or a model that you've seen nationally that's out there that – whether it links it to funding, whether it links it to 'only these ones can be referred to' etc, or only these ones will be taken into account if they are voluntary in the court or the family court—is there a model out there that ensures that kind of compliance that we've seen to guidelines that you would suggest we consider, or the state consider?*

Well, I think certainly the more detail there is in the guidelines, the more a focus would need to happen to make sure that programs are meeting those guidelines. Certainly, that will take some resources and it will take some decisions about who should be providing that kind of oversight. There are models in other states in which there are different state agencies involved, anywhere from the state criminal justice agency, to different agencies that have that kind of oversight role. In other states, the state coalition has that role. I think that kind of monitoring process and review does take resources, I think there is no other way around it,

but I think its also an opportunity for us to be really clear about those kind of dangerous practices that we would not want to see in our state, ways to minimize unintended consequences for survivors, and the way that we can also build into this process a conduit or coordination for continuing to build knowledge about domestic violence and the realities of domestic violence. If there are programs that are certainly situated within probation departments, and certainly that would include the Office of Probation and Correction Alternatives and the county probation departments across the state, to have consistency with model policies and have a training and protocol development process so that officers around the state can know and understand and have expectations behind how those programs are used, the content, and some of the thoughts about connections with their work, but also making sure they're very much aware of making connections back to the other resources in their community, including the local domestic violence advocacy services. So, I think the answer, Johanna, is it depends about the direction we are going to go in, as we can build consistency and build ways that we can build partnerships and knowledge. And some of this might be just to take a look back at the, over the years, at some broader goals, maybe that we've thought about a while ago and dusting that off again and seeing where we are at as a state around model policies and practices and what's changed and what's evolved and what can really help us move this work forward.

I think that with the process of who should have oversight over this, I think that work remains to be seen, as we can get into the place where we can do a really thorough deep dive of that process that we want to see here in New York. I think that there are other lessons here, certainly, that we've learned and we've heard from domestic advocacy programs is that there's certainly struggles with making sure that there are enough resources for advocacy services in place, and any kind of funding that might be allocated to guidelines or any other process, just really want to make sure it doesn't negatively impact the city services as well, because there is still such a great need and so many gaps around the state advocacy services now.

Johnathan Smith (DHR): *You mentioned earlier that you recommend that there not be a one-size-fits-all approach to these types of accountability programs, which obviously makes sense, but obviously whenever one is creating guidelines, there is an inherent tension with that, so I guess I was curious about what you, or the advocates, or others think that that would look like, where you have sufficient discretion or deviation, but obviously, I would imagine, there is a baseline that you all talked about in terms of some of the other aspects that you would want to make sure are built into any type of program or response.*

I think that's a great question and a point you have, and I think that's a little bit of the art and science of making policies and having something that would potentially apply statewide. This is an incredibly large --geographically speaking-- and incredibly diverse, state. I think there are many opportunities that we can be clear about the kinds of programs and perspectives and approaches that we would not support. What could go into this process is really having a loud and clear voice from both domestic violence advocates and survivors. I think, first off, that has to be a foundational place of where we come from in this work. And for those who have worked with people who have been abusive, such incredible lessons that they've learned over the years with their experience, and to make sure that there are shared goals and understandings of safety-first, always. And then, once we go from there, how we can build in elements of accountability? How can we build in the support elements of positive change? How can we build in and strengthen coordination in communities so that it becomes like a natural process that so many systems and communities can speak up and have that kind of comfort level with each other, and looking at domestic violence issues? And I think the other piece, too, for us to think about is, in particular communities, that there has to be some flexibility based on community resources. In a rural community, these can be very different than in a large, urban community, for example, as far as what's available and who can do what and transportation, to just a whole range of other issues that can be very different. So, I think it's a little bit of a process where, if we put out some points that are guidelines, then its something for programs to follow, to achieve, to move towards achieving those guidelines, and I think it will really help with some consistency, and I think it will really help with being very clear about those challenging practices that have had negative consequences for survivors.

Melissa Coolidge (DOCCS): *You spoke about inclusive services for the LGBTQ – I'd like to know how are we advancing on these services with that community?*

I think the need is still very great. I think when we think about the history and the evolution of domestic violence services not only here in our state but across the country, is the language has evolved in many steps from even the 70s, where it was battered wives, and spouses, and just having this idea and construct that domestic violence occurs between a man and a woman who are married. And then, beginning to think through elements of social change about who's impacted by domestic violence, I think the elements have changed to move beyond and recognize that no, people don't have to be married. It's more of a focus on intimate partners, it's a focus on families, and then looking at the ability to move and broaden our thinking and recognition that domestic violence, of course, occurs within the LGBTQ community, but there also has to be a comfort level as

we are thinking about accountability, that an individual from an LGBTQ community may not feel comfortable in a program in which the philosophy, or the setup, or the design is focused on more of a cis-gendered model or a thinking of a model about a man and a woman are the two people in a relationship. I think it's looking at perspectives, that there is a lot more to be done around comfort level, and thinking about language, and thinking about access to services and support. And I think it's also more that we can be doing around educating folks across the state around domestic violence and how it occurs in communities across our state, across the country, across the world, that I think that anytime there's a challenge of addressing a gap, any time there's a challenge around inclusivity, it's coming from a very clear point that we have to do something, and I think its figuring out the best way forward to take the leadership and guidance of organizations within the LGBTQ community. That is an incredible place where we can hear so much and learn so much about addressing those gaps, and so that we can be really clear that programs and services and perspectives are broad. I would tie that back into Johnathan's question, too, about the challenge of having something statewide. Any particular issue or aspect of domestic violence might come up in different ways across the state, but if we have broader guidelines that speak to these issues, I think we can make some really good, forward-moving progress.

Testimony on Accountability for Those Who Harm Their Intimate Partners

New York State Office for the Prevention of Domestic Violence:

Violence is a tool of Patriarchal oppression. It is what is used to enslave, degrade, dehumanize, punish and coerce in a male supremacy. It is what men have used to subdue women, and white men have used to subdue BIPOC. Everyone learns the "master's tools" in Patriarchy. But not everyone has the ability to wield these weapons with the same force of law, legality, and policy. Advocates for removing men's accountability to violence against women (the gender-neutral model of domestic violence), otherwise known as de-Gendering domestic violence, use false equivalence and aggrieved entitlement to position women as equally violent, distorting the systemic unequal power dynamics in gendered relationships, and assigning equal power to both sex groups. Women are not on equal footing in a patriarchy. In Patriarch, Women do not have an equal ability to impose power.

De-gendering violence is a method of invisiblizing male dominance and power. Male violence is not rooted in individual male trauma. It is not a therapeutic or clinical issue. It is rooted in patriarchal and institutional male power. Using the trauma model of violence negates systemic sexism and racism as endemic, and obfuscates the difference between male force/retribution and female self-protection.

De-gendering DV is a form of aggrieved entitlement, where women are blamed for men's violence. This is a standard excuse of male unaccountability: the "she made me do it" trope. Blaming the group most harmed by misogyny-based violence is used to disqualify the perpetration of male violence. That female violence exists, is not on an equal footing to men's violence against women. When a women uses the violence she is seen as equal in accountability, or victim blamed for inciting the violence,

De-gendering DV colludes with the maintenance of a power-over system: The ways in which individual concerns outweigh systemic oppression, negating, distorting, and justifying the system of sexist and misogynistic violence that have kept women terrorized for millennia. In Patriarchy, men and their male-identified enablers, will not look at women's plight as one of an experience of slavery or oppression. Women's terror is not addressed. The systems and institutions of male supremacy falsely use the feminist movement as having equalized male and female power. The dominant group does not name its power as exploitative, but rather, it is normalized. Male power is invisiblized, while the power of the marginalized is sensationalized and made exceptional.

Removing men's accountability to violence against women, by using specious "research" and anecdotal male-centered accounts, is part of a larger movement of collusion with a false therapeutic model of batterer programs, and collusion with the

Patriarchal systemic and religious “freedom” agenda, to protect traditional male constructs as master/king of his home/castle and ruler of his domain, which includes ownership of “his” women and children. Conflating racial bias in the judicial system with domestic violence against women is a false equivalency that neglects and ignores one oppression, Sexism, on behalf of righting the historical wrongs of another oppression, Racism. This puts another generation of women and children at greater risk, and, once again, “on the backs of women” and their civil rights.

Moshe Rozdzial, PhD

Co-Chair, NOMAS

The National Organization for Men Against Sexism

NOMAS/New York Model for DV Accountability Programs

Public Testimony for **New York State Office for the Prevention of Domestic Violence**
June 23, 2021
Paul B. Feuerstein, President/CEO, Barrier Free Living

A May 2015 Report of the Bureau of Justice Statistics stated that the rate of violent victimization against males with disabilities was more than double that of males without disabilities, and the rate of victimization against females with disabilities was nearly triple that of females without disabilities. Additionally, 41% of violent crime against persons with disabilities was committed by persons they knew well or by casual acquaintances, compared to 35% of violent crime against persons without disabilities. The National Coalition Against Domestic Violence's report found that women with disabilities are more likely to be victims of abuse and violence than women without disabilities due to their increased physical, economic, social and psychological dependence on others.

Disabled women and men tend to stay in physically abusive relationships for an average of 11.3 years as opposed to 7.1 years for non-disabled women and men. People with disabilities are more vulnerable to abuse for many reasons including (1) increased dependence on others for care, (2) perceptions of powerlessness, (3) lowered risk of discovery of the perpetrator, (4) social isolation and increased risk of manipulation, (5) physical helplessness and vulnerability, and (6) lack of employment options. Domestic violence is the number one reason for homelessness for women and men with severe physical disabilities. While this form of violence can take many different forms (not all of them the obvious "physical" assault aspects), our population of homeless adults come into shelter having survived financial and psychological abuse as well as "invisible" violence. A stroke or an amputation can render someone living in a five-story walkup homeless without an accessible living space. In the grid immediately below, the 2010 Census indicates that 10.3% of New Yorkers have a disability;

BFL understands that the stigma of disability profoundly impacts the type of assistance or services domestic survivors are willing to access. For example, women with disabilities are fearful of going to court to address domestic violence issues as they feel at risk of losing their children or being marginalized. This fear is not unfounded, as BFL has seen, firsthand, judges who assume children are better off with an able-bodied abuser than with a disabled victim. People with any form of speech impairment that may compromise their ability to present their case in court are especially at risk; a woman residing at BFL's emergency shelter for disabled domestic violence survivors recently was refused a court order of protection because her mental retardation, coupled with speech impairment, rendered her case less compelling.

In New York, there are now over 353,115 non-elderly adults with disabilities receiving SSI benefits. *People with disabilities who receive SSI payments are the city's poorest residents*. A 2011 report from the Technical Assistance Collaborative, Inc. and the Consortium for Citizens with Disabilities, Housing Task Force, reports that in 2010, a person receiving SSI needed to pay 112% of their monthly income to rent a "modest" one-bedroom apartment, leaving no income available for food, clothes, or other necessities. People with disabilities on SSI were also priced out of smaller studio/efficiency rental apartments or units that cost 99% of the SSI income. The Social Security Administration states that SSI is a federal income supplement program "designed to help aged, blind, and disabled people who have little or no income. It provides cash to meet basic needs for food, clothing, and shelter."

Using the HUD guidelines, most of the people that we serve have incomes at or below 30% of AMI or income between 31% and 50% of AMI. The availability of affordable housing for the

people that we serve is scarce and made even more difficult by the requirement that affordable housing units *be totally ADA-compliant and accessible for BFL's population*.

OUR PROGRAMS

Freedom House Emergency Shelter for People and Families with Disabilities, BFL's emergency DV shelter, *is the first totally accessible shelter in the country*. Freedom House developed out of BFL's experience providing community-based services to people with disabilities. While most the people we have served are New Yorkers, we have had people from over 40 states, the Commonwealth of Puerto Rico and several foreign countries who have sought shelter with us due to the uniqueness of our program. Freedom House has provided a wide scope of services to residents representing a broad range of disabilities.

Secret Garden, BFL's community based non-residential DV program for disabled survivors of domestic violence, was started in 1986. Secret Garden was one of the first programs in the country dedicated to helping disabled domestic violence survivors. Our non-residential DV program has a Program Director, case managers, a housing specialist, occupational therapists, all of who are geared towards preparing residents for permanent community housing. Intensive case management, screening and engagement with each consumer identify personal strengths, community resources and referrals for recovery and dedicated efforts to transition to permanent housing in the community. We work with residents on financial management and empowerment. They assist our residents in doing credit checks and help them obtain SSI and other entitlements if they do not have it already.

Unique beyond other programs, BFL has a team of graduate Occupational Therapy interns who work with our residents on improving Independent Living skills through individual and group interventions and workshops. BFL has liaisons with the Occupational Therapy Programs that provide full-time graduate level Occupational Therapists to work in our programs as part of their post-master's field work training. Occupational Therapists conduct evaluations that are incorporated into their independent living and other life planning program regimen. Occupational therapists also engage in organized workshops and trainings aimed at ensuring that clients are equipped with the fundamental life skills needed to remain integrated in their communities. Because of those interventions, BFL shelter residents have one of the lowest rates of recidivism in the DHS system.

Our existing **Supportive Housing Program**, grew out of BFL's experience in operating both our Transitional Housing Shelter and Freedom House. Many of our residents have struggled with anxiety and depression, but the stigma of living with a disability often made them resistant to taking on another label to apply for supportive housing. Our supportive housing program opened in July 2015 and was fully occupied as of December 2015. *It is the only supportive housing program that was designed for survivors of domestic violence and for disabled individuals who require ADA-compliant housing*. One hundred percent of the families in our supportive housing are victims of domestic violence. Eight-five percent of the singles are victims of intimate partner violence.

Public Hearings Q&A Transcript
Barrier Free Living – Paul Feuerstein

Jara Traina (OCFS): *Paul, we heard you speak a lot about the community that your program serves specifically, and as it relates to the abuser accountability program issue, can you help us understand that overlap for that population? Are there specific concerns about these programs or issues you want to highlight for us?*

One of the things we learned when we started our shelter 15 years ago, we had colleagues who were very generous with their forms and their process and their rules and regulations, things like that. Over a period, what we saw was that a lot of what was baked into our system smacked a lot of the power and control that people try to get away from, and so we have turned around the way in which we work. So, when someone comes into Freedom House, we're not saying, "welcome to Freedom House, here's the rules and regulations, and if you or your children disobey these things you will be ejected from the shelter." We start about by saying, "welcome to Freedom House, we need a few bits of information to get you registered, here's some juice for your kids, here's some water, some things for yourself. Relax, calm down, come to us tomorrow, and tell us what you need." And we start from people's needs. We start from a person-centered approach and, eventually, the story will come out. Oftentimes, the issue used to be that workers would say, "come down tomorrow and do paperwork with me." And my response to staff is, "paperwork is your problem, its not the problem of the person who has just moved in." So, we work on engaging people in a totally different way. We did an exercise working with NYU to create a safety scale, which was completely driven by the work of consumers, the work of survivors, by the work of people in community. And I said, "how do we measure safety?" And I basically said there's travel safety, there's safety of location, there's financial safety, electronic safety, there's relationship safety – if you can think of anything else tell me, that's just what comes off the top of my head. So far, nobody's come up with another one. We did focus groups on every single one of those areas to get people's feedback. We gave that to researchers at NYU who came back and met with another generation, if you will, of survivors at Freedom House, and refined it, refined it, refined it. And now what we give people, their suggestion, is the first day, rather than give people rules and regulations, is to say "here's a seven-page document that was developed by people who came before you, this is not my wisdom, it's the wisdom of survivors about what it takes to be safe in the community." And we start there. My focus is saying, if we haven't baked safety into the DNA of a family at Freedom House, we have failed, not them. And so, looking at things that way, looking at the safety issues as our North Star, as something not created by the… There was a woman who came up to me and

thanked me for putting together all the warning signs. She said she met four men, she saw the warning signs four different times, and she thanked me profusely, and I said, “don’t thank me, I was just the guy at the front who was asking people questions. Thank the whole group of people who came before you, who came together to create that wisdom.” And having that kind of thing, I think is very important as a survivor-centered, consumer-centered way of doing business that is focused on safety from a consumer’s perspective.

OPDV Hearings on best practices in accountability for those who harm their intimate partners

Oral Testimony by Phyllis B. Frank, June 23, 2021
co-written by Dr. Chris O'Sullivan

I will start by introducing myself and sharing a bit of my history.

My name is Phyllis B. Frank and my pronouns are she, her and hers. I am Chief Program Officer at the Center for Safety & Change which is a non-profit organization in Rockland County that serves survivors of domestic violence, sexual assault, trafficking and other crimes.

I am a co-founding board member of a battered women's shelter and of the NYS Coalition Against Domestic Violence, where I was board president in the early 1980's. I am a long-term council member of the National Organization for Men Against Sexism and have the dubious distinction of starting the first batterer program in the state of New York, in 1978.

Since the early 1970's, I have been working on an issue that has had many names over the decades:

- wife beating,
- woman abuse,
- violence against women, and
- men's violence against women (to name a few)

Our work was known then as the "battered women's movement." It was led by grass roots activists, many of them survivors of abuse. Today, that movement has morphed into a "field" employing professionals. The issue is now referenced as gender-based violence.

My testimony today speaks to what is, in my opinion and that of many activists and social change leaders, the obfuscating language of "persons who choose to cause harm" to refer to domestic violence offenders. It also speaks to best practices for holding them accountable for their acts of abuse against their intimate partners.

In the half century I have worked in this movement, my thinking has evolved. Listening conscientiously to victims and advocates and participating in think tanks with a diverse group of pro-feminist men, researchers and others working with domestic violence offender programs, I arrived at certain core understandings of intimate partner violence. Before I answer the questions posed by OPDV, I will share this analysis so that my testimony makes sense.

First, what became clear is that domestic abuse stems from patriarchy, male supremacy, and misogyny, all clearly evidenced in the history, laws and cultures of this country. Historically and to this day, the state's support of men's control of intimate women partners has let perpetrators "off the hook." Men's subordination of women is *normative – not the exception.*

Currently, I find that, in an attempt to be inclusive, the field has invisibleized women, the ubiquitous target of domestic violence, as well as excluding mention of men, who are the vast majority of perpetrators. *Let it be clear: I believe deeply in inclusivity of our Lesbian, Gay,*

Bisexual, Transgender and Nonbinary community members, who have as much right as heterosexual, cisgender people to safety and autonomy in relationships. My life-long commitment to those rights is exemplified by my founding the first pride event ever held in the lower Hudson Valley in 1999 and in considering the issue of domestic abuse within LGBTQ+ communities for decades longer than that.

Some believe that the fact that gay men and lesbians also abuse their partners demonstrates that patriarchy cannot be the root of domestic abuse. My cohort says no. The power dynamics of men's violence against women (which is the template) can be transposed to same sex and non-binary couples. Not only may gender bias exist in these relationships, the source of power of one member of a couple over the other may be based on another privilege, such as wealth, class, citizenship status, education, race, gender conformity, etc. It is that power dynamic, based in social norms and social status, that is used to assert dominance over the life of an intimate loved one.

So, my first principle is that one cannot understand intimate partner abuse without acknowledging that it is abuse of social power, most often male supremacy. It may also involve society's regard of some categories of people as superior, privileged and entitled. And when I hear about intersectionality, too often women are forgotten or not even mentioned as an oppressed group. One example of intersectionality that it is often cited is that transgender people are abused and murdered by their partners at a higher rate than are cisgender, binary women and men, especially trans people of color. One example is that it is often cited that transgender people are abused and murdered by their partners at a higher rate than are cisgender, binary women and men, but what is often overlooked is that more than 90% of these victims are transgender *women* (especially Black and other women of color) who are abused or killed by *male* partners.

Second, the criminal justice system has an important role to play in holding abusers accountable, although it should not be the only response.

In the mistaken notion that prisons are overpopulated by Black men because Black men are being sent to prison *for domestic violence crimes,* the entire criminal justice response to domestic violence has been dismissed. Of course, white supremacy, upon which our nation was constructed, permeates every system and institution in this country and results in disproportionate outcomes, always predictable by race. Filmmaker Ava DuVernay explains why. She says that our systems are not broken. They are doing exactly want they were set up to do. Domestic violence crimes are not unique in treating Black defendants more severely, or, in fact, white defendants less severely. Work must be directed at redressing white supremacy in the criminal justice system. Nonetheless, while doing so, to provide mechanisms of offender accountability that are important to protecting victims and ending abuse, the criminal justice system has a place in a community's response to domestic violence.

The third principle is that men's oppression of and abuse of women is world-wide and pervasive, taking different forms in different cultures. Treating abuse as an individual problem with an individual solution ignores that fact. It seems that current approaches to "treating" DV offenders attempts to resolve a global social justice issue with individual social work and therapeutic

strategies. Decades of practice, research, and collaborative thinking taught us the limits of that. We realized that individual men with pathological impulses are not the problem. The problem lies in social hierarchies; in *abuse of power* and lack of respect for those socially defined as "less than" by virtue of sex, gender, gender nonconformity, race, wealth, etc. Abusing one's partner is not an aberration driven by mental illness. DV is not a *result of* systemic racism. Black men do not abuse their partners because they have been harmed by racism – as, surely, they have been; they abuse partners (as do white men) because of misogyny and male supremacy.

The last principle that I will talk about before turning to OPDV's questions is that *all abusers can change.* All men are capable of recognizing male supremacy and their own abuse of power and can choose to work against it. This is true not only for men who have been identified as abusers but also other men in the community who, in one way or another, abuse their power over women and other oppressed groups to which they do not belong. All men are capable of "walking against the tide" and recognizing women as equals with the right to autonomy.

A way we encourage men in DV programs to make the effort to change is to interact respectfully with them, and to require that they do so with us. They are unlikely to have heard the analysis about the cause of domestic violence being rooted in patriarchy and to be aware that they absorbed disrespect of women from the culture. They did not "build this house" – but they do live in it and are competent to do something about it. It is like my learning about the causes of racism. Regarding racism, I belong to the empowered group. I am white. The Undoing Racism Workshop helped me to see that I behave in ways, however unconsciously, that are racist and harmful. Once I had the knowledge of my role in systemic racism, the choice was mine: it was up to me to decide whether I was going to do anything about it.

By analogy, instead of saying that men choose to abuse, it is more accurate to say that the choice men can make is ***not*** *to* abuse their unearned male privilege and power, and to be respectful of their intimate partners, all women and girls.

Now I will turn to OPDV's questions.

The first two questions are about guidelines, licensing, certifying or regulating accountability programs (for persons who harm their partners)

I am not opposed to guidelines, but I am opposed to **licensing, certifying or regulating accountability programs,** for the following reasons:

- The State would have to take a position on one side of issues on which the field is severely divided.
- Standards, regulations and sometimes even guidelines tend to be inflexible, and do not evolve as knowledge and understanding does.

OPDV's third question is: What are the key components of an effective accountability program for persons who cause harm? Or, in my language, for perpetrators of domestic violence?

I believe there are several practices to ensure that men in a program are held accountable for their abuse, as determined by the mandating agency or individual.

First, the accountability mechanisms, the required behaviors must be observable and enforceable.

The staff knows nothing about what a participant does in the privacy of his intimate relationship based on how he behaves in the program. This fact is exemplified across the country by program facilitators and directors, as well as participants in the program, who sounded perfect – but were arrested or otherwise exposed as abusing their intimate partners.

Similarly, requiring admissions of abuse, expressions of regret and intentions to change are not effective, enforceable accountability measures.

Some examples of behaviors that a program can hold participants accountable to abide by are:

- Arrive on time.
- Pay a weekly fee.
- Comply with clear policy on absences.
- Behave in a respectful manner, on the phone and in person, to program staff, other participants and anyone else encountered while on the premises.

Second, there must be consequences for violating the program's policies.

The mandating agency or other referral source must agree that, if a referred person is dismissed from the program for violating policies, there will be a consequence. For a court or other mandating agency to order participation and allow a person who does not comply to continue – without any consequence – makes a sham of the order in the first place. No referral is better than a mandate that is not enforced.

Accountability applies not only to program participants, but to the program itself. The program must be accountable to the mandating agencies and communities it serves. It must be transparent about its policies and practices; adhere to its stated policies scrupulously; and not promise what it cannot deliver: that participation in the program will end a perpetrator's abuse. Ideally, there will be a comprehensive coordinated community response, that the program can join.

Above all, offender programs are accountable to what we used to call the "battered women's movement." That means that they are responsible for creating and maintaining a relationship with the local program or organization serving victims and survivors of domestic violence and sexual assault. That organization helps decide what kind of mechanisms they want in place for the offender program to be accountable to the advocacy program.

With all of these – the mandating agency or individual, the CCR and the victim advocacy program – the offender program must be clear that it cannot promise victim safety or that the men who participate *will* change. What they can promise is that, by participating in a program, each participant has experienced being held accountable for something he has done; and he will learn in the program that he can end his abuse – but only he can decide if he is willing to do what must be done to make that his reality.

I am skipping OPDV's fourth question.

The fifth question is: **What would accountability that does *not* involve the criminal or civil justice system look like?**

If a person has committed a crime serious enough to warrant prosecution and incarceration, we do not believe that there should be a different system of justice because his victim was his wife, girlfriend, lover, or ex-partner.

As for the idea that a "community" can hold a perpetrator accountable, it is unclear whether there are communities that can serve this role in urban and suburban America. Perhaps communities of faith and faith leaders can hold offenders accountable and impose consequences on congregants for abuse that they became aware of. I'm not sure what other "communities" there are that have the ability to hold someone accountable to the community and the victim, and to enforce that accountability. We have yet to discover any in my county.

OPDV's next question is: **How should "success" be measured for programs for those who harm?**

A basic measure of program success is fidelity: whether program staff maintains program principles. That means: do not have program rules that are optional to follow. It is better to amend or remove a policy than to have one that is not followed.

Program success can also be demonstrated by integrity: the ability to communicate clearly to the participants and to the community that responsibility for changing behavior rests solely with the program participants. The program's responsibility is to maintain its own accountability mechanisms while providing participants with the information that they need (or anyone needs) to treat women and other intimate partners with respect.

Success can certainly be defined as a dimension of our community response: Is there a way to measure whether there is, in our society, a shift away from male supremacy and toward attitudes and practices that value the lives of women, girls and all other survivors?

OPDV then asks: **Should such programs be limited to one gender, or should all genders be addressed together?**

To address the reality of sex and gender power differentials safely, domestic violence perpetrator groups should be limited to one gender, according to the person's self-identification. To claim that women's abuse of male partners is identical to men's abuse of women partners is to miss the power dynamics socialized into us throughout our lives based on a binary construct of sex and gender.

Regardless of their sexual orientation, those identifying as men who have been deemed to be perpetrating DV belong in programs for male abusers that have been operating for decades across the US. People identifying as women belong in specialized programs that have also been developed and run by local domestic violence organizations – dealing with women (often battered women) who have used violence and/or are defendants in domestic violence cases.

I will give a combined answer to OPDV's final two questions: **Should there be a variety of options that programs can use? And should programs be culturally responsive and trauma-informed?**

My answer goes back to my original principle or insight. In various manifestations, across cultures, classes and races, violence against intimate partners is rooted in patriarchal privilege. We are increasingly aware of the pervasiveness of racism and white supremacy. We seem to be increasingly *un*aware of male supremacy throughout our society, including in our families. To ignore misogyny is to make particular and individual what is pervasive and universal. Both these factors should be presented in an offender program, in a manner that is culturally aware and responsive. That should be invariant.

We agree that many abusers have been traumatized by abuses of power. We need to be fully conscious not to perpetrate new or aggravate old traumas. Trauma informed does *not* mean that those traumas should be *treated* in a program for offenders as many programs seem to be attempting. Nor does it mean that those traumas create abuse or that those traumas need to be healed for someone to stop abusing their intimate partner.

I will close by reiterating that misogyny, femicide and everyday small transgressions are a global phenomenon that must be addressed through social change. Our job in programs that work with offenders is to hold them accountable in practical ways, hold up to the light how their mistreatment of their partner stems from universally accepted false beliefs about women's inferiority (or that of their male or non-binary partner), and to recruit them into the effort to end such abuse at home. They have the power to recreate their own family dynamic in shalom bayit (a Jewish concept of peace and harmony between spouses) and to reap the benefits for their families and for themselves – but that is possible only if they choose to do so.

Thank you.

Public Hearings Q&A Transcript
Center for Safety and Change – Phyllis B. Frank

Elizabeth Cronin (OVS): *I'm interested in your thoughts on restorative justice programs in this area. I know that there has been significant controversy about these programs. It's created a lot of problems in some communities about whether these are good or if they are bad or if they are neutral. If one were to design a restorative justice program in this sphere, what would that look like, that would hold the person accountable but also take into account the victim's wishes to have this handled in a different way than criminally?*

I'm not a fan of restorative justice. I'm on the side that really struggles with it and hear horror stories about women being pressured to accept a restorative justice program. I'm not a fan. What I would lend my energy and my experience to, and do so happily, would be to think through a program that would not use the criminal justice system. The criminal justice system, as you know I've already indicated, has a very important place, but what about creating a program that would not –I don't know that it would be restorative justice—but what would a program look like? Now the key that I will tell you, and I have not thought it through enough to answer in any other way, is that the people providing the program –remember I heard Connie Neal say, every therapist in the country is dealing with perpetrators of domestic violence and survivor/victims of domestic violence— the key would be that they be deeply informed and have an analysis about what abuse of an intimate partner against their intimate partner is based in. When people start talking about, "well what was your father doing to your mother," they're making it centered in the family rather than in the culture, which is bigger than the family. That's the best I can give for right this minute.

The key piece is that the people who are doing it have a shared analysis about what the root causes of domestic abuse/intimate partner abuse are.

Johanna Sullivan (DCJS): *You talked about the importance of guidelines, and obviously you have so many years of experience on this, and the importance of having some standardization to some degree as far as guidelines and what should be required, but then you talked about a feeling of not liking the idea of licensure or some sort of mandatory regulations. Can you help me understand how that would work, as far as if there are practices that are out there, how would we distinguish between those that are complying with the good standards –and the standards you set forth are good— and those that are setting out a shingle and doing it on their own without use or knowledge or experience on those, and how do we make sure that we distinguish between the two without having some sort of licensure or regulatory oversight?*

You know I've thought about it a little bit, not enough, I'd love to be on a task group from the state that would start thinking about it, but here's my early

thinking. If there were guidelines, if there was an agreement by the state about what would be, according to the coalition and OPDV, what would some guidelines be that we could agree with, I think a place to start would be making sure, who do we have power over? We have power over judges. So, OCA would say to judges, "if there are programs in your community, it's your responsibility to know if they are complying with these guidelines, and you are not to make referrals to programs that are not complying." So, let's say we were opposed to anger management, they would know not to do that. So, that would be one string of asking the courts. Probation departments could be the source, parole. If we could inform them, if the state could come together on five basic guidelines and then, to the people who make referrals to these programs, be clear as to their responsibility in their own community to have some sense of what the programs are doing. Like if the program wouldn't come to a meeting called by the local coordinated community response, they would require programs come in and let us know what they are doing so that we could refer to. That's the beginning thinking of a system that could organize some accountability for following guidelines. Just rudimentary thinking.

Kelli Owens (OPDV): *So Phyllis, you and I share a lot of philosophy around gender-based violence, and as you know there is a lot that goes around gender and how we think about this with a gender lens to it. For those that don't share our point of view, can you talk a little bit about why gender-based programming, as it pertains to domestic violence, is important to have that lens to it? Specifically, are their programs that you think are model programs that have that gender lens to domestic violence or accountability?*

See, you're speaking again to the answer I gave to the previous question. The people who are providing programs, if they are not deeply informed about issues that impact the lesbian, gay, bisexual, transgender, nonbinary community, they are going to make errors. This is not a binary issue. It is an issue that is so deeply rooted in patriarchy and sexism, men against women, but we have grown as a community and we know that there are nonbinary people, there are transgender people, there are people who are gender fluid, and the lesbian and gay issues in terms of orientation. If you are understanding that that when you are teaching or when you are providing a program, you're always making it clear that there is the issue of men's abuse of women and there is the issue of this abuse occurring within communities that are lesbian and gay, and then the whole issue of transgender… I mean when you're running a program, it's not your basic graduate college class, people sent to it are being held accountable by someone –unless it's a voluntary program that's another subject— the people providing it need to be knowledgeable. Knowing about sexism and domestic violence is not enough. You need to know and deeply understand how critical it is that we acknowledge and affirm the transgender and non-binary community and the

lesbian, gay, and bisexual community in all the work that we do. And one more comment: if the people do not have an antiracist lens, then, again, we are going to be perpetrating the same kind of traumas on marginalized BIPOC communities, so this is not easy work, a degree doesn't tell you how to do it. Social justice work is the prerequisite to understanding how to do these programs, I believe. I hope that answers.

Kelli Owens (OPDV): *It does. You know, one of the things I think we struggle with as folks who sit in government positions is how do you measure that and how do you say someone is successful at that. I think those are larger conversations that we are going to have to have as we really dig into this work and really look at how do we make it a more inclusive model, both on the provider side and the accountability side.*

It's critical. On the provider side it's critical.

Johnathan Smith (DHR): *I was just going to follow up on your point, Kelli, because I, obviously, share the assessment of being well-versed in anti-racism, anti-LGBTQ, anti-sexist, etc., I guess to be where the rubber meets the road is both how do you measure that and, also, before you even get to measuring it, are there models or programs or ways in which you feel like that has been effectively done in terms of training program staff to actually do that, because I feel like as we are having this broader conversation nationally about these issues, you know I think that's a place where many governmental, or quasi-governmental, entities are struggling. Everyone knows what you should do, but how do you get staff to actually do that? I think that is a real question.*

I love your question. Because to me, this is a very direct question, and I will tell you that the only way that I think that could happen is ongoing staff training based solely on learning about sexism, racism, classism, LGBTQ+ affirmation… If you do not keep that as ongoing training and learning for the staff --not only of perpetrator programs, but of any program… All of the thinking that I hoped to put across in my testimony comes from years of weekly discussions, and, yes, is there a program that I know of that does it? I contributed enormously, as did other programs around the state, to a model which we've called the New York model. It has now been taking over by the National Organization for Men Against Sexism, so it's soon to be called the NOMAS model for offender accountability programs. The model requires people who are providing the program have ongoing staff development around the issues of sex, race, class, LGBTQ, because if that doesn't happen… Look, on the issue of antiracism, as a white woman, I went to a brilliant workshop called the Undoing Racism workshop, which changed my life. It literally altered my life. And I will tell you, if it's the only thing I ever did, I would have been absorbed back into white supremacy and acted out my white privilege here, there, and everywhere, but by ongoing communicating on this issue, and being accountable to BIPOC communities, I can do what I think men have to do to work against their absorbed sexism. I can

confront it and work against the tide. But its only by doing it in an ongoing way, monthly would be at the very least. For example, I would recommend that OPDV staff, and any organization, have a one hour a month meeting where you talk about nothing but white supremacy and racial injustice and what we are going to do about it. We do that at my organization. I work at an organization that has seventy staff. Every staff is required to participate in a once per month –that's the least, they could do more– where the discussion is ending white supremacy. It's open to white people and BIPOC, and each of us have very different jobs to do, and the same thing's true of sexism. Ongoing dialogue, I don't know how else to do it. Keep it going, keep the discussion going.

Jara Traina (OCFS): *I just wanted to clarify, as far as that training piece of it that you are discussing, it's your recommendation that that occur systemwide within the domestic violence community response? Would you like to see that happen with the courts and with other folks, as well as with the abuser accountability program staff?*

I would turn life upside down if I could get the judges and the court personnel to participate in a once monthly, one-hour discussion about sexism and racism and how it gets played out in the court system. I've not been asked a question about the courts, but let me just say that in Rockland County, the family treatment court has just gotten a grant that, written into that grant, everyone on that team is going to have what we are calling "Getting to the Root," which is this version of the Undoing Racism workshop. Everyone in the court. And, once they are in it, once they have taken that training, one hour a month they are going to be participating in a dialogue to deepen their understanding of what they learned in that workshop, because the key of learning about any issue of oppression is not figuring out that now I'm going to create another event because I've learned about racism, the goal is to more deeply understand it within yourself and then you bring your antiracist and antisexist knowledge to everything you are already doing. So, yes, I think it is critical, because we are dealing with social justice problems and we are not enough talking about social justice training for our courts, for our court personnel, for us.

NYS NOTICE OF VIRTUAL PUBLIC HEARINGS
SUBJECT: Accountability for those who harm their intimate partners

Name: Jeanne Noordsy
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I wish to submit written testimony only, in the areas below.

I speak as a person who has worked to the movement to stop domestic violence for over 30 years. After many years of working directly with survivors and their children at our community-based domestic violence victims' services program, in 1998 I became Coordinator of our Warren & Washington Counties' Domestic Violence Community Coordination Council (DVCCC), which had formed 3 years earlier (and in this role, continuing to be a staff member of the community-based domestic violence program, listed above with my contact information). My work for over two decades now with the DVCCC, continuing to the present, involves leading this multi-disciplinary council to find innovative ways to carry out its mission to enhance the community's response to domestic violence, and ultimately to end domestic violence, guided by core principles such as victim safety and self-determination and offender accountability. We conduct our work following such objectives as coordination, needs assessment, response improvement projects, and training.

I have been pleased to work for many years in a coordinated relationship with a batterer program in our community, the Men's Opportunity Program, operated by Adirondack Samaritan Counseling Center. The relationship between our programs, for many years now, essentially aligns with what I have described below about batterer programs that are, appropriately, accountable to community-based domestic violence victims' services programs. A great many years ago, though, this was not always the case. We have learned from experience. My remarks stem not only from my experiences with batterer programs in our community, but also from the experiences of survivors we serve who have spoken to us about their experiences with batterer programs and other experiences; from working in a community of practice with advocates across the state; and my insights from many years of working to build a coordinated community response to domestic violence. Thank you.

Should New York State have guidelines for programs providing accountability for those who harm their intimate partners?

I think so, although this is such a loaded and complicated question. We know that just the existence of batterer programs (I'll use that term for shorthand, including the abbreviation BPs) brings up a set of difficult questions. Why programs for people who harm their intimate partners, and not programs for people who rob a bank? This is not to be flip – in all seriousness. How, as a society, do we decide to do this? We send a certain message by doing so with this group of people who break the law and not other groups of people who break the law.

We know that people who started BPs had good intent, and hoped they'd be getting at the root of the problem. We also know the "pyramid" problem – if the bottom of the pyramid represents the huge number of those who are harming their partners, further up the pyramid = the number where it is reported, further up = the number prosecuted, further up, those convicted, and the very top equals those sent to a BP – this is a tiny number, and addressing domestic violence with this group will not stop the problem in our communities, or in our world.

We need to think about primary prevention as a key part of changing the world so that violence against women, and against all intimate partners, becomes unthinkable.

When it comes to the impact of a BP on an individual offender – we have always said an abuser is making the choice to be abusive and can stop making that choice. That is true. However it looks like we haven't arrived yet as a society at knowing, what context best supports the offender to change this choice? The model of a 1.5 hour/week BP hasn't seemed to quite do it. In addition to primary prevention, undoing sexism in our world (changing social norms), etc., I think it also has to do with what I wrote in response to the question below about accountability beyond the court system: many community members playing a role in offender accountability. We must go way beyond the BP being understood as the primary "source" of accountability.

We know that some of the most accountable BPs (by which I mean, accountable to the domestic violence movement) have drawn the conclusion that perhaps they should close their doors, perhaps it would be better for those who harm partners to receive similar consequences as those who commit other crimes, and in place of BPs (for those who would not anyway be getting a prison sentence, but for whom an additional lower level consequence would be appropriate), that an order to community service such as scrubbing toilets in public restrooms would be an appropriate consequence and future deterrent. Again in all seriousness. Deterrence is of life or death importance; something must be uncomfortable enough to encourage someone to avoid doing it again. BPs who drew this conclusion that perhaps it would be better to close their doors, arrived there because they saw the myriad of problems, how difficult it is to avoid unintended collusion, how difficult it is to try to tell courts and the community not to "hang their hat" on BPs alone as the answer, etc. And yet – by that point BPs

had become a thing in the world, and the closing of an accountable BP could mean the springing up of other, less-accountable BPs. And so the accountable ones had to stay, and deal with all these problems, and try to at least do no harm.

This is not at all to say that someone who batters, can't change. I have seen how this point has been confused – those who see that the most important thing is to do no harm, are sometimes accused of not believing abusers can change. Not at all. It's simply that "do no harm" must come first (because there are so many potential pitfalls), and any gain we can make is beyond that.

It's for all of these reasons above that I think, if I have to choose guidelines or no guidelines, I'd choose guidelines – to ensure accountability of BPs to the voices of survivors, which is most dependably represented by community-based domestic violence programs and their state coalition. (If communities could choose, "BPs or no BPs", that would be all the better. Unfortunately, it doesn't often seem to work that way. But, why not have that be part of standards/guidelines? It should be up to the community, guided by the community-based domestic violence program, to decide if BPs should be a part of the community response in that community.)

Should New York State license, certify, and/or regulate accountability programs for persons who harm their intimate partners? All? Some? If so, which ones?

If regulation is going to happen, why would we regulate some and not others? Yes, all, or else none. Otherwise there is no point in regulating. Those who harm their partners could just go to non-regulated programs.

What are the key components of an effective accountability program for persons who cause harm?

I wouldn't go so far as to say for sure that there is an effective model. We don't know that any are effective. Although, it depends what we mean by effective. Do we mean, effective in stopping domestic violence in the world? Do we mean, leading to individual participants ceasing abuse? What measures are we using (see "how should success be measured")? Do we mean, a BP being effective in being accountable to the domestic violence movement, in acting as one small part of a coordinated community response, and in effectively communicating to courts/criminal and civil justice system that a BP is one accountability measure, not a cure?

This is very important to me as an advocate: To be a least-harmful BP, it should:

- ✓ Take leadership from the local community-based domestic violence program
- ✓ Not do anything the above doesn't want them to
- ✓ Work in relationship with the above

- ✓ In so doing, act as one small part of the coordinated community response to domestic violence

I believe the New York Model for Batterer Programs does the best job, to date, of describing this: www.nymbp.org

When the above is not happening, when programs spring up in the community with no relationship with our domestic violence program and do whatever they want to do, it feels awful, unpredictable, scary, and wrong. And a huge energy drain for community-based domestic violence programs.

Should there be different requirements for programs receiving court-referred participants than for programs taking only voluntary participants? What should those requirements be?

I don't see a reason why the requirements should be different. If there's a meaningful reason, I would be glad to become educated on it. Someone arrested for DV may be told by their defense attorney that it will look better to the court if they go ahead and voluntarily enroll in a program. The judge may then be satisfied by this. The result is we'd have some abusers in programs with certain requirements, and other abusers (having committed the same offenses) in program with other requirements or no requirements. How is there any benefit to this?

What would accountability that does not involve the criminal or civil court system look like?

First, if someone commits offenses for which they are responsible in criminal or civil court settings, they should be held responsible there. There can be additional accountability beyond that, but not in place of. (I'm willing to change that position if we arrive at a place as a society where we don't treat anyone carcerally, where those who steal, commit terrorism, or abuse partners are all handled from a holistic place of addressing the full human, what led to this, what are their needs, etc. But we cannot decide that a non-carceral approach should become the avenue for DV offenders, while continuing to treat other offenders differently. We would simply be losing all the ground we've gained in not having domestic violence seen as a "less-than" crime.)

However there have always been and continue to be avenues for the whole community to hold offenders accountable. This include CPS workers (see Safe & Together Institute), employers (see www.workplacesrespond.org), probation officers (see NYS Probation Response to Domestic Violence), clergy, etc. It would benefit our coordinated community response (CCR) efforts for everyone to learn the roles they can play in broad, coordinated accountability for offenders.

How should "success" be measured for programs for those who harm?

This is a question that is extremely hard to answer. Most important in the huge big picture is the experience of the survivor of abuse (when the person who abused her has been in a program), yet we cannot truly, safely, find this out from survivors.

To date, the best way to measure success is best described by www.nymbp.org – How accountable is the BP to the local community-based domestic violence program? How well does a BP hold itself out to the community as not being the cure but (where BPs do exist) one small piece of a CCR? Being clear that BPs are not a necessary part of a coordinated community response, but one option.

Should such programs be limited to one gender, or should all genders be addressed together? Are there different dynamics?

My sense is, don't combine genders as there are different dynamics and needs.

To what extent should programming be uniform, or should there be a range of acceptable options that may be chosen by programs for use?

This part is less important to me. More important is that accountability to the local community-based domestic violence victim services program, and from that relationship, these decisions can be made.

In what ways can/should programming be culturally-responsive and trauma-informed?

It should be culturally-responsive related to ethnicity, religion, sexual identity and orientation, and other important demographic factors. (I won't try to speak to the trauma-informed part, will leave that to others.)

Rochester Monroe County Domestic Violence Consortium
Offender Accountability Subcommittee

Response to
NYSOPDV's Request for Testimony
Regarding: Accountability for Those Who Harm Their Intimate Partners. Spring 2021

NYSOPDV's Questions:

Should New York State have guidelines for programs providing accountability for those who harm their intimate partners?

Yes. Guidelines are needed for the following reasons:

- To ensure a level of consistency and uniformity of delivery of service/intervention/accountability.
- To help ensure victim/survivor safety. Over the years, many programs claiming to provide offender or batterer services have not taken into account the need for victim safety in their practices. They have also been known to align with the offender. Both instances increase victim/survivor risk.
- To clearly identify the necessary accountability elements that a program should have. This would be extremely helpful to a community's developing a responsible program.
- To assist responsible programs in demonstrating to the legal system their legitimacy by following state guidelines. Conversely, courts and the legal system would be able to easily identify appropriate referral sources. Without state guidelines the courts are left to their own resources to figure out their

course of action. Guidelines separate legitimate programs from "Pop Up" programs.

- To identify that domestic violence intervention including Offender Accountability Programs are a specialized area of intervention requiring specialized training, intervention and oversight. Traditional interventions including mental health are not automatically applicable and may be dangerous.

Should New York State license, certify, and/or regulate accountability programs for persons who harm their intimate partners? All? Some? If so, which ones?

Some type of regulation is necessary as it would take the concept of guidelines to the next level by the act of oversight. Regulation would help assure that all the points previously mentioned were in practice.

Having said that, this is a very complex question.
For example, there may be regulations for an umbrella or host agency that may differ from the actual service provider of an accountability program. Ideally any accountability program operating in the State would follow State regulations. However State regulation and oversight might not extend to a program housed in the Federal branch of the government such as the Veterans Administration. Dialogue between different levels of government may bring about the desired consistency. There may be some redundancy in regulations for a program housed in an existing domestic violence agency or shelter.

What are the key components of an effective accountability program for persons who cause harm?

Three overarching components or principles for an effective accountability program are survivor safety, offender accountability and a coordinated community response. In regard to the later point, it is important to remember that individual programs do not stop domestic/intimate partner violence, communities do.

Some specific program components include:

- Staff trained in domestic/intimate partner violence analysis & intervention.
- Provide regular staff supervision and support.
- Respectful interaction & presentation of material to participants. Role modeling of respectful behavior is more important than material presented.
- Use of a Participant's Contract outlining what is expected by the participant and the program signed by the participant as a condition for admission.
- Stay in your role of educator & compliance reporter.
- Program curriculum should also include information on how domestic violence negatively affects others, especially children.
- Provide timely and accurate attendance/compliance reports to the courts, legal system, and employers who may have mandated attendance. Letters should include disclaimer that compliance is not a guarantee or implication that abuse behavior has or will stop.
- Use of co-facilitators male/female when possible.
- Be culturally sensitive by providing printed material in different languages; provide interpreters, and have closed captioned videos.

- Be an active member of the local community's domestic violence consortium.
- Be supportive & act in concert with the local survivors programs.
- Be guided by the voices of survivors and their programs.
- Be transparent to your local domestic violence consortium & survivor services. Have policies, procedures, protocols, & educational material reviewed and approved by them. Have an open door policy for observation of sessions by consortium members including the legal system.
- Become a member of state and or regional organizations including an accountability program consortium.
- Attend conferences and trainings related to intimate partner violence.
- Provide and participate in intimate partner violence training and in services to the community.

Should there be different requirements for programs receiving court-referred participants than for programs taking only voluntary participants? What should those requirements be?

Program requirements and rules should be the same for mandated and non-mandated participants otherwise you create a potential "status" situation in the sessions, the program and in the community. Some non-mandated participants have attempted to see themselves as "not as bad" as those who were sent from the court. Their self-perceived status can play into their minimization and denial. Worse, it can be used against their victim/survivor and children. It is important to keep in mind that the behavior that brought an individual to the program is similar if not the same as mandated participants even if the avenue to the program is different.

Purely non-mandated programs can create problems in a community. For example, it provides an opportunity for those who might become involved in the legal system to attempt to get an advantage with the court. For those communities who provide such services there needs to be a condition that should the individual become mandated they would have to restart the program.

Non mandated participants are significantly less likely to complete the program. Over the 29 year existence of Rochester's Men's Education for Non Violence and Abuse Workshop, less than 10% of non-mandated participants completed the attendance requirements. This has been a national trend. The concern has been that offenders often drop out after gaining their desired result of "getting their partner back."

Combining court mandated and non-mandated participants does create an in session opportunity to respectfully ask the non-mandated participant the reflective question "Do you think your partner was any less scared because you were never arrested?" This question when posed by a mandated participant appeared to have had the most impact. Conversely, non-mandated participants may assist in moving the session participants through the denial and deflective stages.

Please note that in our response we did not use the term "voluntary" because it implies something good, extra, or above and beyond none of which is accurate. Additionally, such a term can be used by an offender against his survivor.

What would accountability that does not involve the criminal or civil court system look like?

This raises the question: “Who do you hold the offender accountable to?” The survivor? What would the consequence be? Suspension or termination of the relationship? That may put that individual in danger. As the DV community knows, the vast majority of female homicides in male to female domestic violence cases occur after a woman has left or is in the process of leaving.

Not sure if you can hold the non-court/legal system participant accountable except if someone is required to attend by their employer. Then the consequence could be loss of employment or position level.

How should “success” be measured for programs for those who harm?

This question raises many other questions and examines beliefs. This depends on what you want to measure? What do you want the information for? How long do you want to conduct the measure? How do you measure safety by not putting the survivor in further danger? Some researchers continue to be surprised by the need for a survivor safety component of intimate partner violence/abuse research.

The belief examination question is: “Do you believe that only accountability programs end domestic abuse?” If not, then how do you measure a program within the context of the community in which it operates? If one believes the community should be part of the measurement, how is that accomplished?

For example, regarding accountability-safer survivor non- involvement measuring techniques can be performed on several levels. The focus would be on what is being done. Some examples include:

- Participant Accountability - Measuring program completion & compliance rates. This would also provide the number of

individuals exposed to the concept of non-violence/abuse, equality and respectful behavior.

- Program Accountability - Measuring the program's adherence to following State/best practice guidelines. Providing timely accurate attendance/compliance reports to mandators. Active participation in the coordinated community response. Transparency-having exercises, policies & procedures reviewed by the community.
- Coordinated Community Response Accountability - Measuring the court & legal system providing penalties/consequences for program non-compliance.

The behavioral element of current or future abuse is more difficult to measure.

- Participant self-reporting raises reliability issues.
- Survivor input raises safety and reliability issues. Survivors have shared that they would lie by reporting non abuse if it meant not receiving any future beatings. Historically for safety reasons, NYS has been opposed to survivor contact for research purposes.
- Illegal re-offense data can be obtained via public information thru arrest reports, court and/or probation/parole reports. Non-illegal abuse cannot be measured by public court/arrest records.

Should such programs be limited to one gender, or should all genders be addressed together? Are there different dynamics?

Programs should be limited to one gender. The confluence of offenders from hetero and same sex relationships would create an extremely difficult combination of dynamics to deal with. Attempting to handle patriarchy, misogyny, oppression, sexism, homophobia, and gender abuse might prove to be too much and counterproductive.

For example in the cases of male to female relationship violence, there exist many societal, cultural influences that support and condone this gender based violence and abuse. These characteristics do not readily translate to female to male intimate violence, and no relationship to same sex offenders. Additionally, having women offenders in the same room would support many male offenders' belief that women, specifically their current or former partners, are just as abusive. This scenario plays into a male offenders' minimization, denial and deflection.

To what extent should programming be uniform, or should there be a range of acceptable options that may be chosen by programs for use?

The message condemning violence and abuse needs to be uniform. There should be room allowing for some creativity in the delivery of that message. An acceptable range of options to choose from would be appropriate. This would allow program facilitators the flexibility to work within their strengths thus providing the opportunity for better presentations.

Uniformity would be appropriate regarding program policies and procedures such as: the minimum number of sessions; suggested minimum length of each session; use of co-facilitation; timeliness & content of mandator reporting; and topics to be covered. Uniformity and regulatory guidelines would also make it easier for mandators to understand the program. Program uniformity could also discourage the delaying tactic of "program shopping" by potential participants since the programs would be similar.

The delivery method of presentations including videos, exercises and handouts can be open to creativity and should be reviewed and approved by the domestic violence prevention community. The existence of some already available state approved material would be helpful.

In what ways can/should programming be culturally-responsive and trauma informed?

Program staff and material should reflect the culture of its community as much as possible. Videos can be racially and culturally diverse including "closed captioning" for the hearing impaired population. Translators should be utilized. If possible, provide sessions for a specific ethnicity or language. Handouts should be available in multiple languages. Cultural and religious holidays can be taken into account when scheduling sessions. Attendance requirement exceptions may be made for such situations. Program location should be accessible by public transportation and schedule. Sliding fee availability acknowledges economic differences. Hopefully there would exist some state or private funding to cover the extra expenses involved in providing these options, especially payment of translator

services. Interpreter/translator services are expensive. They add a financial burden to historically minimally funded programs.

Trauma-informed intervention may be of potential assistance as long as it does not collude with the offender or provide an excuse for his/her behavior. Such an intervention should only be used by a staff trained in intimate partner violence analysis and intervention. As stated earlier in this response, respectful interaction with the participants is critical as it role models desired behavior.

Family Services

OPDV is seeking input on the following questions:

• Should New York State have guidelines for programs providing accountability for those who harm their intimate partners?

Yes. New York State owes it to victims of crime and trauma to provide guidelines for offender accountability programs, particularly to ensure that offenders of interpersonal violence and domestic violence crimes are receiving regulated treatment proportionate to the seriousness of the crime committed and the offender's likelihood of re-offense. However, more research needs to be done to determine best practices around effective ways to hold offenders accountable and prevent further violence. We continue to advocate for more research around offender assessments, effective accountability measures for DV offenders, and enhanced victim safety without placing additional burden on the victim to report incidents of re-assault or violence.

• Should New York State license, certify, and/or regulate accountability programs for persons who harm their intimate partners? All? Some? If so, which ones?

Offender accountability programs should have to follow guidelines ensuring that offenders are held accountable and they have the tools/resources to prevent future acts of violence. Since there is not enough viable research on best practices as it relates to offender accountability programs, we would advocate for implementing guidelines as a starting point for a statewide data collection initiative. This initiative could include focus groups from victim services providers, systems that work to hold offenders accountable (Public Defenders Office, District Attorney's Office, CPS, Family Court, Criminal Court, Law Enforcement, Probation), and other human services providers (case management, community behavioral health providers). It would be beneficial to include a standard for measuring effectiveness that does not involve victim report.

• What are the key components of an effective accountability program for persons who cause harm?

Please note that, while well intended, anger-management programs are NOT appropriate for domestic violence offenders, and is actually contra-indicated for DV offenders. This is evidenced by the fact that offenders of domestic violence offenses frequently perpetuate against only their intimate partners, and that they are able to self-regulate and not become physically violent against others, such as a superior or boss who upsets them. Anger that is taken out against an intimate partner is a power and control issue, not an anger management issue. This is especially true for cases in which children were in the house or present, regardless of if the children were supposedly sleeping, due to the fact that those children remain sound witnesses.

Other key components include but are not limited to:

- Initial assessment around seriousness of current offense and likelihood of re-offense (use of ODARA or another evidence-based assessment)
- Group interventions and offender placement in groups appropriate to level of risk
- Self-assessment/admission of responsibility
    - Without an offender's genuine acknowledgement of what was wrong about what the offender did, why how they handled a volatile situation was wrong, and how they can effectively navigate or avoid a similar incident in the future, regulated treatment can frequently become boxes being checked in order to "graduate" from a program.
- Psychoeducational component around healthy relationships, the dynamics and roots of domestic violence, impact of DV on children, cycle of violence
- Offer of case management services to assist in other areas that may be exacerbating violence. No additional incidents throughout the pendency of time in treatment/criminal or family court proceedings/CPS investigation, etc.
    - This includes violence or arrest unrelated to DV.
    - Abstinence from substances, both legal and illegal such as alcohol, marijuana/THC, fentanyl, cocaine, heroin, methamphetamines, etc. Referrals for treatment where necessary/indicated.
    - Consider EM in cases where no stable housing compliant with OOP or victim safety measures available
- Offer of supportive, trauma informed services to victim and any children that may have been impacted
- Status meetings with multidisciplinary team to discuss progress and support.
    - Consider regular testing for offenders known to use/abuse substances.
    - Consider EM/house arrest in appropriate situations (based on level of risk for re-offense and seriousness of incident)
    - Where appropriate, proof that any weapons known to be in the offender's possession (either by the courts/state registration or by the victim) have been remanded to someone else's secure custody and that that person/agency assumes responsibility if they were to release the weapons back to the offender or make any other weapons available until such time as the court grants permission or the protection order is no longer in effect.
- Treatment specific to DV offenders – rooted in research
- All services provided through a victim safety lens

• Should there be different requirements for programs receiving court-referred participants than for programs taking only voluntary participants? What should those requirements be?

Requirements should be developed around assessment of seriousness of offense committed/ongoing violence or risk for re-offense.

For court-referred participants or participants referred from another system (CPS, law enforcement, Public Defender's office, service provider, Probation), there should be a requirement to review status and progress on a regular basis with appropriate members of multidisciplinary team. If progress is not moving in a forward direction, violence continues, or other concerns arise, multidisciplinary team should discuss additional accountability measures through a victim safety lens.

All participants should meet a minimum level of classes and remain in treatment until deemed ready to end treatment (in conjunction with multidisciplinary team and providers). Voluntary participants may meet the same standard as court-ordered participants but are presumably in treatment on a voluntary basis. Court-ordered participants must meet minimum requirements in order to be eligible for release from the program.

- **What would accountability that does not involve the criminal or civil court system look like?**

We would offer the same accountability measures for all DV offenders – whether court involved or not.

Restorative justice programs can be potentially used – with caution. Evidence has shown that couples therapy in abusive or violent relationships is NOT safe for the victim and can actually place them in more harm due to power and control dynamics. Restorative justice, on the other hand, places a survivor who has undergone treatment with a group of unknown offenders and offers them the opportunity to help offenders understand the effects of their actions. Survivors who have done the emotional work to get through their own trauma and who want to participate in such programs offer a valuable resource to offenders – empathy. Some studies have suggested that in the context of DV, restorative justice in this way (note** NOT with an intimate couple who have experienced abuse/victimization together) can help to reduce re-offenses by some 40%. When the brain doesn't have the building blocks developed in childhood or adolescence to understand empathy, or in which empathy has been stunted (such as in situations of generational trauma, child abuse, or other early life adverse experiences), offenders may not have been given the opportunity to develop the amygdala, or the part of the brain which controls fight/flight/freeze/fawn and learning. If an offender is in an environment like a treatment program (court ordered or not), they should be feeling safe enough to learn, as well as being able to connect with a survivor of domestic abuse to understand the impact that their actions have had on someone. Please note that restorative justice should NOT come into an offender treatment program until **at least** 26 weeks into treatment. Any offender accountability program which decides to implement – or consider implementing – restorative justice MUST be regulated and certified to be sure that it is appropriately using this method, and should tap into research and other agencies' expertise in programs where it has successfully been used, such as in Men for Peacemakers and Domestic Violence Safe Dialogue in other states.

For more information and resources, see https://www.theatlantic.com/health/archive/2015/10/domestic-violence-restorative-justice/408820/

• How should "success" be measured for programs for those who harm?

- Lack of repeat offenses, as evidenced by a new DIR or criminal charge, by currently enrolled or recently enrolled participants (those who have attended within the last 2 years)
    - This could include OOP violations or any other DV-related charges
- Successful completion of all required components of the program
- Admission of responsibility to the court & a clear plan for avoiding offenses in the future
- Victim feedback should be considered a last resort and only in situations where the feedback does not impact victim safety

• Should such programs be limited to one gender, or should all genders be addressed together? Are there different dynamics?

We encourage an offender's group preference to be explored during the initial assessment, while also assessing for risk. Does an offender identify by a certain gender? What are the sexuality dynamics? Would they feel more empowered sharing in a gender-specific group? How would that impact current group dynamic? Other safety concerns should also be considered.

• To what extent should programming be uniform, or should there be a range of acceptable options that may be chosen by programs for use?

Because there is no strong base of evidence to draw from on program effectiveness, we recommend a slow/intentional approach which may start with guideline suggestions and some flexibility. This could also include statewide focus groups to monitor longitudinal data around recidivism rates and feedback from a multidisciplinary perspective.

Once a larger body of evidence exists, hopefully it will inform whether programming should be uniform or there should be a range of acceptable options for programming.

• In what ways can/should programming be culturally-responsive and trauma informed?

At its heart, all offender accountability programming should be trauma informed and operational through a victim safety lens. This could include appropriate utilization for restorative justice and survivor-impact panels. It should also mean that a victim who is going to be on a survivor panel or involved in restorative justice should be making an informed decision as to their participation in the program, have appropriate support available if needed post

involvement (such as a personal or agency-provided therapist) and that cultural considerations should be taken into response for them and for the participants. Participants who cannot identify with their cohort may not find as much success in programs if they feel misunderstood or that their cultural norms have been neglected, so pre-screening should be used carefully to inform identities and cultural norms that perpetrators may identify with so that those can be addressed specifically in treatment. This should fall within the bounds of agency discretion but should also be informed by a questionnaire, the court, the offender's level of personal accountability, things that the perpetrator has told the victim, and any other information available at the time of treatment.

Additionally, local communities should have the flexibility to make programmatic changes to better support cultural responsiveness and meet the needs of their individual communities.

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June 14, 2021

My name is Gary Horton. I am the Director of the New York State Defenders Association's Veterans Defense Program (VDP). The VDP provides training, support, and legal assistance to promote trauma-informed effective representation of veterans and service members in New York State's criminal and family court systems. On a daily basis, the VDP advises public defense attorneys representing veterans on military culture and its impact on clients, service-related mental health ailments, and client-centered legal approaches focused on treatment. Studies report that depressive disorders, substance abuse, post-traumatic stress disorder (PTSD), and traumatic brain injury (TBI) among veterans are at epidemic proportions. Veterans who call the VDP receive peer-to-peer mentoring guidance and expert referrals.

In my testimony, I would like to address the question posed in your invitation, "In what ways can/should programming be culturally-responsive and trauma-informed?," as it applies to veterans. There can be no doubt of the enormity of military trauma including military sexual trauma and the resulting impact on the lives of veterans and their families. PTSD is a signature injury of those who served during our post-9/11 conflicts. Unfortunately the recognized symptoms of PTSD, re-experiencing of the trauma, avoiding triggers that can lead to withdrawal from social contact, and hyperarousal marked by hypervigilance, irritability, and difficulty sleeping, all may result in intimate partner violence (IPV). This particularly true if a veteran's PTSD is left untreated. Of the 375,000 post-9/11 and Vietnam veterans in the state of New York, approximately 112,000 have PTSD, TBI, or depression. Studies show 50% of those veterans are untreated.

Any program developed to address intimate partner violence has to be trauma informed. I make that statement in relation to all intimate partner violence situations, not just those involving veterans. It is, however, especially true of veterans as military trauma and military culture is at the distal edge of human experience. I have often worked with veterans who I can truly say have experienced more trauma in a single day than most of us will experience in a lifetime.

At the VDP, we have worked with a number of clients who have been accused of and/or have been the victims of intimate partner violence. They have included both male and female clients. Of those who are accused, there are commonalities--they have diagnosed or undiagnosed PTSD and they have no criminal history or history of IPV prior to their service.

The questions listed in the public hearing announcement seem to center on accountability, which can take many forms. The VDP's philosophy is that trauma-informed and culturally-responsive treatment must go hand in hand with accountability for our veterans that bear the invisible wounds of war.

The Veterans Health Administration (VHA) has started to use an innovative treatment in New York and it has instituted the program across the country. Strength at Home program has two components: the Strength at Home program and the Strength at Home Couples program, which is focused on IPV prevention in couples.

The Strength at Home program is for veterans of any era or service who have used aggression against their intimate partner. This is a comprehensive intervention that promotes accountability and ends and prevents abuse. Sessions focus on:

- Understanding abusive behavior and taking responsibility for abuse
- Understanding and exploring core themes that underlie trauma and abusive behavior (the roots of abusiveness) such as power and control issues and difficulties trusting others
- Learning ways to deescalate situations that may lead to conflict and aggression
- Learning how to view situations in a less hostile or threatening manner
- Managing stress more effectively
- Communicating in more assertive ways
- Emotional expression

The program has been shown to be effective in ending physical and psychological abuse through pilot studies and a recent randomized controlled trial funded by the Department of Defense. This is the only program shown effective in veterans via a controlled trial.

Another IPV program the VHA has implemented is the Recovering from IPV through Strengths and Empowerment (RISE) program, which is a trauma-informed psychosocial intervention for women VA patients who experience any ongoing or recent (i.e., past-year) intimate partner violence, such as verbal threats, controlling behaviors, coercive or unwanted sexual behavior, and physical aggression. RISE is a brief, modular-based, variable-length intervention. Sessions are tailored to women's needs and preferences, allowing for flexibility and empowering women to choose topics that are most relevant and helpful. Women can also choose how many modules they wish to complete. RISE includes elements of Motivational Interviewing and is non-confrontational, collaborative, and focuses on providing choice and empowering women to set goals for change driven by her personal values and circumstances.

As you review the information presented during these public hearings and formulate conclusions and recommendations, I urge you to consider that many of our veterans and service members have sustained grievous physical and invisible psychological injuries. And our post-9/11 veterans volunteered to serve and protect our nation. We owe them understanding and we must provide the help they need including trauma-informed treatment such as the VHA program I have described.

Thank you for the opportunity to testify about this important topic. We welcome ongoing communications with the Office for the Prevention of Domestic Violence about issues related to veterans.

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Public Hearings Q&A Transcript
NYS Defenders Association's Veterans Defense Program
Gary Horton, VDP Director

Kelli Owens (OPDV): *Are these court-mandated participants?*

All of the veterans that we deal with are involved in the criminal justice system of the family court system. Some are court mandated, but for the most part we become involved with the veteran prior to the disposition. At the disposition level is where you would get mandated treatment normally.

Kelli Owens (OPDV): *Are the VA programs that you are referencing evidenced-based?*

That's my understanding, yes, but again, believe me I am not an expert in these programs, and I would really encourage you to talk to the directors of the program. I know the one very well, recently met the second, and they are a wealth of information and are more than willing to describe their programs.

Kelli Owens (OPDV): *Do you know the credentials of those folks who are working in the VA program?*

I don't know the credentials of all the individuals. The person I know has a social work master's and beyond a master's degree. He has spent many years on a number of areas. Prior to being chosen to establish this program in New York, he was a well-recognized Veteran Justice Outreach Officer who did assessments on incarcerated veterans to determine appropriate treatment recommendations for the courts, and that's how I met him originally.

Kelli Owens (OPDV): *Gary, in your testimony –and if I heard it wrong just correct me—I think you said that prior to service there was an understanding or knowledge that the folks involved in these programs did not have previous domestic violence in their history. Is there a tool that your using? Simply, how do you know that?*

We have three different intake instruments that we use, which go from very basic information normally taken at the first contact. You have to understand that our contacts with the clients come from their attorneys, from family members, and from clients themselves. So, we always do a follow up with the client and get their history, and a great deal of what we do is writing mitigation for the courts. For that process, we go into a very in-depth interview. That's done by the attorneys. And we always ask about prior traumas, and if it is a domestic violence case, we will explore any prior history that way. But our finding has been that I can't name one domestic violence case that we have been involved in where the individual had a prior history, which again points to the severity of military trauma and the PTSD that they are suffering from.

Kelli Owens (OPDV): *Can you talk to us a bit about that and help us understand military trauma? Those of us who don't come from that background could probably use a bit of education, so could you help us understand that a bit?*

Sure. Military trauma ranges from bad experiences during training --not being able to withstand the rigors of basic training-- up to and including being in active combat, which is probably the most severe type of trauma that one can experience. Witnessing the death of close friends, having to cause the death of other individuals --even if they are the enemy-- is a traumatic experience. People being injured themselves. It's a wide range of experiences. There is a lot of survivor's guilt. I had one client who went all the way through basic training and advanced training to be a military policeman, and was in the process of pre-deployment training before being deployed to Iraq, when he was injured in training, and did not deploy with his unit. Within a few weeks of his unit being in Iraq, both his sergeant and three other members of his unit were killed in the explosion. His PTSD was probably the worst I have ever saw, and it was all based on his feeling of survivor guilt, that he should have been there, he should have died with them. That's what he was feeling. Now that was not a domestic violence case, it was far from it, but it shows you the type of experiences that we put very young individuals into. Most of our clients enlist at age 18, right out of high school. I don't know if it's my age or my experience, but I'd say we are sending children to fight our wars. They go through horrible experiences. Now some are not affected to the extent of others, and that has to do with family support and whether or not they suffered prior trauma, but these are the things one has to assess in terms of determining what is appropriate for that individual. And yes, as I said before, accountability, obviously, but where there is trauma, it should be coupled with trauma-informed dispositions that provide appropriate treatment.

Kelli Owens (OPDV): *There has been a lot of discussion about military sexual trauma as well. Can you talk to us a little bit about your experience with these folks with that? Could you also talk to us a little bit about the demographics of those folks who have been in the program?*

Military sexual trauma is not a large percentage of our cases, but it's a significant percentage. The victims are both male and female. Not only is there the trauma of being the victim of sexual abuse, but, in most instances, the sexual abuser is somebody in the chain of command. So, there is that loss of trust in the unit and your chain of command and those around you, which is an essential part of the military, and its gone. Obviously, it's a very significant type of trauma. Being the victim of any sexual crime is significant trauma, but to put it in the context of

military service, and often times occurring during deployments in combat zones, its horrendous.

Our clients come from all 5 branches of the military. Now 6 branches because we have a space force, but we haven't had a space force person yet. We've had officers and enlisted. Our service is statewide, so geographically they are all across the state. Age-wise we have represented individuals from post-9/11 veterans who are still in their 20s, up to Vietnam Era veterans. We even had a couple of World Warr II era veterans. Now that's everybody. As far of the demographics of those accused of domestic violence, they are probably all post-9/11, at least that we've seen. Mostly male, but we've had females as well. We had one particular case that disturbed me quite a bit because I really felt that our client was the victim of intimate partner violence, that she was telling me the truth about her husband abusing her, but in one particular instance, he was beating her and she stabbed him with a knife, and she ended up in prison. And we didn't know about the case until she was already in prison and tried to assist her at that point which is obviously much more difficult.

Dean DeFruscio (DCJS): *What has your participants experience been with law enforcement, and what do you feel that law enforcement could or should do better to recognize or identify PTSD?*

I think that it has become … We started this program 7 years ago. And part of what we were doing at the point is trying to educate police officers so that they would be safe in street encounters with somebody who may be suffering from PTSD and may react much differently than they would expect in given situations. Because quite frankly, a police officer, no matter how well-trained, is going to have difficulty subduing a veteran with their training who has PTSD. It's not an even match at all. I think there is much more knowledge out there present. I think that the training of police agencies has increased in this way. As time went on, we saw more referrals coming from police officers who say, "I just arrested this guy, but I think he's a veteran and I think he needs to talk to someone." So, I think in that sense, its much better than it initially was.

Daniel Martuscello (DOCCS): *Within DOCCS, obviously we have a population of incarcerated individuals who were veterans that had trauma either prior to, during, or post their service. And to your point of hiring veterans to participate in your programs, I think it is critically important. We run the first residential veterans' program inside of a correctional institution in the nation, and we have a lot of visitors from other states who want to duplicate what we do. Part of that, is that I think it is important to have employees who have a military background, or at least familiarity through family, so that they have a better of understanding of what they've gone through. When you hire your*

veterans, do they work in a non-clinical capacity? And a lot of what you talked about, for the type of training and the type of program that's delivered, falls within the scope of practice of a licensed credentialed individual. If you're hiring veterans in that space, are you finding it difficult to recruit and retain to do this work?

We don't hire clinicians, and the programs I've described are VA programs, not our programs. Our veterans, when I talk about peer-to-peer interaction, their job title is case manager. One has a bachelor's degree in social work and is working on his master's. Another is currently in law school, which I don't know what that qualifies for, but the main point is that they are all veterans, they all had to go through readjustment and reintegration, and our primary case manager himself has service connected disabilities for PTSD and PTI. So, he's been there. He knows what they are talking about when they call.

I do want to go back to – the DOCCS incarcerated inmate programs are great programs and we do the best we possibly can to get our clients who do need to face a state sentence, involved in those programs. We have worked very closely with John Darcy.

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Urban Resource Institute Testimony
OPDV – June 16, 2021

Good Afternoon Members of the New York State Office for the Prevention of Domestic Violence My name is Nathaniel Tolbert and I currently serve as the Program Coordinator for the trauma informed **Abusive Partner Intervention Program** of Urban Resource Institute. I would like to thank everyone for the opportunity to share our ideas and key learnings about best practices for working with abusive partners and for including Urban Resource Institute as part of this esteemed consortium.

As you may be aware, the Urban Resource Institute has been in operation for more than 40 years and is currently the largest provider of domestic violence shelter services in the country. We remain committed to providing intervention services, and over the last several years have worked to enhance our prevention service portfolio. Our Abusive Partner Intervention Program, referred to as APIP, reflects one such effort, built upon the understanding that ending domestic and gender based violence requires working with individuals who cause harm. We are also keenly aware that preventing future incidents of domestic/intimate partner violence requires a multipronged approach. We are here to discuss that approach in this area and our thoughts on the key components of an effective accountability program.

What are the key components of an effective accountability program?
When this pilot program began two years ago in May, 2019, it was based on the belief that an Abusive Partner Intervention Program can make huge inroads in the lives of our participants, their survivors, current and future partners, and members of their extended families, if it kept accountability and holistic support at the forefront. At the same time, the pilot allowed us the opportunities to incorporate a trauma informed lens, understanding that individuals, who cause harm, may have experienced violence during the course of their lives. We believe that these approaches remain the pivotal pillars of good Abusive Partner Intervention programming. We have spent the last two years of this initiative in partnership with the Manhattan DA's Office and three plus years operating our Westchester APIP program in partnership with the Department of Probation, and we have learned some valuable lessons. These lessons have also taken into consideration legal system climate changes, a pandemic, political turbulence, racially motivated violence, and other social justice issues that have served to inform the way we work.

Our framework includes the fundamental values of **Transparency, Connection, Family/Community, Trauma Informed and Holistic Practice**. Through this framework, the participant's perspectives are recognized and accepted. Participants become more in touch with

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their selves and their own needs. They begin to understand how their reactions affect others while watching facilitators teach and model self-advocacy without subjugating others.

Our programmatic points of emphasis fall within the three buckets to include **Structure, Content and Practice**. We ground ourselves in a series of fundamental values in order to maintain quality throughout the program. **Accountability**, our primary value, holds the utmost importance. Each encounter requires us to view from this programmatic lens, so that we work to ensure that participants accept responsibility for their own individual behavior at every level, even when exploring their own experiences of trauma. We place emphasis on the participants taking accountability for any harm they have done in addition to participants taking accountability for their own needs. This same expectation for accountability extends to URI staff, as they are all required to maintain professional standards related to communication, and adherence to program structure and guidelines.

Transparency is our next value – it involves maintaining clear and consistent communication at every level of our programming. Ensuring that we keep all parties informed, including participants as it relates to reporting requirements, our partners in the work (criminal justice and others), as well as the survivors or those who participate in the program to promote safety, and access to services if desired.

Building **Accountability Support Community** is another value. Our program values creating a strong community among the participants and staff. For participants we encourage positive connection and creating a network of support to counter the isolation that many of our participants initially live with depending on their situation. We also work to ensure participants have ongoing access to continuing accountability support well beyond the services mandated by the courts.

The idea of **trauma informed** practice interweaves throughout our programming to include the design of the physical space in which the program operates. We never allow participants to use traumatic narratives as an excuse to be violent or abusive, yet we understand that these narratives come with sensitives, which we allow and use toward healing. Our program uses trauma informed practices to create containers that allow individuals who cause harm to heal, create insight and become accountable without punitive or power measures.

Our program also emphasizes a **holistic approach** that considers all contextual factors that may affect a person's mood and outlook. These factors could be housing, unemployment, underemployment or feeling the pain associated with an oppressed identity. URI knows that while challenging the participants to expand and think differently, we have to acknowledge, respond to and nurture some of their wounds in order to facilitate their growth.

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Outside of those overarching values, we have our three buckets of structure, content and practice that I mentioned earlier. **Structure** is extremely important in regards to building anything sustainable and it is even more important when it comes to building a trauma informed program.

Consistent, predictable, routines and rhythms with the participants and among staff is a prerequisite in creating a safe environment. This imbues reliability and safety; which counter the effects of unpredictable attachment to parental figures and/or unstable housing situations, both of which are predictors of the reactive behavior that is associated with turbulent relationships and trauma. Creating a healthy routine and rhythm is paramount for our participants.

Maintaining a similar structure and process for our group facilitators is equally important. Holding the complexity of domestic violence work is nuanced work, it is easy to fall into the binary world of strictly punishing the abusive partners or not holding them accountable or challenging them when they share problematic perspectives. The supervisory process is also a fundamental part of the work. We ask questions and incorporate conversations that include inquiring about:

- How are facilitators provided professional development and self-reflection opportunities throughout the program?
- How do facilitators help facilitate an environment that holds people accountable while embracing their strengths?
- How are facilitators able to get support so that they can manage what comes up for them personally when they work with a particularly challenging participant?
- How do group leaders have dialogue with each other about their points of views and conflicts and work that out before working with participants?

We find that access to quality group supervision, individual supervision and support ensure that staff is able to show up to this complicated work ready to create spaces for people that see them in all their complexity and that challenges them to grow, an obvious parallel process that supports the work with participants.

Structurally it is also very important for co-facilitators to be representative of different gender identities. Having facilitators that work together in the group presenting varying perspectives helps to keep the survivors' and other potential family members' perspectives at the forefront. The goal of the group intervention is to expand participant perspective, increase accountability and re-imagine conflict, without a different gender identity and perspective in the room that becomes an obstacle and makes it difficult to accomplish.

Content is our next bucket, and its importance cannot be understated. Providing relevant psycho-education on key topics connected to making amends, self-care, self-attunement, the impact of

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abusive behaviors, healthy relationships, types of communication strategies, anger management and other domestic violence related content is a pre-requisite to an accountability-based program. The presence of these lessons not only helps the participants grow but also keeps the focus of the group throughout sessions.

Practice is our third bucket. The magic happens with our work in this bucket. The acknowledgement and stance of multiple truths and differing perspectives is a fundamental and important point of emphasis for our participants. We work to help our participants understand that gray area and complexity exist in every part of their lives, and we consistently push back on black and white thinking. However, in no instance do we allow abusive behavior or violence to be a part of this grey area or perspective line of thinking. We meet misappropriations of this concept consistently with challenge and curiosity.

Another point of emphasis in our program is consistently challenging with curiosity. While we do not permit overly aggressive statements and regulate such behavior with group and programmatic guidelines, we do challenge more subtle behaviors and ideas with curiosity. We consistently ask what is the cost to your relationship when you talk over your significant other or partner? What is the relationship cost when you yell at your children? We hope to model a behavior they can work to understand that demonstrates how individuals disagree with each other while still showing respect to one another.

The program works to see all parts of our participants. Many of the participants come with their own levels of shame that can display itself as defensiveness or self-pity. We find it important to acknowledge participants' growth and moments of celebration while holding them accountable every step of the way. This approach pushes further on the black and white thinking that we see most of the time from the men. Another focus previously mentioned is making space for the men to connect positively with each other. While there is a very real and justified fear that our participants will negatively influence each other when in a domestic violence group, the power of a properly curated community is too great. Providing the participants with a space to feel vulnerable and connect in is beneficial to all the participants involved.

Working through conflicts, rather than avoiding them, is another point of practice emphasis. When issues that can be managed in the room come up we always try to address them in the moment or acknowledge them and table them for later. While we cannot get to every single issue that arises, we do our best to model for the men that conflict does not mean the end of a relationship, does not have to be a fight to the death and can actually lead to something productive when faced head on. Lastly, we always try to keep a family structural survivor focus for the men in the room. How does their partner feel? How does their child feel? How does their

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survivor feel? These issues are subjects in the discussion; each issue confronted with the participants in the program.

These ingredients are what we believe make a great accountability based, trauma informed Abusive Partner Intervention Program, or TI-APIP. While the list and points of emphasis may seem extensive, they speak to the complexity of the participants, the issues, and their families. Doing this work takes a lot of energy, emotional labor, support and understanding to be sustainable. Urban Resource Institute believes that this list, like everything else in our programming, will continue to evolve in the future. However, we believe these current program components and priorities promote both self-growth in our participants and safety within their families and the larger community.

Thank you.

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Public Hearings Q&A Transcript
Urban Resource Institute – Nathaniel Tolbert

Kelli Owens (OPDV): *So, the folks that you are dealing with, are they mostly court-mandated?*

They are all court-mandated.

Kelli Owens (OPDV): *And you mentioned that you started in 2019. I'm curious about the impacts of COVID and the impacts of the racial justice situations that we faced throughout the year – can you talk a little bit about that? Has it played into the program itself? Maybe it didn't, maybe it did, but I'm curious as to starting in 2019 and then all of these things coming together.*

Absolutely. I think a big part about our program –one of the fundamental values and core things that we talk about in our curriculum is connection to self. And when all of these things are happening in an environment, I think it is important for us to be in tune to that and not act like they don't live in the room. One of the things that we find a lot with the guys who show up in our program –the people who show up in our program, excuse me—is that they often are just totally zoned out and they are either on a mission, they are at work all the time, or they are disconnected from their environment. They're not really aware of the things that are happening, or they feel really passionate about some of the stuff that's happening, right? So we really wanted to find a way to bring those things into the room as they happen, so when it comes to the things that were happening last summer with George Floyd and racial injustice and COVID and being stuck in the house, it felt really like a responsibility for us to make room to talk about that and process it, and have some really complicated conversations with the men in the room in that particular section of the program. I think it was such a rich dialogue that came out of it, what I just talked about, you know about how do we model hard conversations, how do we talk about things that feel really loaded and pregnant for people, and come up with containers that give people the skills to be able to talk about it without falling into rage, and how do we allow people to become more attuned to themselves, and ventilate and talk about their experiences and be heard, and have the opportunity to hold other people? So when it came to having those conversations around George Floyd or racial injustice or the political climate or anything that was happening, we felt like it was really important to lean into those, and really have these conversations and focus on listening to people too, which is such a big fundamental value that we promote in our program, as well. So, I think it had a really powerful impact. It brought a lot of the people in our program closer and it really allowed them to feel like they were tuned into stuff, so, I feel like one of the things about tuning into people, especially in an APID group while holding them accountable, is that it allows them to go into that gray area of not feeling all good or all bad, you know? So, we were able to hold people in the moment and still hold them accountable, still

encourage people to grow but also acknowledge their experience and I think that's a lot of what I was mentioning before. A lot of it came in those moments and it kind of solidified it for us as a part that was really important.

In regards to COVID, COVID was such a time of intensity for a lot of people and I feel like being able to come to our groups, I think it upped the level of intimacy that the participants showed up with, because we were all in a space together. We were on Zoom separated, like we are in this consortium today, but people kind of felt like they had a place to come every week, especially in those times where people were really locked down or isolated and limited to a couple of people that they could see, or they were traversing environments that felt different. In the city, that was an eerie time in New York, where everything was happening with COVID, so I think a lot of our participants came to the group feeling safer and feeling connected, and we made a concerted effort to really outreach to people especially in the early stages of the pandemic, and allowed them to feel connected. I think those experiences really double-downed and informed those values that I just spoke about in that presentation.

Kelli Owens (OPDV): *I know this is probably no surprise to you, but some folks push back on these programs to say there's no evidence that it works. There are all those kind of statements that are made, and I know that you folks at URI look for qualitative and quantitative data to show that what your doing works, can you talk to us a little bit about –I know it's only been two years—but can you talk to us a little bit about what you are seeing anecdotally? Just kind of walk us through that and the outcomes and what you are seeing.*

Absolutely. I think, if we just talk about what anecdotally we are seeing, a lot of people come into the program feeling really disconnected from themselves of from other people, and they leave with more capacity to listen, more capacity to show up vulnerably, and a desire to be a part of community in a different kind of way. I feel like, in terms of our evidence-based practices, we definitely work with experts, we have the content, we have all the stuff around trauma-informed practices and in terms of showing up in certain ways structurally, so that the work feels predictable. I think there is something special about people coming together in a space and really working to be heard and understand people and really work on something, and really being held accountable and being invited to share a part of themselves and expand. And I think that a lot of people have really embraced that. I was actually pleasantly surprised in how much the participants we worked with were so hungry for community, so hungry to learn, will come back and say this is perspective, they'll repeat stuff and really practice it and really lean into it and not misappropriate it. They say, "I'm really trying to understand this gray area thing that people are talking about," and I feel like when people really feel connected to something, and feel understood, they really do embrace it and try to bring it into their families and their homes and their future relationships. It's been a powerful experience, especially during this time.

The intimacy went up a little bit and our approach, in terms of really engaging with the participants in a different way, has really helped us get them to buy in and think about these things and get them incorporated. I would say a huge percentage of our guys, you know, they come back and check in, they talk with us, they want to peek at how other people are doing in the group, they might step in and just get something. Our practice, our check ins, the awareness we try to build in the guys, we feel like these are concepts that they really internalize and they use moving forward.

Kelli Owens (OPDV): *Can you talk to us a little bit about the facilitators and the staff that work on this program? What are their credentials, that kind of stuff?*

Absolutely. I am a therapist. I am a social worker who is also a training family therapist. We have a couple other staff that are therapists, we have a couple other people who have been doing work in abusive partner intervention for ten years plus, so we have a nice mix of clinical staff, people that have been doing this work for a long time, and I think we have a bunch of people who are really invested in doing that. We have interns that we bring in from clinical social work programs as well, that we have worked hard to ground in this work and teach the modality of groups and how groups work. We have a staff that is generally clinically trained, and if they aren't, they are richly experienced in abusive partner intervention work.

Kelli Owens (OPDV): *Is there any peer-to-peer component? Maybe its too early in your program to have that component, but do you have that yet or is part of…*

So, the word is "yet" - we don't have it yet. It is something that we definitely want to continue to develop. We have a lot of participants who still touch base and still want to be a part of it. We have people eagerly anticipating our peer-to-peer work and when that will be a part of our program. I think as we continue to ground ourselves and continue to structure ourselves and solidify ourselves even more – especially post-COVID—we really want to figure out how to continue to bring our guys into it. It's definitely something that is on our radar, something we can see to hold guys with and hope to move forward, especially with our after-care programs. We do have our after-care stuff that is coming soon. We hope to have groups and stuff for people who already graduate, and we are just continuing to develop that as we move forward.

Kelli Owens (OPDV): *Is there a feedback loop between survivors and victims of domestic violence? Is there some kind of mechanism in which there is an interaction and information about what is actually being practiced at home and all of those things? Is there a component like that?*

Our program doesn't quite have a component like that. We do stay in contact with survivors and we do give them updates around attendance if they are

engaged in the program, and we do partner with some agencies, and we kind of have a general understanding around if survivors want updates. If they do, we provide that to them. We don't have a lot of our participants currently in those relationships still with those partners, so we generally keep it to updates and we work with victims' services and we generally try to stay on board with them and make sure everything is alright. I think it is really important that we always have a systemic frame in there, so we always bring the partners into the room even if we are not having direct contact about what Is going on in the house. So, we generally make sure that they have that perspective around what might be affecting the other person. You can do work that brings the other cast of characters in our participant's life into the room, without necessarily having a direct line, and I think that's more so what our practice approaches. However, we do, generally, provide updates around if a person is attending if they want it, and try to stay connected and provide services as well if the person is interested, and we are very connected to Victims' Services and the District Attorney's Office.

Melinda Williams (OVS): *Kelli asked a question about how COVID has impacted you - I was wondering if you could elaborate a little bit on what components of this work you have been able to do remotely, versus which ones have to be in person, and what are some of the challenges of working through that this year?*

Absolutely. I think our program made big shifts. The transitioning to Zoom. All of our groups right now are 100% remote, and I think prior to that, our groups were in our office in Harlem on 25th Street, kind of like a central location in the city for a lot of our participants. Our office was very much a clubhouse, so we had a library there, food there, people would come and get their own version of milieu therapy where they would come and check in and run through scenarios with us, and I think there was a loss in that, transitioning to Zoom. People weren't able to come into a space and just hang out if they were in the neighborhood the same way and learn something. We had libraries, we had computers. So that part was lost, especially –and I think this is really important to mention-- when we have participants who don't have the same level of access as everybody else. Transitioning to Zoom, it was different, and it was also a risk process as well. I think there is a unique intimacy about being on Zoom that I think brought people in the group experience, especially if the group is ran very intentionally like a group, so that doesn't change. If people have their camera off, we still have to say, "turn your camera on, are you in the room with us?", so we still do those check-ins. I think it was a really rich process to transfer to Zoom. Everything else that we provided, outside of having that space where maybe we'd be able to provide someone with a snack or place to hang out during their day if they had some time and check in, we were able to generally maintain. People were able to check in with case managers if they wanted a resource, we were still providing limited individual therapy to people over Zoom, but, again, there is something around access. For someone to be able to come on Zoom you have to have a working smartphone, you have to have access to a computer, and I think there

was a loss. We had a lot of participants who were coming out of the shelter system who didn't have that same level of resource, so we worked hard to get them some of that stuff, but also some of that was lost. The people we were able to connect with we were able to hold onto, but there were some shifts in that one. I think moving to Zoom, I'm confident in saying that we were able to maintain the intimate group feel on Zoom, and whatever challenges that may be presented, if someone was walking down the block or trying to do something else, we bring them back and really encourage and try to create a sacred space where people are sharing. I found that there is an odd intimacy to sitting in your room where you're super comfortable, and a different level of vulnerability may come out, and I think that is only beneficial to the group work that we were doing.

Melinda Williams (OVS): *You talked a little bit about the benefits of making space for the participants to connect positively with each other. I was wondering if you could talk just a little bit about how big are these groups, do you have a maximum or minimum size that you think is the best, and also, is it that people are in a cohort with the same group for some time, or is it very much in flux in terms of who is in the group and who is interacting with each other?*

We generally do our groups with 8-10 people. We find that is like the cut-off, especially on a form like Zoom. We like to have the groups at a size where they are big enough to have a real social dynamic, however we don't like it to get too big and unwieldy, where people could back out into the background. So, we find 8-10 is our sweet spot in regards to doing the group work. When it comes to that particular practice, I think we generally chose it for the level of intimacy and giving people an opportunity to interact and play out things with each other. I think the group modality is something that we chose because it is like a microcosm of the world, so people eventually show up the way they show up anywhere else. That's generally been our determination around that one.

We do have rolling admission, but we try to make sure we stagger it so that there is a level of cohesion that is able to be maintained, and intimacy that happens. So we do have rolling admission, but generally we have maybe a person or two coming off at a time so the group doesn't shift wildly, and the groups can stay mature so they can maintain that level of intimacy and talk. Sometimes it happens that we have to restart, so there is a shift in the practice, but we do have rolling admissions.

Maria Limbach (OCFS): *I was very interested in a lot of the description of this particular program, and it does sound very similar to the descriptions of a few other programs that I have heard of. When you were talking about coming from a trauma-informed background and knowing that abusers themselves may have experienced trauma, I was curious if you fold in –or maybe its your staff have an expertise in—the Adverse Childhood Experiences Assessment, or if that is a tool that you use when you are*

bringing participants in the first time to kind of gauge their experiences and how that has shaped their experiences as an adult.

In our intake process, we generally do a psychosocial that includes a trauma questionnaire, so we ask them about their background experiences, we ask them about their childhood. I think our staff is generally pretty skilled clinically, so we're good at asking those questions that kind of get a feel on what their background was, what their childhood experience was, and if there is some sort of attachment issues that may be predictive of their relationships with people, and intimate relationships. And I will tell you, we do that, and I would say we consistently find that it is a through line for our participants, so that is something that comes up pretty consistently. I would say probably 95% of our participants show up with some kind of adverse childhood experience or disrupted attachment, or something that could be a predictor of an unstable relationship.

Maria Limbach (OCFS): *So that's a data point to Kelli's original question that you probably are using --for at least a baseline—if you are doing those kinds of assessments?*

We definitely do the trauma questionnaire. We do that and we have two questionnaires that we do with them during the intake, in addition to the psychosocial.

Maria Limbach (OCFS): *And then I just want to piggyback on Kelli's question related to the staff. It sounds like you have a wealth of experience and you have people that are clinically trained, but just because I may have an education and may be a social worker does not mean I may be the person to have difficult conversations. I'm curious what other training or other characteristics you look for in the staff that are facilitating these groups so that they are equipped to have these really difficult conversations.*

Well I think coming back to our supervisory process, I think group supervision and individual supervision is such an important part of doing this work on a high level, because what we ask of people is to have the "both and" of holding people accountable, but also hearing someone's stories and narratives and attending to those parts, and that's work that's not easy. I think being able to hold that is a part that I think also has to be developed doing this work. I think this work is something that requires the special skill set of tuning in and holding people, and it takes a lot of energy, so we make sure that our process gives people an opportunity to grow, to talk about their experiences, to ventilate, and to be able to constantly tune in about their practice. So when we talk about prerequisites and skills, we generally look for people who are able to hold people accountable, like not be ran over, but also have an understanding or be able to tune into peoples' narratives and understand where stuff is coming from. I think that in order to do that well, people need to be supported, so we generally look for people who have commitment to it more than anything else. If you are committed to learn, if you

are committed to be present, if you are committed to come and show up every week and be engaged in our process, I think that's a big determinant, especially in light of this work that is not pretty. The stuff that we have to sit with is not always easy, its generally not easy. How do we have people that lean into a supervisory process? How do we have people that show up committed every week? How do we have people that are able to be committed and consistent in a way that is trauma informed. We talk about these routines and rhythms – how do we have people that are containing, and develop that skill after they already have it? It's different doing it in this context.

Testimony on Accountability for Those Who Harm Their Intimate Partners
New York State Office for the Prevention of Domestic Violence

Should New York State have guidelines for programs providing accountability for those who harm their intimate partners?

- New York State should develop and implement guidelines for perpetrator programs to guide the development, implementation, and operation of these programs through a shared lens: which frames men's violence against women as a gender justice and social political issue. This shared perspective would under-pin the guidelines for all programs across New York State which receive referrals from courts, probation, parole, and child welfare agencies. In recent regional visits across NYS, there are significant variations to understanding domestic violence and the root cause of men's violence against women.
- Guidelines could allow flexibility and adaptability to the needs and structures of a particular community while working to maintain a consistent analysis and approach to offender accountability.
- Guidelines could be developed by an informed work group of professionals who have significant experience, which also includes the voice of battered women's advocates – a critical element to the process of guidelines development. Guidelines could be updated as necessary in order to remain current with an evolving analysis and perspective.

Should New York State license, certify, and/or regulate accountability programs for persons who harm their intimate partners? All? Some; If so, which ones?

- As has happened in other states, licensing and certification has not worked to reliably regulate the practices, policies, and perspectives of these programs. Some programs which are certified on an annual basis, often believe they are required to follow practices, policies, and offer content that is no longer relevant to their work, yet, do so because it is a requirement in order to be certified according to state law.
- An experienced oversight board could be more beneficial to supporting the evolution of perpetrator accountability programs in New York State.
- Input from local and statewide advocates is an indispensable voice and perspective as to the impact offender accountability programs have on survivors, especially, women who are partnered with men in these programs. Consideration should be given to this impact offender accountability programs will have on each local community including the work of the local victim/survivor domestic violence program.

What are the key components of an effective accountability program for persons who cause harm?

- Any domestic violence offender program should infuse all elements of the program – policies, practices, content – in a gender-racial justice oppression-based lens as its perspective/analysis to ending men's violence against women.
- A racial and gender justice/oppress analysis provides a clear understanding of patriarchy as a social-political problem together with, understanding the comprehensive social-change required to ending men's violence against women.

Should there be different requirements for programs receiving court-referred participants than for programs taking only voluntary participants? What should those requirements be?

- Mandated and voluntary men should all be held to the same standard policies and requirements to attending the program.

What would accountability that does not involve the criminal or civil court system look like?

- Voluntary men would be held to the same requirements while attending a program as mandated men: Attend sessions on time – no late; fee payments – no third party payments; respectful behavior with all program staff and other attendees. All efforts to hold men accountable must be doable and measurable policies of the program and would be part of the required mandate to attend the program.

How should "success" be measured for programs for those who harm?

- Success of the program is in the program's relationship with the systemic community response – specifically designed to hold him accountable by: domestic violence courts, integrated domestic violence courts, criminal and civil courts, probation departments, parole departments, and child welfare systems. Communities that have an offender accountability program which make referrals to these programs will work together for the purposes of holding him accountable.
- In the event a participant is not accountable to the policies of the program, the program immediately and predictably terminates him from the program and reports his non-compliance status to the mandating source. Consequently, the participant receives a serious sanction for his non-compliance with his order to attend the program from the mandating agent.
- Success should never be grounded in assessment or evaluation of behavior change particularly, those based on self-reports of a participant.

Should such program be limited to one gender, or should all genders be addressed together? Are there different dynamics?

- Offender Accountability programs were designed for men who abuse their intimate female partner: the systemic issue being addressed is "Patriarchy". Thus, a men's problem! Women who assault their intimate male partner should not be included in that same analysis or perspective nor included in a program that was specifically designed for men.

To what extent should programming be uniform, or should there be a range of acceptable options that may be chosen by programs for use?

- Since these programs are labeled "accountability" programs, their policies and practices must uniformly reflect real and measurable policies: fees, no-late, etc. A minimum of 26-sessions across NYS must be the minimum for completing these programs with program-length options for mandating sources to be able to impose 40 or 52 sessions mandates.
- Some communities may wish to have longer sentences based on the court or agent of the court wishing to extend the time for which a man is held accountable – especially for more serious offenses which men are convicted.

In what ways can/should programming be culturally-responsive and trauma-informed?

- Programs which understand and infuse the program through a racial and gender justice perspective will develop a program which are respectful of men who are systematically disenfranchised by culture.
- Establish and maintain policies and practices through a racial-justice lens that ensure real equity particularly for men of color.
- Programs need to understand as part of their analysis that program practices and policies can have a serious impact on victim/survivors who are partnered with men who attend these programs. Being informed by women survivor/advocates is a critically essential consideration to program development, in any and all of its work.

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Center for Court Innovation
New York State Office for the Prevention of Domestic Violence
Public Hearing: Best Practices for Those Who Harm Their Intimate Partners
June 23, 2021

Good afternoon esteemed members of the New York State Office for the Prevention of Domestic Violence (OPDV) public hearing panel. Thank you for inviting the Center for Court Innovation (the Center) to speak about this important issue of effective ways to engage with people who cause harm through intimate partner violence. Since its inception, the Center has maintained a vision to reduce unnecessary and harmful involvement in the justice system wherever possible and to build public safety through sustainable solutions. The Center has long supported the vision of OPDV to create a State in which communities and systems are committed to supporting and promoting equality, dignity, and respect so that individuals can feel safer in their intimate and family relationships.

The Center's Gender and Family Justice department and OPDV have a strong history of collaboration on projects and traveling around the most rural parts of New York to train judicial leaders and advocates on domestic violence issues. Additionally, the Center was honored to be a member of the New York State Accountability for Those Who Harm Workgroup and the Regional DV Councils.

As intimate partner violence continues to impact our communities, it is crucial to understand the importance of offering holistic services to people who cause harm as an integral part of the work to support survivors, foster healthy relationships and communities, and end violence. Indeed, practitioners across the country are looking for new ways to engage people who harm their intimate partners to improve current practices and also to address the growing need for community-based responses outside the legal system.

Guiding Principles for Working with People Who Cause Harm Through Intimate Partner Violence

The Center for Court Innovation, in collaboration with Futures Without Violence, operates the Abusive Partner Accountability Training and Technical Assistance Project. This project is funded by the Office on Violence Against Women and designed to support communities and jurisdictions across the country who are interested in enhancing their current approaches to accountability and engagement with people who cause harm through intimate partner violence. As part of this project, we convened a host of subject matter experts, including advocates and practitioners facilitating innovative abusive partner intervention programs (APIP) across the country. We developed a set of guiding principles to frame not only our collective technical

assistance work but also important considerations for programs. We intentionally developed guiding principles, instead of a set of best practices, because we know that there is not one perfect approach to this work. Communities have different strengths, challenges, and resources, as do the participants who attend these programs. We think the following principles are crucial to creating safer communities, and we have seen them applied in both densely populated and rural areas.

- **Survivor voices are centered:** This is the crux of the work in the intimate partner violence field. Even though APIPs focus on working with the person causing harm through intimate partner violence, there needs to be meaningful collaboration and coordination with community-based victim advocates and survivors to understand and address identified needs and trends and allow for feedback.
- **Accountability is active and relational:** Our working definition of accountability is, "*creating systemic and relational pathways for people who cause harm through intimate partner violence to develop responsibility, healing, and hope for themselves, their families, and their communities."* Recognizing that intimate partner violence impacts not only the victim/survivor but also family, friend, and community relationships, programs should create space to address the many relational harms of violence in addition to working with participants to be active in both identifying, taking responsibility for, and - where possible - repairing the harm and violence of their thoughts and actions. System and community-based agencies should create multiple pathways to accountability, and also identify and remedy the barriers for abusive partners and survivors to reach safety and accountability. In rural areas, for example, communities could locate programs near transportation hubs and create online programming.
- **Hope and dignity are restored:** Recent research indicates that having "no hope for the future" can be a contributor for people who use violence against their partners (Holliday, 2019). Relatedly, a heavily researched area of psychology called hope science shows that having high hope is the single best predictor of well-being (Hope Rising, 2018). Programs can create pathways and agency for participants to develop and reach their own goals, and treat participants with dignity and respect, valuing their commitment to change and their experiences while including wraparound support and skill-building for participants to address the harm and violence and create goals for healthy, violent-free relationships.
- **Culture and community are valued:** Programs must meet the needs of the diverse populations within their communities and acknowledge the intersectionality of individuals. They can do so by providing curricula in the native language of participants, but also by creating culturally-specific programming that incorporates conversations about cultural values and practices that support healthy and safe relationships. Functioning, fulfilling, healthy relationships can vary by a variety of societal factors spanning gender, age, race, orientation, and community norms. It is helpful for facilitators to reflect the diversity of the community and for them to incorporate anti-oppressive and anti-racist practices into their work.
- **Interventions and engagement strategies should respond to the needs and strengths of abusive partners:** This is the idea that communities should move away from the one-size-fits-all approach to abusive partner intervention, and address the unique needs and strengths of participants. Indeed, people who cause harm through intimate partner

violence have varying levels of past trauma, and possible criminogenic risks and needs that may influence their behavior and pathways to change. While past trauma is not an excuse for using violence on intimate partners, addressing past harms and traumas can allow for creating specific, person-centered, trauma and research-informed interventions and engagement strategies. These strategies should also focus on engaging participants' inherent strengths to effect positive behavior change, consider participants' learning styles and literacy levels and parenting after violence needs, and address identified criminogenic needs such as substance use.[1] If relevant, other identified needs should be addressed, such as if there are participant economic needs, then connection with appropriate employment support could be offered as meaningful engagement. See Appendix A for a list of ways in which programs can respond to the unique needs and strengths of participants.

Our national work is bolstered by efforts in New York City to plan and implement a comprehensive approach for abusive partner intervention and services. Purvi Shah authored the Seeding Generations report after intensive research, focus groups and listening sessions with relevant stakeholders, including criminal and civil legal system stakeholders, community-based organizations, advocates, survivors, and people who cause harm through intimate partner violence. The recommendations highlighted the need to:

1) Create multiple pathways to accountability and healing for abusive partners;
2) Ensure services operate in connection to survivors and survivor advocacy to further accountability and safety;
3) Foster an environment where participants have their own stake in accountability, growth, community connection, and liberation;
4) Hold space for trauma-informed behavioral change over time with a focus on transformative healing in order to repair harm and interrupt generations of violence, including historical oppressions and generational trauma;
5) Integrate differential and risk assessments to align safety considerations with interventions responsive to each individual causing harm; and
6) Ensure case management and wrap-around services to support and maintain behavioral change.

In partnership with the Mayor's Office of Criminal Justice (MOCJ), and as a result of these efforts, the Center developed a new accountability program, entitled Dignity and Respect, for men who have caused harm through intimate partner violence who have received a mandate by the criminal court to attend programming. Designed with input from national experts, local criminal legal stakeholders, and survivors, Dignity and Respect aims to hold people who cause harm accountable for their behavior and provide tools to influence their thoughts, beliefs,

[1] Many APIPs monitor for substance use and some offer group or individual counseling related to substance use for participants or even a specific module or track that addresses substance use issues. Unfortunately, substance use providers have not incorporated a comprehensive approach to intimate partner violence into their programming at the same level (Timko et al., 2012). While substance use does not *cause* intimate partner violence and violence will not necessarily stop if someone stops using substances, it can exacerbate one's use of violence. As such, the need to address both issues is acute and substance use providers and APIP providers need to collaborate to make sure they are supporting and checking in with their participants about both issues. Similarly, addressing mental health issues alongside one's use of violence is important.

actions, and values to both reduce recidivism and improve safety for survivors. The curriculum focuses on four areas of accountability and change: self, intimate partner relationships, family, and community. Using cognitive-behavioral strategies to help participants understand how their thoughts and beliefs influence their behavior, Dignity and Respect also looks at the impact of trauma on past and current intimate partner violence and uses a culturally-responsive and hope-centered approach to engage participants in developing healthy relationships and positive goals. The Center created both 16- and 26- week curricula that include substance use treatment readiness (i.e., for individuals with co-occurring substance use issues), job readiness, individual goal setting assignments and sessions, and a case management component. In implementation and planning, the Center, MOCJ, and program staff met with victim advocates and Family Justice Center staff to ensure collaboration and information sharing about the program. Though early in its implementation, we have received positive feedback from criminal legal stakeholders and even participants about the curriculum, highlighting that programs that live out our guiding principles can be impactful.

Importance of Trauma-Informed, Culturally-Responsive, and Community-Based Approaches

In our work around the country, more and more programs are beginning to think more critically about the need to incorporate trauma-informed and culturally-responsive programming, as well as build out options that de-center the legal system. Unresolved trauma is both a risk factor and responsivity factor for intimate partner violence.[2] Practitioners have started to incorporate a variety of trauma-informed strategies. Some examples include valuing the dignity and worth of participants and demonstrating respect, compassion, and curiosity. Tools such as comprehensive assessments facilitate an understanding of trauma, and should include a trauma and resiliency screen, which can be important for links to needed external referrals. Interviewing techniques such as motivational interviewing can provide deeper insights into participants' change process and strengthen their motivation to change. Strengths-based treatments based on needs provide meaningful interventions to identified risk and need factors. Incorporating mindfulness, grounding, and other somatic exercises help participants learn strategies to manage emotional and behavioral responses to triggers. Employing facilitators who can understand, recognize, and respond to the effects of trauma and avoid retraumatization helps create an open environment for learning and growth (Voith et al., 2019). All of these trauma-informed strategies benefit from administrative infrastructure and organizational policies that are transparent and flexible to make needed accommodations for participants (Huffine, 2020).

Importantly, trauma-informed programming is not the same as trauma-focused programming, which more actively explores participants' past trauma experiences and related adverse emotions, beliefs, and attitudes that are often linked to feelings of powerlessness and justifications for violence (Hoskins and Kunkel, 2020). These approaches seek to heal that harm so it is no longer transferred onto others - an added element of personal work and

[2] Trauma can include interpersonal trauma (i.e., many of the indicators outlined in the traditional adverse childhood experiences study such as physical or sexual abuse), systemic trauma (i.e., negative experiences within systems such as foster care), structural trauma (i.e., discrimination and oppression), racial trauma, and historical trauma (i.e., cumulative psychological impact of historical atrocities like slavery and genocide).

accountability. Trauma is never an excuse for violence, but it can be a barrier for positive change, and programs that engage in trauma-focused work use these strategies in addition to having many of the conversations that traditionally occur in APIPs, and have found that their approach helps facilitators better engage with participants' whole selves, understand their behavior, and move them through a holistic healing and accountability process.

Some practitioners are also starting to acknowledge that the field's initial analysis of gender-based, heterosexual patriarchal violence of men against women is limited and has prevented a deep understanding of how one's culture, community, sexuality, gender identity, race and the intersectionality of these factors impact people's lives. This has led to policies that did not reflect the needs of women of color, or survivors from other marginalized groups, and ignored the impact of race and racism in system responses.

Some practitioners of color in the field have highlighted that in order to "stop violence in a given cultural group the intervention has to be based on the values generated by that community, rather than the dominant culture. If participants perceive that the intervention is being imposed from outside their cultural framework, they might interpret it as one more way the dominant culture seeks to oppress them" (Futures Without Violence, 2004). As such, culturally-responsive programming is a critical component of effective intervention and culture can be a source of motivation for change. Culture can impact the curriculum. Every culture has values that support healthy relationships, and programs can leverage those values to foster meaningful dialogue amongst participants. For example, Wica Agli, an organization working to prevent domestic violence in Native communities, incorporates values central to their communities into the work, such as balance, reciprocity, and family, and uses culturally relevant concepts such as the Medicine Wheel to talk with participants about their connections and obligations to their communities (NeVilles Sorell, 2020). Related to trauma-informed approaches, incorporating cultural responsivity can also include conversations about intersectionality and the ways in which participants have themselves experienced trauma and oppression and using that as means to develop empathy for survivors. It can impact the choice of facilitators, where it is helpful for at least one facilitator to share the culture of the participants. It can even impact the way an organization runs. For example, Caminar Latino, an APIP in Atlanta, in listening to survivors from their community, developed programming for the whole family hosted in a church, which holds cultural significance for participants. Staff offer specific and separate programming for survivors, children, and people who cause harm to address each group's needs. In order to develop culturally-responsive programming, it is crucial to collaborate with culturally-specific organizations, even if they do not specialize in gender-based violence issues. They can provide critical feedback about how to develop specific approaches and content that will resonate with participants.

Most importantly, given the continued racial injustice of the criminal legal system, programs should adopt anti-racist and anti-oppressive approaches. The Center's Gender and Family Justice department is working with national leaders to contemplate more fully what that might look like in this context, but a few items include:

- assessing the diversity of staff, particularly those who are included in policy reviews and decision-making;

- revising the mission statement and policies using an anti-oppressive lens;
- providing ongoing training to staff on anti-racism, incorporating critical self-reflection;
- encouraging community partners to dialogue about racial injustice;
- and actively recruiting participants who are not mandated by the legal system or child welfare.

Relatedly, as communities engage in dialogue around justice reform, many are wondering what accountability can look like in the community. This is especially important because responses that are reliant on solely the legal system are not adequate to address all intimate partner violence situations. For many communities of color, and undocumented or LGBTQ+ individuals, relying on criminal legal systems is not an effective or safe option due to the criminalization of survivors, and the current and historical harm these systems have caused. Survivors and people who cause harm need more options rooted in their communities, so as not to compound other issues in their lives.

Given the Center's expansive definition of accountability, there are many ways programs can support individuals in an active accountability process via self or community referrals. Programs would need to clearly articulate the population they are serving; how their curriculum addresses the needs of this population; and how their program's operations, facilitator interactions, and collaborative relationships provide personal, relational and community accountability. Key features to any accountability process would include participation and engagement. The Center's RISE Project is an example of community-based approaches to intimate partner violence. It draws from public health, healing-centered, and transformative justice frameworks to work within communities in New York City to change community norms that tolerate intimate partner violence and amplify community norms that support healthy relationships. They host community-oriented events and engage the community via social media, and engage people who cause harm in conversations and restorative circles to take accountability for and change their harmful behavior.

More examples of community-based approaches include:

- hosting facilitated drop-in calls for community members about gender-based violence and related issues;
- leveraging peer support and mentorship in programming by having participants invite community members into programming like Men Stopping Violence in Atlanta;[3]
- co-facilitating or developing programming with faith leaders and incorporating religious texts and values; and
- facilitating restorative processes, wherein people who cause harm through intimate partner violence are in circle with community members impacted by intimate partner violence or, when safe and possible, their current or former partner.

[3] This allows other men from the community to benefit from the learnings in class but also creates an additional accountability support for participants once they leave class.

As mentioned earlier, programs should also make sure to address the access needs of rural communities. Lessons learned from talking with providers across the country during COVID-19 point to the benefits of virtual programming, especially in providing options for participants in the most underserved areas. Incorporating wraparound support for participants to address their job readiness and employment needs, among other things, is also key. Leaders in the field are also discussing the importance of practitioners doing their own personal work because we are all impacted by the same systems that allow violence against others, and we must always be actively fighting against those systems.

Considering Guidelines and Standards for New York State

The Center believes that guidelines can provide a helpful framework in the creation and implementation of programs and should be developed for New York State. There is a difference, however, between guidelines and standards in that standards are often linked to funding, training, and referral opportunities for programs dictated by a governing body. While standards are often created to ensure survivor safety and accountability for people who cause harm through intimate partner violence, as well as consistency, information sharing, education, and collaboration across providers (Mankowski, 2016), they are only as effective as their implementation. Consistent implementation across rural, metropolitan and suburban areas can be difficult. There are many challenges to implementing standards, including finding qualified facilitators, inadequate funding, difficulty meeting training requirements, high workloads, trouble creating and maintaining collaborations, inability to accommodate diverse participant needs, conflict between state standards and county requirements, and a perceived gap between standards and evidence-based practices (Boal & Mankowski, 2014). When standards become outdated in terms of the latest innovations and promising practices, it limits programs from testing out new ideas that may better address the needs of their participants. There is no perfect curriculum or model that can work in every community or meet the diverse needs of participants, so programs need flexibility in order to tailor their programs to the specific needs of their participants instead of needing to adhere to very rigid requirements (Babcock et al., 2004).

The Center has worked with multiple jurisdictions across the country as they seek to review and revise their standards. Our reviews of standards across the country indicate that they are often formulated around four areas: programmatic expectations, participant expectations, facilitator expectations, and collaborative expectations. What we have found is that these expectations are rooted in assumptions and beliefs about survivors, people who cause harm through intimate partner violence, and the role of programming. These beliefs must be interrogated to make sure they reflect what communities and those with lived experience want and need from programming. As a result, in our work with other jurisdictions, some of the questions we have explored are:

- Who are the standards serving?
- What is the purpose of the programming in the state?
- What are the values your community brings to this work?

- How do the standards help the coordinated community response live out these values about working with people who cause harm through intimate partner violence and address their needs, as well as enhance survivor safety?
- How can the coordinated community response support programs doing this work?
- Do the standards advance an anti-racist and anti-oppressive framework?

The answers to these questions vary and highlight the challenge of creating standards that are both specific enough to be meaningful and large enough to allow for different types of programming (i.e., culturally-responsive and trauma-informed programs). For example, are the programs getting referrals from community-based agencies, self-referrals, family court, or criminal court? Are we serving rural, metropolitan, and suburban populations and how does that impact our policies?

This framing has allowed us to work with states to reimagine their standards in a way that is community and values-driven, creating a thoughtful process tailored to the community's unique strengths and needs that allows for consistency in addition to flexibility and innovation. Indeed, in developing guiding values, guiding principles, or guidelines in this way, there is some level of uniformity because the community has agreed that these elements are important. The guidelines also allow for more conversations with stakeholders about the many ways they can be lived out for both mandated and voluntary participants.

We've seen the guidelines approach be effective on a local level in New York City. The Seeding Generations report documented citywide guidelines or recommendations, and the City built on that to develop multiple pathways to accountability that are in alignment with the values of the community. These include a trauma-informed curriculum, a cognitive behavioral curriculum with trauma-informed and culturally-responsive approaches, a restorative justice collaborative, voluntary programming, a whole family approach through child welfare, and a community-based norm change approach working at the intersection of intimate partner violence and gun violence, among other things.

While we recommend a guidelines framework, some states have found it helpful to have standards and an oversight body to make sure that programs are prioritizing safety for survivors and encouraging a meaningful accountability process for people who cause harm through intimate partner violence. However, programs need to be supported in order to effectively carry out implementation of standards. Indeed, abusive partner intervention programs have been woefully underfunded nationally and across the state. Not only does the lack of funding impact the ability of programs to hire high quality full-time staff, purchase necessary materials and training and supervision resources, and support cultural adaptations, but it is also an equity issue for participants, many of whom struggle to pay the fees for this type of programming which can also impact financial resources of the whole family. The Center fully supports state funding of abusive partner intervention programs, especially if New York State moves forward with creating guidelines or standards. Additional support should include free training on the latest practices and innovations in the field and technical assistance. Moreover, if New York State requires programs to adhere to standards, they should be explicit about their objectives, allow for flexibility and innovation, and be regularly reviewed through an anti-oppressive lens.

Reimagining "Success" for Abusive Partner Intervention Programs

Traditionally, programs have focused on criminal recidivism to measure the "success" of their interventions. These measures are limited, however, for a variety of reasons, including that they only capture illegal forms of intimate partner violence, do not contemplate if survivors have increased autonomy, will not capture incidences of violence that survivors do not report, and can be impacted by biased policing practices (Mankowski, 2020). Given this, there is a movement to take a broader approach to evaluation and consider survivor-centered performance measures. In Project Mirabal, researchers from the United Kingdom expanded measures of success to include six survivor-determined factors including respectful and effective communication, space for action for survivors, and safe shared parenting. The study found positive improvements in study participants in these areas (Kelly & Westmarland, 2015). Programs could work with survivors and advocates in their communities to determine behavior changes they would like to see in program participants and design and evaluate programs using those measures.

Other researchers suggest that programs can also measure success by contemplating how and if programs are supporting a process of change for participants (i.e., behavior change or thought change) or how well the program is reaching its intended goals (including short term goals of program completion and long term goals of behavior change) and staying true to its design (Mankowski, 2020; Radatz & Wright, 2015, respectively). Evaluations could consider if the participants accepted responsibility for abuse instead of denying it, minimizing it, or blaming others; reduced beliefs related to power and control; understood the impact of abuse on survivors, children, self, and community; managed and controlled emotions effectively; and reduced feelings of dependency on their partner. Additionally, the Dignity and Respect curriculum the Center developed for NYC incorporates the hope scale as a way to measure the level of hope for participants at various points throughout the curriculum; wherein hope can be seen as an important motivator for change.

Finally, communities can design a set of guiding principles or values that frame their work, create performance measures around those values and how they relate to programmatic content and operations, facilitator skills, and collaborations, and conduct an evaluation to determine if they are living out and acting in accordance with their values. These conversations can help develop a shared vision and shared expectations for the community and are best had when bringing together a truly diverse and multidisciplinary team of professionals committed to ending intimate partner violence. This can include stakeholders who are often missing from the table in traditional task forces, including youth serving organizations, educators, mental health agencies, substance use agencies, elder care workers, culturally-specific providers, and social service agencies serving refugee and immigrant populations. Ultimately, programs and their partners in the coordinated community response need to consider what will create safer communities for survivors, their children, and people who cause harm through intimate partner violence and design, deliver, and evaluate programming that meets those needs. This can happen at both the local and statewide level so programs are free to create programming relevant for their community while also adhering to the State's shared vision for the work.

Conclusion

The Center is committed to assisting communities as they develop holistic pathways to safety, accountability and healing for survivors, their children, and people who cause harm through intimate partner violence. New York State can help bolster the development and successful implementation of abusive partner intervention programs across the state through providing values-based guidelines and adequate funding and resources for programs. We thank OPDV for its continued partnership in this work and are available to answer any questions you may have now and in the future.

APPENDIX A: EXAMPLES OF INTERVENTION STRATEGIES

As outlined in Guiding Principle #5, the Center believes there should be a wide range of programming options available in communities because there are a wide range of participants who have unique needs and strengths that should be considered for meaningful engagement. In our national technical assistance work, we work with urban sites as well as rural and suburban communities. We know that different communities have different strengths, challenges, and resources that all must be considered when developing the right program for that community. While there may be uniform elements of programs that are important (i.e., guiding principles or other values that are meaningful to the community), there are many ways they can be operationalized or lived out in ways that are impactful for specific participants and communities. A few examples:

- Participants who have experienced significant trauma may benefit from trauma-focused programming, such as the Family Peace Initiative or the Alma Center curricula. These programs add a healing component onto the traditional accountability process and explore participants' adverse emotions and trauma experiences and how they relate to their use of violence in their relationships.
- Specific trauma-informed programming for veterans has also been found to be beneficial given high levels of military and other trauma, particularly when it is integrated with other behavioral health supports (e.g., psychiatrists and doctors) and offers a holistic approach to their services.
- Participants who are fathers may benefit from the Caring Dads and Strong Fathers curricula, which link child safety with survivor safety and help participants learn child-centered parenting skills. Through our technical assistance work, we know the Erie County Integrated Domestic Violence Court coordinated with several programs in the area to incorporate this curriculum into their offerings.
- For survivors who want to be involved in a process with their partner or ex-partner that is unconnected to the courts, where they can have a say in what accountability and repair look like, a community-based restorative process may be the right fit.
- Participants who have low literacy levels may need programming that is more discussion-based and limits activities that require extensive writing.
- Participants who identify as LGBTQ+ may benefit from culturally-specific programming that acknowledges the different dynamics that exist within their relationships. There are a handful of programs across the country that utilize a multi-gender format,[4] particularly for programming for LGBTQ+ individuals who

[4] Traditionally, providers have developed separate programming for male-identified individuals who cause harm and women who use force, given that research and practice show that most women in heterosexual relationships who use force are engaging in resistive violence (Dutton et al., 2006). Curricula for those who engage in resistive violence, such as Turning Points, which is also being implemented in NYC for court-mandated female-identified defendants, typically focus on understanding the nature of their use of force, the relationship between their own experience of violence, and ways to cope and move forward with alternative actions (Turning Points, 2011). There are concerns over mixing cis-heterosexual men and women who use coercive control because women do not have the same societal support for their use of violence and some conversations may be difficult to have in a multi-gender setting if the men hold misogynistic beliefs.

have caused harm through intimate partner violence. Though the crux of wielding power and control over a partner may be the same across intimate partner violence relationships, the dynamics for intimate partner violence that occurs within the LGBTQ+ community are different and do not stem solely from male privilege, but rather institutional, organizational, internalized, and externalized homo/bi/transphobia. Programs like the Anti-Violence Project in NYC and the Los Angeles LGBT Center have found that engaging in a trauma-informed and collective healing and accountability process across genders within the LGBTQ+ community can be impactful. This format increases gender inclusivity and acknowledges that gender is a spectrum, not a binary.

- Similarly, indigenous participants or participants from other cultural backgrounds may benefit from incorporating elements of their cultural values and practices into discussions about what healthy and safe relationships look like for them. Programs should be created for them instead of relying on quick adaptations. In this virtual age, it may be possible for programs to provide services to many jurisdictions to accommodate culturally-specific program needs.
- Virtual programming options may also be necessary moving forward to provide much-needed services for individuals living in rural areas with little to no relevant programming options. Additionally, programs should consider locating themselves near transportation hubs to assist with access.
- Due to the pandemic, some organizations like Men Stopping Violence in Atlanta and CONNECT NYC found the need to broaden their services to create a virtual peer space for men to come together to share their struggles, particularly around stressors related to the pandemic and the continued racial injustice in the country. These drop-in calls discussed gender-based violence and allowed men as peers to hold each other accountable, with the guidance of trained facilitators.
- Using assessments to determine participants' risk levels may also highlight the need for differential programming. [5] People who cause harm through intimate partner violence are not a monolithic group - they vary by their motivation to use violence, the patterns of abuse in the relationship, and how they respond to interventions, strengths, and needs, among other things. In Colorado, participants undergo a risk needs assessment and are separated into three intervention levels based on their needs. Participants with higher risk levels have more regular contact with probation and the court, more treatment team reviews, and attend programming that is more cognitive-behavioral in nature as opposed to content that is mostly psychoeducational.

[5] It is important to understand racial bias in tools and work to validate and norm them to the population being served and limit their use to certain decision points (i.e., not jail). Additionally, assessments should only be used in conjunction with additional sources of information, such as partner contact information and reports from family, friends, faith or community leaders, and self.

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Public Hearings Q&A Transcript
Center for Court Innovation – Brittany Davis

Kelli Owens (OPDV): *In the states with which you have done work, how do they identify programs that meet those guidelines? Because often we are getting calls from court personnel that ask where can they refer this person, and we don't license, we don't certify, we don't do all of those things, so there is no list of places which we can refer a judge to refer to someone to. In other states, what do they do if they don't have licensed or certified programs? How are they making those connections for folks?*

So, I think the states we are working with now in the development of their new standards, I think we are still in the process of developing them. I think at this point we've really helped them develop their values framework that will then turn into their guidelines or their standards. I think that the way that they might do it – I'm thinking of one state in particular— is that they do have kind of a DV council that does provide some oversight, and so, in developing these guidelines, they often will bring together community bodies from the community wherein the program is located, and kind of a multidisciplinary team of folks can kind of look at the guiding values that they have and kind of check the boxes. Are there examples that they have that show that they are centering survivor voices and how are they doing that? How are they acting that out so that the community can actually play a role in understanding and showing if those values and guidelines are being met? We also have –it hasn't been used in the same context— but we've developed a tool, a community self-assessment tool, around our guiding values, so this is something that states could use if they wanted to use it, but we've used it more as a conversation starter for programs and communities to start to think about if they are in alignment with these guiding principles, but it's basically a self-assessment guide that has operationalized the values –because the values are big and there are many ways you can live them out— but operationalize those values and states can, and programs can, and communities can check the boxes and see if they are actually living them out, so there is that tool that we've created as well. And then I think there's also, maybe not in states that aren't certifying, I know of –particularly more with some of the court partners we have—there are resource coordinators who will go out and do observations of the programs which can be really important, and just watching and seeing and learning more of what the program looks like and try to understand if that's what the court is wanting to make referrals to, or what the community is wanting to make referrals to. So I think it's really important for there to be observations for court actors if they want to see, and resource coordinators, in particular, who are making those referrals, but also, a lot of programs that we work with also allow community members to observe as well, so that the programs can be accountable to the broader community.

Kelli Owens (OPDV): *In the programs that you guys are running in the city, can you talk a little bit about staff credentials that are involved in that program? And I know that it's just started, but are you seeing any outcomes that you might be able to share with us that might be helpful for us to understand?*

Yeah, so I might not be the best person to answer those questions, since we're not actually implementing it. We have developed, and we provide, some ongoing technical assistance, so I'm not actually sure of the credentials of the staff, but I can say from a national perspective, we've seen folks with social work degrees run programs, we've seen folks with community education backgrounds run these programs. We know, one of the providers that we work with, Caminar Latino, they run an APIP out of Atlanta for Latinx specific and culturally specific organization, and they talk a lot about how its less about the letters behind your name, and more about your ability to relate to participants and hold them through an accountability process and support them through that process compassionately, but also making sure not to collude and things like that, so kind of balancing that. So, I think it's more about the training opportunities that those folks have, like are they extensively trained in domestic violence and understanding power and control, and antiracism approaches? Do they understand how to hold space for folks? Do they understand how to have dialogue with folks, and things like that? So those are some of the skills that are related to facilitators, but I've seen great facilitators, again, who have education backgrounds, who have social work backgrounds, and other backgrounds as well, and community members who might not have had higher education, but can hold space and support accountability processes. In terms of outcomes, I don't have that data yet, but perhaps if you contact MOCJ, who is kind of overseeing the program, they may have some of that data.

Melissa Coolidge (DOCCS): *I know what you just spoke about and the new program, Dignity and Respect, and that you only developed the program. You said it was a 16-week and a 26-week program, I'm just wondering about the participation level. I mean you developed it, so I'm sure you are thinking that people will complete the program, I mean, what the percentages will be?*

I don't have percentages for sure. So, we've been doing some ongoing technical assistance with the three programs that are doing it. I know that some of them have completed a full cycle, I think it's still very early but a few of the programs have gone through the whole amount. So, we have the 16-week and the 26-week programs that we've developed, but I don't have any percentages on that or even referral numbers. I would actually reach out to MOCJ if you wanted that information.

Jara Traina (OCFS): *I know that when you mentioned that program models are really focusing on addressing the needs and strengths of abusers, does your model specifically address parenting and abusers as parents?*

In our curriculum, so as I mentioned before and I'll speak first about this one that we've developed, but there are also a lot of programs that do have a specific focus on that. In Dignity and Respect, as a I mentioned, we focus on four areas of accountability and change: the self, the intimate partner, the family, and the community. In the family section there are section modules that relate to parenting, using a lot of materials from Futures Without Violence. They have this Fathering After Violence framework that we developed, and Carlos Areán, who works at Futures was a consultant on this project and is really fabulous and has a lot of insight and knowledge on supporting fathers after violence and how to do that, so we have included a lot of that information in that particular module. And then, just nationally, and this is in the appendix that accompanies the written testimony, but there are specific programs that do the longer-term work related to this --and this is a great example of the fifth guiding principle of being responsive to the unique needs and strengths-- but there is the Caring Dads curriculum and Strong Fathers curricula which really link child safety with survivor safety and help participants learn child-centered parenting skills in addition to all the other topics that they are dealing with. And I do know through some of our technical assistance work that folks in Eerie County IDV court have started to use the Caring Dads curriculum. That was actually my last trip before the pandemic, was going up there to be trained with some of the resource coordinators and folks who were going to be implementing that curriculum, so it's been a while, but it was a nice last trip.

NEW YORK STATE | Office for the Prevention of Domestic Violence

DISTRICT ATTORNEYS ASSOCIATION OF THE STATE OF NEW YORK

PRESIDENT
SANDRA DOORLEY
MONROE COUNTY

June 21, 2021

Office for the Prevention of Domestic Violence
80 South Swan Street, 11th Floor
Albany, NY 12210

The Office for Prevention of Domestic Violence:

Thank you for the invitation to provide testimony regarding best practices in accountability for those who harm their intimate partners. On behalf of the District Attorneys Association of the State of New York, I am pleased to provide input.

There is a need for New York State guidelines for programs providing accountability for those who harm their intimate partners. There is a lack of uniformity throughout the state on these important and difficult cases. State endorsed programs may be a welcome change based on the designated guidelines, common features from jurisdiction to jurisdiction, and available options based on the facts and circumstances of each individual case.

In many counties in New York, there are no existing programs for defendants pre-conviction in domestic violence cases. These are often difficult cases to prove and will frequently have victims who are not always willing or able to cooperate. Therefore, pre-conviction programs or diversion options have the opportunity to be beneficial for both victims and defendants. A pre-trial program while a case is pending will give treatment providers and experts an idea of the individual's willingness to comply with treatment and any preliminary issues that may occur. Reports from subject matter experts and state sanctioned service providers will give prosecutors, defense attorneys and judges a sense of whether a potential plea is appropriate given the circumstances of the case.

There are currently no state-wide sanctioned guidelines for accountability treatment for domestic violence defendants. The root cause behind their offenses is critical in determining if diversion or treatment is appropriate. Oftentimes these defendants end up in programs recommended by their defense attorneys because of a lack of governmentally sanctioned evidence-based programs based upon the jurisdiction. The resolutions of these treatments have subjective validity because they are driven by the defense, rather than specific state approved professionals and organizations.

District Attorneys Association of the State of New York

Here in Monroe County, a sub-committee of our Domestic Violence Consortium is in the process of addressing the lack of offender accountability in many of these cases. Internally, this committee has worked diligently to develop a set of standards for offender accountability treatment, as the consortium (which is comprised of multiple agencies dedicated to addressing domestic violence in our community) believes that it is an important component of our society's response to domestic violence. This will encompass people who have been directed to accountability treatment through an encounter with the criminal justice system and those who have arrived at this treatment through a different path. Assuming that a victim is agreeable to this, each of these participants deserves to have the ability to be treated by someone who will meet the standards identified by New York State in this field.

New York State has successfully addressed this need in other areas of treatment as evidenced by the efforts of New York State's Office of Addiction Services and Supports (OASAS) to credential counselors for alcoholism and substance abuse. The requirement from OASAS states:

> The New York State Office of Addiction Services and Supports (OASAS) is committed to enhancing the quality of services in New York State through the professional development of the substance use disorder (SUD) services workforce. To ensure that counselors who provide direct care in SUD programs are competent and ethical in their work and skilled in meeting the needs of today's society, OASAS issues the Credentialed Alcoholism and Substance Abuse Counselor (CASAC) to individuals who meet specific eligibility requirements and pass an examination. The CASAC Trainee Certificate serves as documentation that the individual is working toward becoming a CASAC. **No person shall use the title CASAC to engage in private practice unless otherwise authorized by law.**
> (https://oasas.ny.gov/system/files/documents/2021/04/casac-initial-application.pdf)

These qualifications are appropriate and have appeared successful in state sanctioned treatment that may derive from interaction with the criminal justice system.

A rubric of programs endorsed by the New York State Office for the Prevention of Domestic Violence has the potential to be a beneficial option, especially in counties without robust preventative diversion programs. New York State should be receptive to supporting this effort to develop uniform standards to ensure excellence in combating domestic violence.

Thank you,

Sandra Doorley
Monroe County District Attorney
President, District Attorneys Association of the State of New York

To: OPDV
From: Lisa Fischel-Wolovick, JD, MSW
City University of New York at John Jay College
Graduate Program in Forensic Psychology
Date: May 7, 2021
Re: Testimony regarding the effectiveness of programs for those who harm intimate partners.

The use of Batterers' Intervention Programs, or "BIPs", during family offense, criminal, child welfare, and custody proceedings creates a false sense of security for judicial personnel that batterers will not continue to engage in abusive behavior.[1] Gondolf, a well-known researcher in domestic violence and the personality traits of abusers, has raised concerns that the use of such programs may lull battered women into a false sense of complacency. He noted that incidents of violence may occur as much as a year or more apart making it difficult to assess the effectiveness of BIPs in the short-term.[2] Edleson, a renowned scholar and mental health treatment provider, questioned whether batterers simply employed other forms of abuse after they completed such programs.[3]

The question of whether the judicial response to custody and family offenses should include BIPs requires a thoughtful analysis of the effectiveness of such programs, attrition, recidivism, and how we assess change.[4] Babcock et al. reviewed the evolution of batterers' programs, finding that many programs ranged broadly in duration from twelve to fifty-two weeks and used a variety of treatment modalities including psychoeducational men's groups, the Duluth Model, cognitive

behavior groups, and anger management.[5] The use of such a wide-range of treatment modalities increases the difficulty in comparing and determining long-term effectiveness.

As a result, the lack of empirical support for such programs creates a false sense of safety and security for prosecutors, judges, custody evaluators, and visitation supervisors. In my practice as an advocate for battered women during custody and divorce litigation, I have seen many judges and forensic custody evaluators rely on whether an abusive parent completed a BIP to order and recommend extensive unsupervised visitation, joint, and even sole custody of the children without any reliable assurance of the family's safety.

Silvergleid and Monkowski's research found that a primary motivation for changing abusive behavior was the external influence of the courts and not the content of the programs.[6] Furthermore, judicial monitoring alone does not ensure compliance, as researchers have indicated that 50% to 75% of batterers who enrolled failed to complete the programs. While participants spoke highly of their experiences in these programs, these researchers were unable to conclude that BIPs significantly reduced violence or recidivism.

Before there can be implementation of a state-wide program for batterers, Maiuro et al. concluded that there continues to be a need for empirically based

treatment, standardization, and critical monitoring of the programs' compliance with state regulations.[7]

Finally, there is no one-size-fits-all treatment approach to such a wide range of individuals who abuse their spouses and children. While researchers agree that batterers share similar personality traits of manipulation and entitlement, there is no single diagnostic category for batterers. Some offenders may present with mental health difficulties, a substance abuse history, or a combination of all of these factors. Individual batterers may have a history of criminal behavior, while others have significant employment and academic backgrounds. Batterers come from all cultures and backgrounds. Researchers have argued that more study is needed on the types of men who batter to better understand whether and how they will respond to treatment.

Furthermore, the Family Violence Council's Domestic Violence Abuser Research Collaborative (2002) noted that any such research should include interviews of victims and other family members to determine the effectiveness of such programs.[8] Assessment of BIP programs should not simply include a review of recidivism but must include background and current information from the family members impacted by the abuse.

Finally, without much more research on the effectiveness of BIPs, that includes a standardized treatment model, judges, supporting mental health

professionals, and survivors of abuse cannot assume that such programs will reduce the risks of further harm.

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Public Hearings Q&A Transcript
Lisa Fischel-Wolovick - Attorney, Professor at John Jay College

Elizabeth Cronin (OVS): *I know for a while they were using anger management programs for batterers that were pretty unsuccessful, and I think at some point OVW said you can't use our money to fund these. Are you finding through your research that they are developing promising models or practices for those survivors who really don't want to go through the criminal justice system, that there are programs out there that maybe can be used or retooled to make the whole family system safer and the whole community safer? My concern with programs often is that --sort of, like you were saying, "oh I graduated, and so I'm done"-- is the long term follow through. What is the follow through with some of these and do you think that that's an important part of success with any of these programs?*

> It definitely is an important part. I have not seen programs here that do that. I have read about some programs in the United Kingdom that do that. I want to sort of correct something, if I might. My family court clients do not want criminal justice intervention. They don't want him to be arrested. They just want to be able to parent their children in peace and to live and raise their children with safety and a lack of violence, and that's not what's happening. And I really do think there is a burgeoning human rights crisis in the family courts. Use of these programs is, unfortunately, there not really evaluated and there not really researched and we don't know how well they are doing. This is a recipe for children getting hurt.

Elizabeth Cronin (OVS): *It sounds to me that the courts, in a way, are punting, like, "well we have this program and we'll send them there and we'll move on to our next case, it's out of our hands at this point."*

> Right. When I clerked for a judge in the criminal courts and we started the first domestic violence court that handled domestic violence in criminal court, we did the same. We didn't want to send everybody to jail and at least they had to pay $10 a session or $20 a session to do this, but we had no idea what worked. We realized we needed monitoring to make sure they attended, but after that, nobody knew what was going to happen. The research really must be long term to see if these programs are more than promising, but are they going to deliver what they're saying they are going to deliver.

Johanna Sullivan (DCJS): *There's been a lot of talk today about if these programs were to be –and I hear your position on the research and we also really strongly rely on research in a lot of the work that we do, so I hear your concerns with that and I know that's been a big part of the conversation, but, some of them are being done with, like you heard a little bit about today, with a research component on it to get a sense of*

what's working and what's not working—do you have any thoughts as to, there's been a lot of conversation, if they're going to be out there, the programs that are going to be out there while they're being evaluated and researched, do you have any thoughts on what structure and oversight? That's been a discussion a lot today with the discussion of the other programs, as to whether or not there should or should not be oversight. I'm just curious as to what your perspective, you seem to have a strength as to the judicial monitoring piece of this, I don't know if that weighs into your view on, if they are going to exist and the state is going to fund them or support them in some way, in what fashion do you think that should be?

I think there has to be long term judicial monitoring and pretty much constant research so that things can be changed, or modified, or programs not utilized. We may make determinations that this is not working, that this is just a rubber stamp. I'm very leery of these programs since my own experience with them, but I think that it would be great to have a research institute without taking funds that we need for survivors and for survivors' and their children's mental health, but oversight from mental health professionals who have formal graduate training in domestic violence, with the IPV, with the LGBT community, with different cultures, different races. But here's the problem. Daniel Saunders talks about, the people doing, for example, custody evaluations, are of an age where they did not have formal graduate training in domestic violence. I'm 67, and in my graduate school, I went to a wonderful social work school, but we had no formal training in domestic violence. Everything I've learned has been from mentoring, from other people like Marjorie Fields, research study on my own, attending conferences, and now, of course, I teach, and that's the course that I teach. But I think we are a long way from having the kind of oversight that we need, and that's also kind of troubling. We're in this place where we don't have enough expertise, we don't have enough training, and the research is really not there.

NEW YORK STATE | Office for the Prevention of Domestic Violence

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June 30, 2021

Kelli Owens
Executive Director
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Re: Accountability for those who harm their intimate partners

Dear Ms. Owens:

Please accept these comments on behalf of The Legal Project, a not-for-profit legal services provider located in Albany, NY. We have provided civil legal services to the working poor since 1995. Our many programs include civil legal assistance for domestic violence victims, crime victims, humanitarian and family-based immigration assistance, holistic civil legal services for human trafficking victims, foreclosure prevention, wills, bankruptcy, veteran's legal clinics, small business legal assistance, and community legal clinics on general civil legal issues. The Legal Project aims to make the law more accessible for those in need, to increase the legal community's involvement in pro bono work, and to serve as a resource on legal issues.

Our opinion on New York's request for comments on accountability programs for those who harm their intimate partner is linked to our position within the community. We were originally founded with a focus on providing civil legal services to domestic violence victims. A large part of our work, both through our staff attorneys and our volunteers, focuses on domestic violence victims seeking assistance through family and supreme courts against their abusive partners or former partners. We are the leading provider of legal services for domestic violence victims in the Capital Region, and we pride ourselves on providing professional and compassionate legal services. Many of our other programs, such as our immigration program, originally grew out of the needs that we saw among the clients of our domestic violence program.

The Legal Project emphasizes trauma informed lawyering through all of our programs. We are committed to recognizing and acknowledging how our clients' trauma has impacted their day to day lives and how we as lawyers can help guide them through their legal issues in a way that is healing to them, rather than causing them more trauma.

In reducing traumatization, one of the most important components of the proposed accountability programs would be emphasizing the safety of the injured partner. Not just their physical safety, but their

emotional safety as well. Any guidelines or regulations for these programs would need to have the safety of the injured partner as a priority, not an afterthought.

Unlike accountability programs for other crimes, such as impaired driving panels, the person participating in the program will likely have ongoing, possibly daily contact with the partner that they have harmed. They might still be living together and they very likely may be raising children together. If the program participation is being mandated by a Court, there may be resentment on the part of the participant against the person who they perceive as having put them into the program, the injured partner. The partners or former partners will have developed dynamics within their own relationship where the injuring partner (abuser) is used to having the control and blaming the injured partner (victim/survivor) for their behavior. This potential for resentment and desire to place blame elsewhere needs to be addressed by any program seeking accountability for those who harm their intimate partners. It should be discussed directly and openly with the participants from the outset and on an ongoing basis throughout the program.

At no time should anything be required of the injured partner with regard to participation in the program or any ancillary program (such as couples counselling). Requiring participation from the injured partner takes away from the idea of "accountability" for the person who caused harm, tending to give the message that the abuse and harm is a problem within the relationship or something for which the injured party is partially responsible. In order for accountability programs to work, it is imperative that the person participating in the program, the person who caused the harm, understand that their own choices and behavior are what led to the harm.

New York State should set guidelines for any accountability programs that are going to be used by the Court system. State established guidelines would assure consistency in definitions of accountability, requirements for completion, and ensure the safety of the injured party. These guidelines should be evidence based. Currently there are some programs available, mostly online programs, that require minimal participation from the person who caused harm in order to obtain a certificate of completion. In our experience, some individuals attempt to prove to the Court that they are "cured" of causing harm after watching an online course for a few hours. The lack of guidance to what these programs entail and lack of regulation can be dangerous to victims as it causes a potential market for unlicensed programs to offer results that are not evidence based. Any accountability programs that are used by the Courts should be regulated, licensed, or certified.

If accountability programs are being used as part of the court process, participants should be actively monitored by the Court to ensure meaningful participation. This would mean that the programs should be reporting on a regular basis to the Courts, in a form that is accessible by the injured party, their attorney, and the attorney for the children in order to provide transparency of the process. Confidential content of sessions need not be shared, but the injured partner or former partner should be given the ability to confirm attendance and compliance with the program. In addition, any further incidents of violence or abuse should be reported to the accountability program by the Court and, if further violence occurs, there should be an evaluation as to whether the accountability program is the appropriate remedy in this case. The injured party's input should be sought, if they want to participate, and if it is safe for them to do so.

We have seen custody orders that attempt to address accountability by offering incentives such as completion of an intervention program or "anger management" as a precursor to being able to file to have restrictions on parenting time removed. However, participation in the program is not mandated, not monitored, and there are no consequences for not completing the program, thereby making such attempts ineffective.

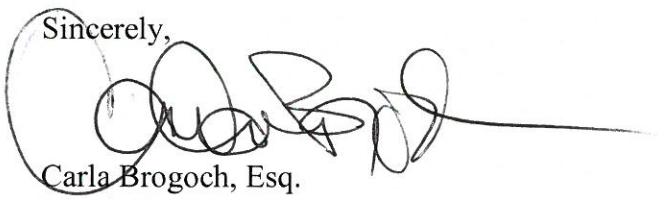
Any accountability program mandated by the Courts would need to have clear rules that are explained to the participant from the beginning. There should be clear consequences for violation of the rules, and these consequences should be enforced. For example, if a party fails to appear for a certain number of sessions, they should be removed from the program and lose any advantages they had in their court case as a result of their participation in the program. There should be requirements on participation, including payment for the program on a sliding scale. The program should also be a commitment of time and money on the part of the participant, a somewhat significant one. This will help both with accountability (especially for mandated programs, it would seem that inconveniences of time and finances can help demonstrate to the participant how serious their behavior is) and with potential for having an actual impact. Changing behavior, especially behavior that benefits the person causing harm by giving them all power within a relationship, will take time and a lot of difficult personal insight on their part. The participant should be required to actively participate in the program, not just show up to meetings. Virtual programs, while perhaps necessary during the pandemic, should be used only sparingly as they are easy to "tune out". While these requirements could be relaxed for a program that takes voluntary participants, as opposed to court mandated ones, it is difficult to see how a program designed to teach accountability cannot have as its basis a set list of rules that participants are expected to adhere to.

Accountability programs should be trauma informed and culturally responsive because these are both best practice. While past trauma or cultural influences do not and should not be used to "excuse" harmful behavior, it is important for the participant to examine their learned behaviors so that they can improve them. Past trauma may very well play into why a person responds in a harmful way, and this should not be ignored. We have seen the many ways in which a person's past trauma can negatively impact their current life circumstances, choices, and behavior. Not being trauma informed leads to re-traumatization which prevents healing and leads to further harm. Interrupting this cycle by providing a trauma informed program to those who harm their partners is essential to the ultimate goal in reduction of further harmful acts.

Based on our twenty six years of working with domestic violence victims, our experience is that "batterer intervention" and "anger management" programs are not effective. However, the proposed accountability programs, where people who cause harm are actually held accountable, required to participate based on defined criteria for a significant period of time, and are not permitted to "blame" behavior on something such as anger or substance abuse or their partner's actions may have some value as a new option. If these programs were mandated and regulated, if there were tangible and enforeced consequences for non-participation, they could very well be part of a victim centered approach to dealing with domestic violence. Many, many of our clients talk about wanting some kind of accountability or apology, some kind of admission of causing harm. This accountability can go a long way towards helping the injured partner heal from the trauma caused by the relationship. While it should be made very clear to the injured party that these programs are not a "cure", a tangible consequence to the partner who caused harm can go a long way towards validating the victim and helping them feel that their experience was taken seriously by the Court system.

Thank you again for providing us the opportunity to comment on this important matter. For any additional information, please do not hesitate to contact me at the above listed address.

Sincerely,



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