Intimate Partner Violence: Restorative Justice and Trauma-informed Care

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The social work profession is positioned to play a critical role in redefining services for responsible parties in intimate partner violence. The traditional approaches to intimate partner violence services, which focus on confrontational rehabilitation rather than therapy, are due to undergo a shift. Models of trauma-informed care and restorative justice are promising alternatives for responsible parties and harmed parties alike. By building on the transformative work advocates have already done around intimate partner violence for harmed parties and focusing on the inclusion of the diverse identities of those we serve, we can begin to form a nuanced response to a nuanced social issue. From trauma-informed care, we can learn to make space for the personal trauma histories of survivors as well as those who have harmed them. From restorative justice, we can learn about techniques that have helped bring a sense of justice and healing to individuals, families, and communities affected by intimate partner violence, including those who have perpetrated that violence.

Work around intimate partner violence (IPV) has been evolving for a long time. We know that IPV can take many forms and that a person can be violent without ever physically hurting someone (National Center on Domestic and Sexual Violence, 2014). We also know that IPV affects every gender identity, sexual orientation, and relationship style (Anti-Violence Project, 2014). Scholars, advocates, and others who work to better understand IPV are doing tremendous work to increase that visibility. From my experience working with queer survivors of IPV, I have had the opportunity to be in an environment that was conducive to reimagining and queering some of the frameworks that guide conventional IPV work. This is one example of rethinking traditional models around abusive relationships to better serve harmed parties, responsible parties, and their communities.

Research and practice show that abusive relationships are heavily nuanced. IPV counselors are taught the importance of balancing assessment and honoring self-identification. In assessing for IPV between two people, a pattern of behavior emerges within the relationship to where the needs of one partner are more attended, while the other partner's options are limited. This is often described through power and control, in the sense that one partner may have developed tactics of emotional, psychological, physical, or other violence to continue having their needs met while neglecting the needs of their partner (Gay Men's Domestic Violence Project, 2010). In clinical work, the ability to appreciate the complicated nature of IPV work is a sign of a competent counselor. Thus far, clinical efforts to understand how nuanced the responsible party's role in abusive relationships can be do not meet these standards. The responsible party is essentially labeled and then abandoned by social services. But what might it look like if, through our services, we tried to understand the nuances of the responsible party as well?

In order to more fully understand the complicated layers of IPV, it is important to consider the problem of a lack of services for responsible parties and what actions we can take to address this problem. Would more social services for responsible parties move us beyond a social response limited to reaction and toward a prevention model? This issue warrants action as IPV continues to occur and social services for harmed parties are empowering for individuals at their best, but retraumatizing for harmed parties and shifting away from social justice at their worst (Samimi, 2010). The traditional approach to IPV services is due to undergo a shift. Models of trauma-informed care, as well as restorative justice, are promising alternatives for responsible parties and harmed parties alike.

A Little Bit About Language

One subtle way in which we can track the evolution of IPV work is to consider the language around it. Language is powerful and carries a lot of history, but it also reveals to us the present world we are living in. To start, I use the term "intimate partner violence" rather than "domestic violence" since the word "domestic" implies that this violence is occurring both within the confines of a home and within a relationship where partners are living together. Additionally, it carries a heteronormative assumption of which relationships are legitimate and which are not (GMDVP, 2010). In this vein, I also elect to use the gender-neutral pronoun "they" rather than "he or she" when referring to non-specific persons throughout this paper. This is done to be inclusive of the gender identities both responsible parties and harmed parties hold, as well as to move away from the binary thinking which teaches that there are two genders rather than a continuum. This non-binary thinking can also be useful in approaching dimensions of intimate partner violence.

Within abusive relationships, it is useful to typify common behaviors of the people involved; however, this also inevitably creates a binary (Klein, 2013). Katz provides a powerful analysis of how we talk about violence as a women's issue by shifting from describing it with phrases such as "John beat Mary" to "Mary was beaten by John" to "Mary is a battered woman." Our focus shifts away from John and onto Mary (Katz, 2012). Overgeneralization about gender aside, the shift goes from holding the responsible party accountable to focusing on the harmed party and their identity as "the battered." This type of language is reflected in the way social services are provided (Klein, 2013). Terms like "batterer" and "battered woman" reinforce sexist assumptions about who is able to harm and who is harmed in a relationship and serve as a barrier to all those who do not identify within those roles, often leaving out members of the LGBTQ community, harmed parties who identify as male, and others who do not see themselves or their relationship types represented in the language used to describe their experiences.

Terms such as "abusive partner" or "primary aggressor" and "victim" or "survivor" shift away from specifying a gender or specifying that violence needs to be physical. Less specific terminology is more inclusive, yet it also creates a particular identity. For many people, identifying as a survivor after experiencing IPV is very empowering. However, after some time, this identity can take less and less priority in a person's life. What would it look like to move away from labeling people with identities that do not resonate with them? What would it look like to move away from the label of "abusive partner" and focus on the behavior?

Available Services

In writing about alternative approaches to serving responsible parties, I want to begin by acknowledging the work that the movement to end IPV has done. In dealing with IPV, the priority is to ensure the safety, security, and humanity of harmed parties. It is only because of all the work toward visibility and voice for victims and survivors of IPV that there is room to examine responsible parties and what their options look like for interventions.

Taking a look at the history of the battered women's movement provides some insight into how social services have been shaped. A sexist and heteronormative culture led to heterosexual women organizing around intimate partner violence¹, and years of activism have yielded a shelter system, orders of protection, and mandatory arrests (National Resource Center on Domestic Violence, 2011). Those social services came out of self-preservation; everyone deserves to feel safe and those services were the way to gain safety when the rest of society was not standing in solidarity with the harmed party in an abusive relationship. However, we now know that mandatory arrests can also escalate situations in abusive relationships, and orders of protection are often described as "nothing but a piece of paper" (van Dernoot Lipsky & Burk, 2009).

¹ Even while a great deal of organizing to create women's shelters was done by lesbians. (Taylor & Whittier, 1995).

Programs that support the movement to end intimate partner violence through targeting the role of the responsible party outside of arrests and orders of protection are lacking.

Despite New York City's ample social service resources, there are still only a handful of programs with services available to responsible parties in abusive relationships. The Coalition on Working with Abusive Partners (or CoWAP) has the most thorough directory, listing programs that work with responsible parties, harmed parties, and collaborate with the criminal justice system. They describe their mission as,

"to identify effective strategies for addressing the complex factors contributing to abusive behavior, to encourage and support behavior change while simultaneously holding abusive partners accountable, and to support service providers and community members in their efforts to prevent and intervene in intimate partner violence" (CoWAP, 2014).

Programs that work to help the responsible party include Bridge Back to Life, The Children's Aid Society, The PAC Program, and STEPS to End Family Violence, as well as Center for Court Innovation, New York University Center on Violence and Recovery, and Voices of Women Organizing Project, which work with criminal justice involved responsible parties who are mandated (CoWAP, 2014). The programs vary in their levels of inclusiveness. For example, The PAC Program is the only organization that works with responsible parties who do not identify as male or are in same-sex relationships. Additionally, while some of the programs provide thoughtful interventions including education, support groups, and therapy, most only offer anger management in the form of cognitive behavioral therapy, an intervention that research has deemed not to have any significant impact for this population (Babcock, Green & Robie, 2004).

Examining the available services reveals that programs for the responsible party are designed through a cognitive behavioral therapy model providing "here-and-now" treatment that can shift the focus away from the root of a behavior, limiting the treatment's effectiveness (Butler, Chapman, Forman, & Beck, 2006; Babcock, Green, & Robie, 2004). This response affects public policy, public opinion, and funding, as it suggests that if services are limited, it is better to focus on the harmed party more than the responsible party (van Dernoot Lipsky & Burk, 2009). A sign of good clinical care is a situation in which the clinician provides the client with options and choices for their treatment plans. What would it look like if this standard were replicated in working with the responsible party in an abusive relationship? We should make efforts to go beyond behavioral therapy and value the root of the identified problem as something to be explored.

Case Example of a Social Service Response

In a case example from my IPV work, I will explore some of the barriers to community involvement. In my experience, when a community learns of IPV, members of the community often gather around the harmed party to protect them, and in that process, shift away from the responsible party. While this is a service to the harmed party, the responsible party is not given space to be held accountable, reflect, and transform.

Earlier this year at the Anti-Violence Project, a caller contacted our hotline. The caller identified herself as a "former abusive partner" who had been in an accountability process and was interested in speaking about her experience with other responsible parties to better support them. As an agency, we respond to the needs of harmed parties, and I therefore realized that we were not trained to provide the support that would best serve her needs. After consulting with supervisory staff with many years of experience, I realized we were limited in the useful referrals we could offer her. At most, we could refer her The PAC Program. If this were an isolated incident, I would not think much of it. However, people who consider themselves the responsible party often contact our office and have been referred by other agencies who could not help in their search for assistance or an accountability process (Intimate partner violence counselor, personal communication, November 20, 2014). This reveals that there are a significant number of responsible partners seeking help in a

system of services that focuses almost exclusively on their punishment rather than a therapeutic process (Babcock, Green, & Robie, 2004).

The outcomes of these situations could be much more beneficial if a restorative and trauma-informed approach was more widely available for responsible partners. I will move to discuss ways in which this and other situations of IPV could be better addressed.

Restorative Justice and Trauma-informed Care: Changes That Could Result in Better Outcomes

Burk describes the criminalization of IPV as a process by which advocates in the movement began to focus on goals related to the criminal justice system and moved away from community-based responses that were also happening (van Dernoot Lipsky & Burk, 2009). This led to important levels of visibility and legal protections that harmed parties had not had previously, but also narrowed the scope of the movement. One drawback for the harmed party and the responsible party is, "as advocates spread the message that people who batter are fundamentally criminals, friends and families become increasingly hesitant about getting involved. As a result, it grew harder to undermine the isolation of abuse." (van Dernoot Lipsky & Burk, 2009). As a result, both the harmed party and the responsible party become more isolated.

Restorative justice² is guided by the principles that "crime causes harm and justice should focus on repairing that harm. The people most affected by the crime should be able to participate in its resolution. The responsibility of the government is to maintain order and of the community is to build peace" (Prison Fellowship International, Centre for Justice and Reconciliation, 2014). In a restorative justice program focused on criminal justice, what may happen is that the person who commits a crime and the person harmed by the crime are offered the opportunity to go through a restorative process.

In restorative justice, the terms used are "the harmed party" and "the responsible party" (PFI, 2014). This offers the acknowledgement and validation that harm was done and remains non-judgmental. These labels also have more plasticity than traditional terms, making it possible for the identities to be less permanent. If IPV service providers started to adopt the language and terminology of restorative justice processes, it could encourage positive changes in the ways services are provided. In thinking about the process of criminalization within the IPV movement, there is also a hope that the work of restorative justice within the criminal justice system can start to collaborate with traditional batterer intervention programs. What can we learn from some of the innovative ways we are working with other responsible parties who have committed violent or harmful acts? Author, Professor, and Executive Director of the Center on Violence and Recovery at New York University, Linda Mills, is pioneering this work. Her relationship with some IPV advocates is controversial, as she has come off to some as victim blaming by placing undue responsibility on the harmed party (Intimate partner violence counselor, personal communication, January 26, 2015). However, in her current work, she has adapted a model of restorative circles to IPV. In a 2013 study with court-mandated clients, this model was compared with standard batterer intervention programs and was found to be at least equally, if not slightly more, effective (Mills, Barocas & Ariel, 2013).

² Within the model of Restorative Justice, there is also a little to say about language. Some who practice this type of model prefer the term "transformative justice". While both are meant to provide harmed and responsible parties with things like accountability, catharsis, and closure, restorative justice models can be at times co-opted by the criminal justice system and turn into something that does not meet its own goals (Partnership for Safety and Justice, 2003). Transformative Justice seeks to "transform" rather than "restore"—questioning whether restoration is a realistic goal. In considering trauma work models and applying some of those principles to the issue of intimate partner violence, transformative justice aligns with the idea of a "new normal" after trauma, while restoration implies that it is possible and desirable to go back to how things were before.

Generally, restorative circles draw from historic indigenous traditions practiced commonly in North America to repair, heal, work through difficult issues and symbolize transitions, among other goals. They do this by giving participants the opportunity to speak without interruption and listen in deeper ways (Greenwood, 2005). Mills' model is one way restorative justice can work with responsible parties. The circle can involve both the harmed party and the responsible party. For example, the model could include a third party within the circle identifying the abuse and harm, relieving some of the responsibility of the harmed party to do so, as well as lessening the risks associated with retaliation from the responsible party.

Another restorative justice model could involve the responsible party participating in a circle with members of their community, but not with the harmed party, with the goal of resolution and healing between the responsible party and their community. A parallel restorative circle could also be happening with the harmed party, in which they have a space to tell their story to their loved ones and community members with the goal of lessening their isolation and providing a sense of justice in the knowledge that the responsible party is going through this process and being held accountable by their shared community.

Trauma-informed care is guided by principles of safety, trustworthiness, choice, collaboration, and empowerment (Fallot & Harris, 2008). A common theme is shifting the question from, "What is wrong with you?" into "What happened to you?" While trauma-informed care comes out of work with clients whose adaptive behavior was often being misunderstood and pathologized, it has not yet reached work with responsible parties within IPV situations. This differs from traditional models by working toward understanding what might be contributing to violent behavior and encouraging personal exploration and growth rather than working with responsible parties in a distrustful and directive manner. Miller and Rollnick describe acceptance as necessary for work with a client in whom we want to inspire some kind of change. They define acceptance as something that encompasses the understanding of someone's absolute worth and autonomy as well as communicating using accurate empathy and affirmation (Miller & Rollnick, 2012). This aligns with trauma-informed and client-centered work, but does it align with the current models of batterer intervention programs?

Trauma-informed care for both partners in abusive relationships could make an important impact. To show individual or institutional care for a perpetrator of violence is not intuitive. Often, this becomes a barrier between responsible parties and their providers and makes it particularly complicated to know how to practice trauma-informed and anti-oppressive social work with both harmed parties and responsible parties. (Stanford, 2009). The lack of care consequently begins a dehumanizing process that can act as a tool of oppression (Freire, 1970). As service providers, we should work to create, extend, and maintain a better balance of care across the spectrum to both harmed and responsible parties.

In a recent training on trauma, Dr. Andrew Levin posed the question, "what if we had intervened earlier?" referring to adults who harm others and have experienced trauma. This idea is very important for bringing a person-in-environment perspective to our clients. Trauma as a root cause of anger and violence was explored by Dutton and Starzomski (1993) and creates space for ideas on how to link responsible parties with effective methods of treating trauma. While we will not find that, with every responsible party, trauma is the root of their abusive behavior, there are those for whom it will have an important impact. This in particular may be valuable when working with responsible parties who are members of historically marginalized communities, for whom oppression and the trauma connected to it may have an impact on the ways control is regained within daily life.

Conclusion

Interventions for responsible parties in IPV currently encompass many contradictions. Abusive personality development is often linked with trauma, and while much therapeutic teaching emphasizes the need to discover the root of the trauma (Lawson, 2001), this notion seems completely lost in work with © 2015 Andruczyk. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits the user to copy, distribute, and transmit the work provided that the original author(s) and source are credited

responsible parties. What would it look like if an incident of intimate partner violence could lead the responsible party to heal from trauma rather than engaging them with systems that focus on rehabilitation and punishment? Restorative justice is empowering and healing for both the responsible party and the harmed party (Partnership for Safety and Justice, 2003). This makes it a good option when compared with the injustice and lack of safety found in traditional models (van Dernoot Lipsky & Burk, 2009). Although this has long been seen as a contradiction, it is possible to prioritize a harmed party's safety while the responsible party is held accountable in a restorative manner. It is possible to believe that processes of both healing and justice are possible for the harmed parties, the responsible parties, and their communities.

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