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Restorative Justice Responses to Domestic Violence in Communities of Color: Findings from a Multi-Site Evaluation

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About Us

Impact Justice

Impact Justice is a national innovation and research center advancing new ideas and solutions for justice reform. We work to dramatically reduce the massive number of youth and adults in our justice system, improve conditions and outcomes for those who are incarcerated, and provide meaningful opportunities for formerly incarcerated people to rejoin their communities. For more information, please visit www.ImpactJustice.org.

Research & Action Center

This report falls under the purview of the Research and Action Center. As a Center of Impact Justice, our research catalyzes community efforts to eliminate disparities and propel system change. We focus especially on the populations most impacted by disparities, including youth and adults of color, as well as members of the LGBQ/GNCT communities.

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Executive Summary

Restorative Justice Responses to Domestic Violence in Communities of Color

Introduction

As a long-time funder of domestic violence prevention efforts, the Blue Shield of California Foundation (the Foundation) is committed to building lasting and equitable solutions to end domestic violence in California. The Foundation's investment seeks to prevent violence across generations by addressing root causes, reducing risk factors, and strengthening the protective factors that promote safety and well being for individuals, families, and communities.

The Foundation recognizes that an effective crisis response system requires a strong safety net that includes both domestic violence service providers and law enforcement. At the same time, it acknowledges that these systems alone cannot fully address the complex and intergenerational nature of domestic violence. Community-based approaches that center survivors' experiences and create alternative pathways for healing, safety, and accountability are important complements to traditional responses and hold promise for preventing further violence and its transmission to the next generation.

In recent years, the Foundation has invested in community-based approaches at the intersection of restorative justice and domestic violence prevention. One such effort was the 2018 Collective Healing and Transformation (CHAT) pilot project, which was designed to stop harm, promote survivor safety, and support healing in predominantly black and brown communities in Contra Costa County, CA. An evaluation of the CHAT project found positive outcomes related to participant safety, healing, conflict resolution, and the strengthening of protective factors associated with preventing domestic violence. Building on the success of CHAT, the Foundation launched the Breaking the Cycle of Multigenerational Violence initiative to further expand and strengthen the use of restorative practices in low-income communities of color.

Project Background

As part of the Breaking the Cycle of Multigenerational Violence initiative, seven California-based organizations were funded to participate in a learning community focused on the application of restorative practices to address domestic violence. The organizations included the Community Justice Center, DeafHope, East Los Angeles Women's Center (ELAWC), Homeboy Industries, Reclaiming Our Own Transcendence (RooT), Restorative Justice for Oakland Youth (RJOY), and Success Stories.

Four out of these seven organizations — DeafHope, ELAWC, RooT, and RJOY — were selected to participate in a more intensive evaluation process that would enable them to strengthen their capacity to support survivors of domestic violence, document their restorative practice models, and assess the implementation and impact of their work.

Purpose of the Evaluation

In 2023, the Foundation engaged Impact Justice, an Oakland, California-based 501(c)(3) nonprofit organization, to conduct an independent external evaluation of the restorative practice models implemented by the four selected grantee organizations. The evaluation aimed to document these models, examine their implementation, and assess their impact on participant safety, healing, and accountability.

The evaluation had four primary objectives:

1. **Document restorative practice models** by describing the frameworks, guiding principles, key services, and implementation processes of the grantee organizations, while identifying common themes and variations across the cohort.
2. **Assess promising restorative approaches to domestic violence** by examining the implementation and impact of restorative practices on participant safety, healing, and accountability.
3. **Support organizational and cohort learning** by identifying effective and promising practices that can strengthen services for survivors, children, families, and those who have caused harm.
4. **Strengthen the evidence base for restorative practices** by generating findings that can inform future policy, practice, and efforts to scale community-based restorative approaches to domestic violence.

Summary of Key Findings

1. Restorative Practice Models

Finding 1.1: Diverse Restorative Practice Models Were Tailored to Community Needs

The four grantee organizations implemented distinct restorative practice models tailored to the unique needs of the communities they serve, expanding access to person-centered and culturally responsive domestic violence services and supports. Models ranged from structured program models to those that integrate restorative justice principles and practices into existing organizational services. Within their models, grantees implemented a range of services including one-on-one support, educational workshops, healing circles, and somatic healing practices.

Finding 1.2: Despite Differences in Models, Organizations Share Core Restorative Principles

While restorative practice models varied, all were grounded in a shared framework characterized by survivor-centered approaches, cultural responsiveness, community engagement, and a focus on safety, accountability, and healing. Through these services, survivors are supported in reclaiming agency over their healing journeys, while safety is understood as a flexible and layered process tailored to each participant's unique needs, circumstances, and goals. Similarly, accountability is viewed as an ongoing and reflective process focused on acknowledging and repairing harm. Across all models, services are delivered through culturally affirming and community-rooted approaches that draw on lived experiences and ancestral traditions, fostering healing and connection within the communities served.

Finding 1.3: The Importance of Restorative Practices

Grantee organizations and their clients emphasized the need for culturally affirming, restorative approaches to domestic violence, particularly for BIPOC, LGBTQIA+, and other marginalized communities whose experiences with violence and harm are often compounded by intersecting factors such as race, immigration status, and disability, as well as broader cultural stigma and mistrust of formal systems. Grantees also highlighted that intensive formal system interventions, such as physical separation, while sometimes necessary, should not be the default response as it can cause additional harm. Instead, grantees advocated for flexible, survivor-centered approaches that complement traditional system responses and offer additional pathways for healing within a broader continuum of care.

2. Addressing Issues of Safety

Finding 2.1: Cultivating Safety Takes Time, Intentionality, and Focus

Across grantee organizations, **safety** emerged as a foundational component of effective, ethical, and trauma-informed practices. Grantees emphasized that safety extends beyond physical protection to encompass emotional and psychological well-being and requires ongoing assessment, preparation, and responsiveness over time. They also highlighted that safety is highly individualized, requiring tailored, multi-pronged approaches to address each participant's unique needs, circumstances, and goals.

Finding 2.2: A Safe Healing Environment is an Essential Component of Healing

Grantee organizations emphasized the importance of **cultivating safe environments**, intentionally designing spaces that support trauma healing by allowing individuals to safely acknowledge and process painful experiences, emotions, and bodily responses without fear of judgement. Staff and facilitators fostered this sense of safety through empathetic listening, validation, and flexible, participant-centered practices.

Participants also identified **internal safety** as an essential component of healing. Self-soothing and somatic practices, along with self-compassion, emotional awareness, and boundary setting, were identified as instrumental in helping participants feel emotionally and physically grounded. This sense of internal safety strengthened their willingness and ability to engage in the healing process.

Finding 2.3: Restorative Practices Can Be Implemented Safely

Grantee organizations and survey findings demonstrated that restorative approaches can be implemented safely through intentional design and strong safeguards, including thorough screening, ongoing risk assessment, and individualized planning.

93%
of participants reported that working with their organization did not result in any increased danger.

65%
of participants reported significant improvements in their overall safety.

3. Accountability Through Restorative Practices

Finding 3.1: Accountability Cannot be Imposed

Grantee organizations viewed accountability as a transformative process rooted in acknowledgment, reflection, and meaningful action, rather than the punitive approach of the criminal legal system. They emphasized that accountability is internally driven and must be encouraged and supported over time, with organizations providing the space and conditions for individuals to engage authentically at their own pace.

Finding 3.2: Accountability is an Essential Component of Restorative Practices but Can Pose Challenges for Some

Accountability was described as a gradual, intentional process that requires meaningful reflection, with participants sometimes facing challenges rooted in shame and gender norms that can make it difficult for them to engage in the restorative process. For persons who have caused harm, this often includes reflection of one's own history of harm and trauma before deeper engagement can occur. Despite this challenge, positive impacts were evident with **60% of participants reporting that their organization helped another person understand how they had caused harm.**

Finding 3.3: Grantee Organizations Had Key Roles in Cultivating Accountability and Resolution

Grantee organizations described their role in cultivating accountability as facilitating dialogue, supporting behavioral change, and fostering deeper self-awareness — key elements in disrupting patterns and cycles of violence — while ensuring survivor needs remain central. For survivors, reflection is not used to assign responsibility for harm, but to strengthen self-determination, safety, and healing.

Survey findings underscore these efforts, with **69 percent of survey participants reporting a sense of resolution related to their conflict or harm**, suggesting that grantee-supported processes contributed to meaningful movement toward accountability and resolution.

4. Impact of Restorative Practices

Finding 4.1: Restorative Practices Supported Clients on Their Healing Journey

Promoting healing at both individual and collective levels is a central goal across all grantee organizations. While survivor needs remain central, organizations emphasized that harm extends beyond the survivor, leading them to also engage families, community members, and when appropriate, those who have caused harm. Across all grantee organizations, healing is approached as non-linear and unique to each individual, supported through practices such as dialogue, healing circles, and reflection aimed at repairing harm and fostering a broader culture of safety and care.

Self-compassion and **emotional grounding** emerged as foundational components of the healing process, helping survivors reduce shame, build internal safety, and feel supported through difficult experiences. Through somatic and reflective practices, participants developed greater self-awareness and a stronger sense of self-worth, creating the conditions for processing harm and sustaining long-term growth.

Grantee organizations also emphasized that while healing is highly personal, it does not happen in isolation. Participant reflections support this as they highlighted that group circles, peer connection, and shared spaces fostered a strong sense of belonging, reduced isolation, and helped them rebuild trust. As one participant reflected, ***"having a safe space to talk openly about my experiences with people who could relate and were non-judgmental was helpful."***

Finding 4.2: Services Provided by Grantee Organizations Support Participant Growth and Development

88%

of participants reported a better understanding of harmful relationship behaviors.

A key theme across grantee organizations was helping participants name and understand their emotional states and triggers and equip them with the tools to move beyond automatic survival responses such as fear, anger, or shutdown through somatic and reflective practices. Participants also reflected on how program engagement supported them in reclaiming a sense of agency and gaining greater clarity about their own behaviors, coping strategies, and the ways they had responded to harmful dynamics. They framed these insights not as self-blame, but as part of a broader process of healing and growth. This shift supported participants in making more intentional decisions aligned with their safety and well-being, reflecting a deeper sense of self-determination and personal responsibility.

Finding 4.3: Participants Developed Conflict Resolution and Interpersonal Skills

Participants reported meaningful growth in their ability to navigate conflict and build healthier relationships through communication and boundary-setting skills. In these programs, participants learned to de-escalate difficult situations, express their needs more clearly, and engage in honest dialogue rather than reacting defensively or withdrawing, with one participant noting, ***"I learned [how] to communicate and try to get others to communicate [during] conflict with a more positive approach and manner using rules [and] boundaries to make sure we don't escalate or make the situation worse."*** For many, boundary setting functioned as a critical safety mechanism — enabling them to protect themselves emotionally, psychologically, and relationally.

78% of participants reported improved conflict navigation skills.	**83%** of participants described learning new ways of communicating.	**87%** of participants reported being able to apply these skills to other areas of their lives and relationships.

5. Outcome Measures

Finding 5.1: Defining and Measuring Success is Complex

Measuring success across grantee organizations is inherently complex, as definitions of healing, safety, and accountability vary by organization and progress is assessed on a case-by-case basis. Despite the absence of a unified set of indicators, survey findings point to positive outcomes, with participants reporting meaningful improvements in safety, skill development, and overall satisfaction with services.

Finding 5.2: Clients Valued the Support and Services That Grantee Organizations Provided

Survey participants reported positive experiences with the support and services received from grantee organizations. **Nearly three-quarters of participants felt they received the support needed to identify their goals (74%) and take action based on their individual needs and priorities (77%).** Participants also highlighted that grantee organizations helped them develop safety plans, create plans to exit unhealthy relationships, and build safety within their broader support systems. This reflects the tangible, individualized impact of grantee services.

Finding 5.3: Clients Reported Their Individual Needs Were Met

A core guiding principle across grantee organizations is the use of survivor- and person-centered approaches that emphasize meeting individuals where they are. **Survey findings showed that 89% of survey participants reported that their needs and experiences were heard and understood by grantee organizations**. Participants also expressed appreciation for individualized, one-on-one support, with one participant sharing, ***"the individual coaching... offered me deep personal insight and a way to eliminate the isolation I felt from my experiences,"*** describing it as instrumental in reducing isolation and ensuring that services were accessible and responsive to their unique circumstances and identities.

Implications

Expanding Access to Alternative Domestic Violence Services Can Help Meet the Needs of Marginalized Communities

Findings highlight the value of restorative, community-based programs in meeting the needs of survivors who face structural barriers, cultural stigma, or mistrust of formal systems that may prevent them from seeking help altogether. At the same time, the findings underscore the limitations of punitive, system-centered approaches that can create unintended harm, including family separation, dual arrests, and further destabilization of vulnerable households. Policies that narrowly define safety and accountability risk failing to account for the complex realities survivors face, including their desire for healing, autonomy, and continued family connection. A more flexible policy framework that funds a continuum of care, centers survivor agency, and supports diverse definitions of safety and healing has the potential to increase engagement, reduce harm, and support long-term healing across individuals, families, and communities.

Centering Participant Safety Requires a Layered Approach

Across grantee organizations, safety is understood as a dynamic, individualized, and continuously evolving process that must be actively cultivated rather than assumed. Grantees emphasized that safety must be co-created and continually reassessed through ongoing communication with participants, drawing on a range of approaches from structured safety planning and environmental safeguards to somatic and peer-based practices that foster internal and collective safety. Healing from trauma requires intentional environments that foster both physical and emotional safety, as participants may be less able or willing to engage in the deep reflection necessary for healing without these conditions in place.

These insights have important implications for program design and policy. Effective program design must also attend to the conditions in which healing occurs. Traditional models that focus primarily on service delivery without attending to these conditions may fall short in supporting long-term transformation. Investments in trauma-informed, culturally responsive, and community-centered spaces, including trained facilitators, adaptable environments, and holistic supports, are essential to creating the conditions that foster meaningful engagement, strengthen trust, and support sustained healing and behavior change.

Harmful Relationship Dynamics Can Be Recognized and Reframed

Prior to engaging with grantee organizations, some participants did not fully recognize certain relationship dynamics as harmful, as patterns of abuse had become normalized over time through past experiences, cultural context, or prolonged exposure to harm. Grantee organizations provided critical support in building this awareness, helping survivors identify unhealthy patterns, understand power dynamics, and recognize behaviors that placed them at risk. Importantly, these services were delivered in environments that prioritized trust, cultural responsiveness, and non-judgment, allowing participants to explore their experiences without fear of retribution, stigma, or involvement with law enforcement. This created space for survivors to more fully understand their circumstances, make informed decisions, and begin to prioritize their safety and well-being. These findings suggest that the presence and expansion of such programs can help disrupt normalized patterns of harm and shift how individuals recognize and respond to risk.

Building Policy that Supports Accountability and Safety May Benefit from Expanding Definitions

Current policy frameworks rooted in punitive, retributive approaches may fall short in addressing the complex realities of harm, while alternative restorative approaches can offer a viable path toward meaningful accountability and safety. If accountability is understood as a process that includes acknowledgment, reflection, and behavioral change, policies should expand beyond punishment to support survivor-centered, behavior-change-oriented interventions that allow for individualized pacing and sustained engagement. Funding and program design should also account for the time-intensive nature of this work, recognizing that healing is non-linear and that some individuals may require longer-term support, as evidenced by the finding that 51% of participants had been receiving support from their organization for over a year. Integrating these approaches into policy has the potential to better address the root causes of harm and promote long-term safety and healing for survivors and communities.

Introduction

The Blue Shield of California Foundation is committed to building lasting and equitable solutions to end domestic violence in California. The Foundation recognizes that an effective crisis response system requires a strong safety net that includes both domestic violence service providers and law enforcement. At the same time, it acknowledges that these systems alone cannot fully address the complex and intergenerational nature of domestic violence. Community-based approaches that center the individual survivor experience and create alternative pathways for healing, safety, and accountability are important complements to traditional responses and hold promise for preventing further violence and its transmission to the next generation.

In 2018, the Foundation launched the Collective Healing and Transformation (CHAT) pilot project, which was designed to stop harm, promote survivor safety, and support healing in predominantly black and brown communities in Contra Costa County, CA. An evaluation of the CHAT project found positive outcomes in participant safety, healing, conflict resolution, and the strengthening of protective factors associated with preventing domestic violence. Building on the success of CHAT, the Foundation launched the Breaking the Cycle of Multigenerational Violence initiative in 2022, which funded seven California-based organizations to participate in a learning community focused on the application of restorative practices to address domestic violence.

Funded Organizations

- Community Justice Center
- DeafHope
- East Los Angeles Women's Center (ELAWC)
- Homeboy Industries
- Reclaiming Our Own Transcendence (RooT)
- Restorative Justice for Oakland Youth (RJOY)
- Success Stories

Four out of these seven organizations — DeafHope, ELAWC, RooT, and RJOY — were selected to participate in a more intensive evaluation process that would enable them to strengthen their capacity to support survivors of domestic violence, document their restorative practice models, and assess the implementation and impact of their work.

Overview of Grantee Organizations

DeafHope

Founded in 2003 by a group of women from the Deaf community in the San Francisco Bay Area, DeafHope is dedicated to addressing domestic and sexual violence among Deaf, DeafBlind, DeafDisabled, and hard of hearing survivors. Their mission is survivor-centered and focuses on empowerment, education, and the delivery of comprehensive, culturally responsive services for Deaf communities — one of the most marginalized populations in the Bay Area and beyond. As a national Technical Assistance provider, DeafHope offers peer counseling, support groups, systems advocacy, case management, parenting courses, and extensive education and training.

DeafHope's services emphasize the strengths and agency of survivors and create individualized pathways that meet survivors where they are. From the initial point of contact, services are situated within a broader "cultural ecosystem" that fosters safety, trust, and community connection. DeafHope also offers community accountability and community ally training, reflecting their focus on non-carceral, community-based responses to harm. Grounded in abolitionist, anti-oppression, and transformative justice frameworks, DeafHope also stands out as one of the first Deaf-led organizations in the United States to incorporate restorative justice practices into its work.

East Los Angeles Women's Center (ELAWC)

Since 1976, ELAWC has provided trauma-informed, culturally responsive services for survivors of domestic violence and their families. As a community-created and community-led organization, ELAWC primarily serves Latinx immigrant families in the greater Los Angeles area, most of whom are monolingual Spanish-speakers. From its earliest years, ELAWC was known for operating the nation's first bilingual hotline for Spanish-speaking survivors of sexual assault.

ELAWC offers comprehensive core support services, including crisis response, trauma recovery, legal advocacy, financial assistance, housing support, and safety planning. The organization directly serves survivors — primarily women — through the hotline and housing and shelter services. Their housing services are designed to address immediate needs for safety and shelter while offering wraparound support such as crisis intervention, counseling, case management, and connections to rapid re-housing and transitional housing.

ELAWC also fosters community engagement through its peer education program, Promotoras Contra la Violencia. This nationally recognized peer-education and leadership development program equips Latinx women with the skills to educate their communities about domestic and sexual violence, facilitate talleres (i.e., workshops), and mobilize collective action. Using an empowerment approach, the program fosters self-esteem and supports women in making personal changes and developing skills that promote healing. As trained paraprofessionals, the Promotoras raise awareness about ELAWC programs and services, recruit and engage with survivors, and lead community healing circles. ELAWC's model also emphasizes long-term support, leadership development, and building collectives of women who can sustain one another.

In addition to core support services, ELAWC provides therapy, domestic violence education, and evidence-based programs like Seeking Safety which help people attain safety from trauma or substance use disorders by building healthy coping skills. In partnership with the National Compadres Network (NCN), ELAWC also offers a restorative justice program centered around supporting safety, healing, and accountability.

Reclaiming Our Own Transcendence (RooT)

RooT was founded in 2018 with the vision to regenerate communities by helping individuals release attachments to patterns of harm that contribute to sexual and interpersonal violence. At its core, RooT's mission is to address individual and communal trauma wounds through transformative education, diverse healing modalities, and community accountability. To that end, RooT addresses the interconnected cycles of trauma and interpersonal and systemic violence by building the capacity of community members to provide peer-based healing, safety, and accountability support that is both trauma-informed and culturally-centered.

RooT is led by and developed for individuals who are socially, politically, and economically marginalized, centering queer, trans, Black, Indigenous, People of Color (QTBIPOC). Their work is framed as supporting people seeking responses to harm outside of traditional punitive systems. RooT's fiscal sponsor, Healing Together, also brings over a decade of experience in community-based interventions and gender-based violence work.

RooT fills a critical gap in the ecosystem of services available to QTBIPOC individuals who have experienced or caused harm. Importantly, RooT operates with the understanding that QTBIPOC individuals, particularly queer and transgender individuals, often experience domestic and intimate partner violence differently than the general population. Their experiences of harm and safety are often shaped by intersecting identities, social marginalization, and non-traditional family structures. Many may not have access to biological family or may not feel safe with them and instead rely on chosen families (e.g., friends). Unlike traditional legal system responses that often lack cultural competency and responsiveness, RooT designs their services to meet the distinct needs of QTBIPOC individuals, remaining sensitive to how such identities shape experiences with violence and harm and the types of support they seek and trust.

RooT's core services are grounded in a commitment to culturally-centered training and support that empowers participants to serve as healing and accountability practitioners within their communities. As such, most services focus on curricula delivery. However, if needs arise during or after the training, RooT offers one-on-one and group counseling, somatic healing sessions, and referrals to partner organizations for additional support. Its public-facing programming also includes multi-week healing workshops that use somatic therapy, mindfulness, and expressive arts practices to help participants heal in community and practice compassionate accountability.

RJOY

Established in 2005, RJOY interrupts cycles of violence and incarceration by promoting restorative justice practices and policies within schools, communities, and the juvenile justice system. The organization serves marginalized communities of color in the Bay Area through a myriad of programs and services which fall under at least one of RJOY's four pillars:

1. Transforming juvenile justice and educational systems
2. Truth-telling and racial healing
3. Community restorative justice
4. Consultation, training, and education

RJOY offers various complimentary programs, ranging from support groups focusing on mental health and community wellness to restorative justice advocacy in schools, youth internships, and crisis response services. Among RJOY's programs is Safe Outside the System (SOS), a restorative, community-based response to crises designed to meet the deep and enduring needs of individuals without defaulting to police or punitive systems. The organization operates a Warmline, connecting individuals in crisis with immediate, culturally responsive support aimed at de-escalating trauma responses, preventing criminalization or involuntary hospitalization, and centering healing and accountability. RJOY describes SOS as providing intake, assessment, circles of support, problem solving, community engagement, practical support, resource allocation, life planning, and life coaching. By providing these services, the organization interrupts cycles of harm, reduces the risk of retaliatory violence, and builds trust between communities and non-carceral systems of care. Collectively, RJOY's programs, including SOS, emphasize prevention, healing, and accountability while avoiding reliance on punitive systems that often amplify trauma and fail to acknowledge the complexities of historical racial oppression in traditional legal systems. RJOY also provides training and technical assistance to local agencies and entities, including law enforcement, mental health providers, and emergency response workers.

Project Overview

Purpose of the Evaluation

In 2023, the Foundation engaged Impact Justice, an Oakland, California-based 501 (c)(3) nonprofit organization, to conduct an independent external evaluation of the restorative practice models implemented by four grantee organizations: DeafHope, ELAWC, RooT, RJOY. The evaluation aimed to document these models, examine their implementation, and assess their impact on participant safety, healing, and accountability.

The evaluation had four primary objectives:

1. **Document restorative practice models** by describing the frameworks, guiding principles, key services, and implementation processes of the grantee organizations, while identifying common themes and variations across the cohort.
2. **Assess promising restorative approaches to domestic violence** by examining the implementation and impact of restorative practices on participant safety, healing, and accountability.
3. **Support organizational and cohort learning** by identifying effective and promising practices that can strengthen services for survivors, children, families, and those who have caused harm.
4. **Strengthen the evidence base for restorative practices** by generating findings that can inform future policy, practice, and efforts to scale community-based restorative approaches to domestic violence.

Evaluation Questions

This evaluation was guided by a comprehensive set of questions aimed at documenting restorative practice models, their core components, implementation, and impact at the grantee organizations. Specifically, the evaluation explored the types of restorative practices implemented by each organization, as well as the factors that informed their selection and adaptation of those practices to meet client needs. It also examined how grantee organizations defined and operationalized issues of safety, accountability, and healing through these practices. Lastly, the evaluation explored the overall impact that restorative practices have on participants and how organizations define and measure success in achieving their mission and goals.

The following questions guided the evaluation:

1. **What restorative practice models were implemented?**
    a. What key approaches were used across these restorative practice models?
    b. What were the shared principles of the restorative practice models?
    c. What factors informed the implementation of restorative practices?
2. **How were issues of safety and accountability addressed and operationalized?**
    a. How were issues of safety addressed?
    b. What tenets of accountability were incorporated through restorative practices?
3. **What was the impact of restorative practices and services?**
    a. What role did restorative practices play in promoting healing?
    b. What outcomes and impacts were most associated with restorative practices at these organizations?
4. **How did organizations define and contextualize success or positive outcomes?**
    a. Did grantee organizations meet the expressed needs of the clients through restorative practices?

Methods

To address the evaluation questions outlined above, the evaluation team used a mixed-methods design, drawing on multiple sources of qualitative and quantitative data. The evaluation began by examining the restorative practice models to develop a foundational understanding of how they were implemented at each grantee organization. The core elements of each model were examined, including frameworks and guiding principles, types of services offered, and practical applications of safety, healing, and accountability. In addition, the benefits and challenges of implementing restorative practices were explored.

The second component of the evaluation documented client experiences to better understand how survivors and their loved ones perceived and engaged with the restorative practices at each organization. It examined the reasons why clients sought support and how restorative practices aided their healing and sense of safety, how they fostered accountability, and how they helped clients develop the skills and tools to safely respond to conflict and harm in their lives.

Data Collection

The evaluation team collected multiple forms of qualitative data between January 2024 and April 2026. Quantitative survey data was collected between September 2025 and January 2026.

Grantee Organization Interviews

The evaluation team conducted multiple rounds of semi-structured interviews and focus groups with key staff from each grantee organization. After holding an initial kickoff meeting with all organizations, the evaluation team coordinated directly with each organization to schedule a combination of in-person site visits and remote interviews and focus groups. Grantee organization site leads were asked to invite staff who were directly and actively involved in the day to day implementation of the restorative practices. Most attendees included executive directors, program managers, and circle facilitators.

BSCF Learning Community Convenings

The evaluation team participated in both in-person and virtual convenings organized by the Foundation for the learning community, which comprised the seven grantee organizations. These convenings were designed to create space for grantee organizations to share their ongoing work implementing restorative practices and to collaboratively identify emerging lessons, including successes and challenges. The evaluation team attended these sessions and documented key themes, insights, and reflections shared by the attendees. Convenings served as an important source of qualitative data collection and provided insight into program implementation, cross-site learning, and evolving practices across the organizations.

Client Surveys

The evaluation team developed a survey instrument (see Appendix A) in collaboration with the Foundation team and grantee organizations. The tool included closed- and open-ended questions designed to capture client experiences with the restorative practices at grantee organizations. The goal of the survey was to assess how restorative practices supported client safety, healing, and accountability.

Survey Participant Recruitment and Administration

Survey participants were recruited in collaboration with each grantee organization, as the evaluation team did not have direct contact with their clients. The evaluation team met with each organization to provide an overview of the survey goals, objectives, and target population. Each organization was given a survey recruitment guide and was asked to prioritize clients further along in the restorative process to better capture program impact. The goal was to reach at least ten clients per organization.

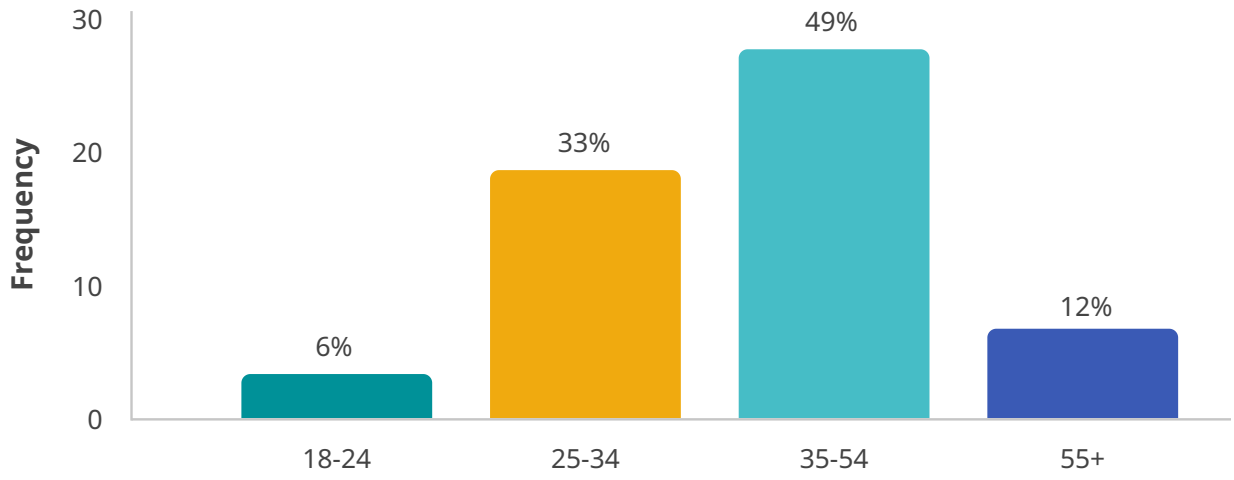
Surveys were administered in various formats (i.e., online, paper, and interview-style) to accommodate client needs and preferences. The evaluation team created separate online survey links for each organization. One organization distributed links directly to clients who then completed the survey independently on their personal devices. Two organizations administered the survey in paper format by scheduling dedicated times for interested clients to come in and complete the survey on-site. One organization conducted interview-style surveys to accommodate clients who use American Sign Language. All clients who completed the survey received a $25 gift card for their participation.

Profile of Survey Participants

Age

A total of 52 clients across the four grantee organizations completed the evaluation survey. Participants ranged in age from 18 to 67, with an average age of 39.6 (Figure 1).

Figure 1
Survey Participant Age (n=51)

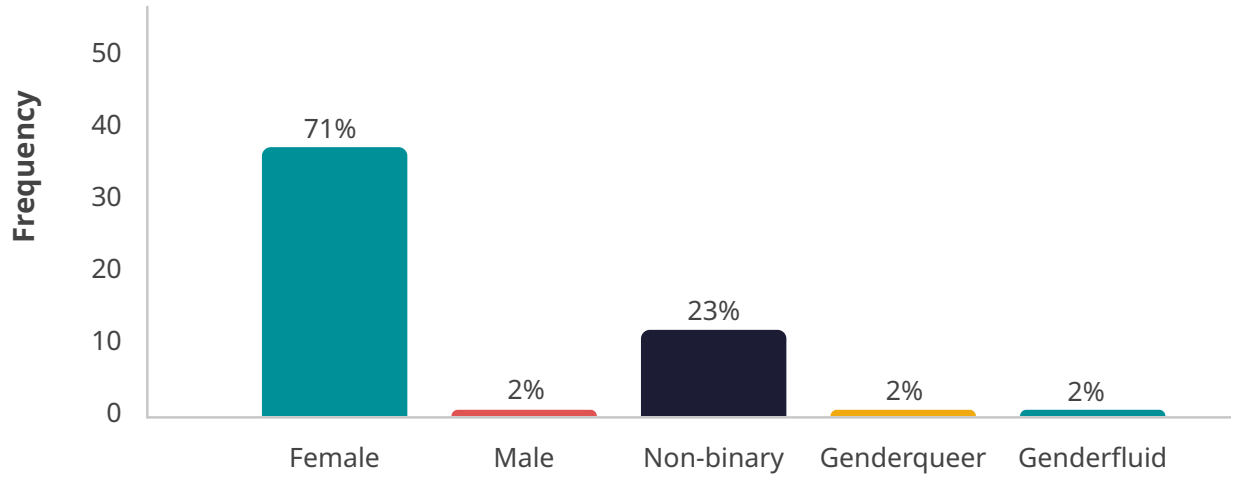


Note: One participant reported their age as "Over 45" and was excluded from this analysis.

Gender Identity

Most survey participants identified as female (71%) and non-binary (23%; Figure 2). Of the individuals who identified as either non-binary, gender queer, or genderfluid, six participants also identified as transgender.

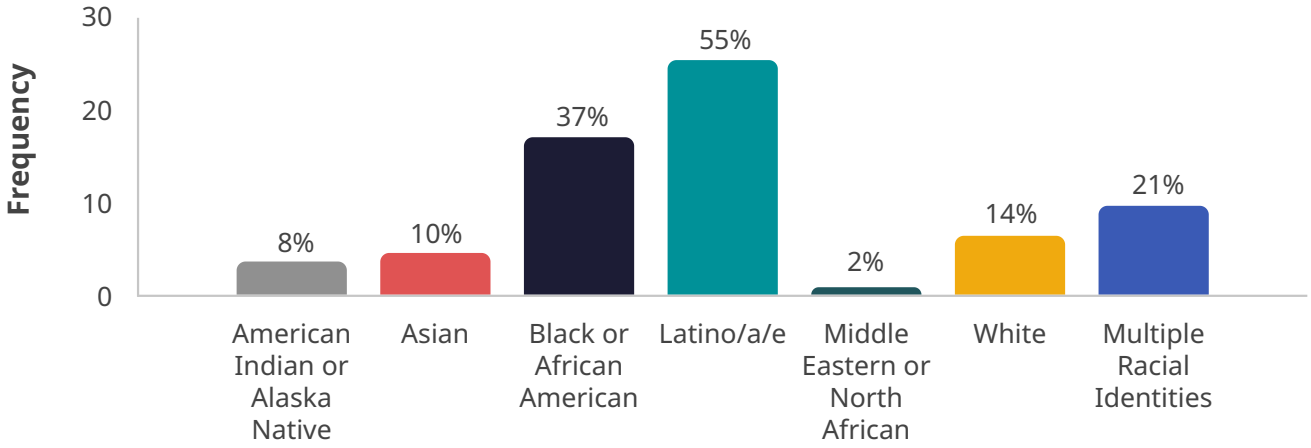
Figure 2
Survey Participant Gender Identity (n=52)



Racial Identity

Survey participant racial identities varied (Figure 3), with most participants identifying as Latino/a/e (55%), Black or African American (37%), or White (14%).

Figure 3
Survey Participant Racial Identity (n=51)

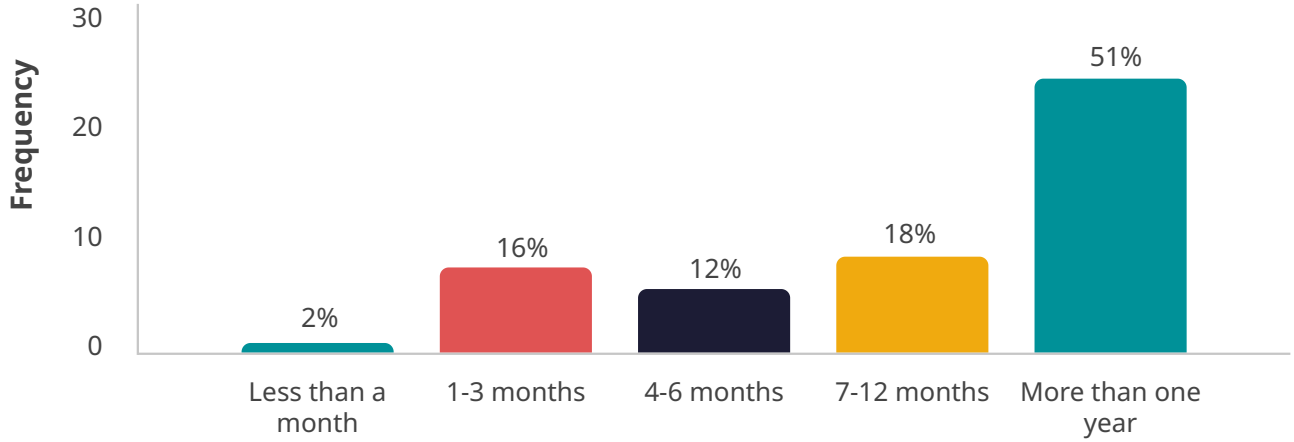


Note: Participants selected multiple racial identities; percents will not sum to 100%. Three individuals self-identified as "Something Else" and one did not respond.

Length of Time with Organization

Fifty-one percent of survey participants reported receiving support from their organization for more than one year (Figure 4). Among the remaining participants, duration of support ranged from 1-3 months (16%), 4-6 months (12%), and 7-12 months (18%). Only one survey participant had been with their organization for less than one month.

Figure 4
Time Engaged with Services (n=49)



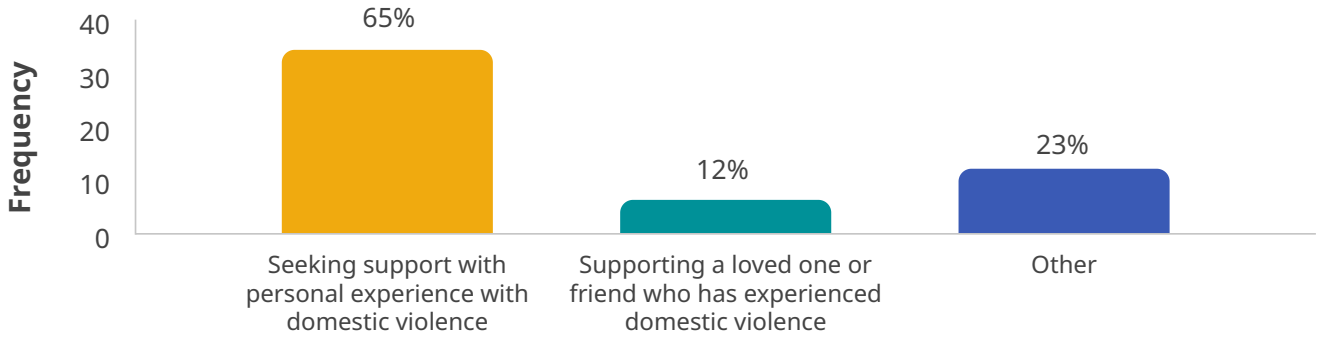
Note: Two participants selected "I'm Not Sure" and were excluded from this analysis. One participant did not answer the question.

Reason for Participating in Organization Program Services

Thirty-seven percent of survey participants reported that this was their first time seeking support. More than half (65%) sought support for their own experiences with domestic violence, while 12% were supporting a friend or loved one (Figure 5). Others cited reasons such as being a survivor of trauma and/or violence, seeking healing and personal growth, building community and support, addressing family conflict, or relationship repair.

Additionally, most participants (64%) engaged with their organization independently, while others participated with a family member (22%), a friend (9%), or someone else (4%).

Figure 5
Reason for Joining Organization Services (n=52)



Analysis Plan

Qualitative Data

The evaluation team used thematic analysis methods to analyze all qualitative data including grantee organization interviews and focus groups, as well as open-ended responses from the client survey. Thematic analyses involved a combination of deductive and inductive coding, allowing the team to draw on predefined areas of interest aligned with the objectives of the evaluation while also identifying emergent themes from the data. In particular, grantee interview and focus group data were analyzed with the goal of identifying the core components of restorative practice models and their implementation at each of the four organizations, as well as identifying similarities and differences across their approaches to restorative practices. The open-ended client survey responses were coded to identify key patterns in how participants experienced these services and the perceived impacts on their lives.

Quantitative Data

The quantitative data analysis focused on client survey data. The evaluation team used descriptive statistics to summarize participant responses. This included calculating average response scores for each survey question as well as summarizing participant characteristics. The goal was to better understand the individuals who use these services and their reasons for engagement (see Profile of Survey Participants section on page 18).

The evaluation team also conducted cross tabulations to explore potential relationships between key variables, such as participant characteristics and reported outcomes. However, these analyses were limited by the distribution of survey responses, as most participants selected higher-end (positive) response options. This resulted in small numbers of observations within some response categories, which limited the ability to assess relationships across variables.

Background and Context

Prevalence of Domestic Violence

Domestic violence, also referred to as intimate partner violence[1], is a pervasive problem affecting as many as 10 million people each year.[2] Nationally, 1 in 2 women and 1 in 4 men experience some form of violence by an intimate partner in their lifetime including sexual violence, physical violence, and stalking.[3] In California, roughly 30% of women and 17% of men report experiencing some form of intimate partner violence in their lifetime.[4] Data sources, however, often underestimate the true scope of domestic violence as it remains significantly underreported, especially among marginalized individuals and communities.[5,6]

Research highlights that several factors contribute to the underreporting of domestic violence, including fear of not being believed and distrust of law enforcement and the broader criminal legal system.[7] Underreporting is also tied to the broader underutilization of conventional domestic violence services by marginalized groups including BIPOC (Black, Indigenous, People of Color), LGBTQ+, and individuals with disabilities. These groups are likely to be impacted by domestic violence *and* structural inequalities including poverty, housing instability, racism and discrimination, and community-level disinvestment.[8,9,10,11] Accessibility barriers further compound the risk and limit service utilization. For example, survivors with disabilities, specifically Deaf, DeafDisabled, DeafBlind and hard of hearing survivors, face communication barriers, lack of culturally competent services, and limited availability of qualified interpreters.[12,13] Immigrant survivors may encounter language barriers, fear of deportation, economic dependence, and restricted eligibility for services, all of which reduce reporting and help-seeking.[14,15] These intersecting structural inequities make it less likely that individuals will engage with conventional services as they may view them as unsafe, inaccessible, or unresponsive to their needs.[16,17]

[1] The terms domestic violence and intimate partner violence are used interchangeably throughout this report. Although the terms are not synonymous, intimate partner violence is a form of domestic violence, with the key distinction being that abuse occurs between current or former partners. In contrast, domestic and family violence encompasses a broader range of abuse occurring within familial relationships, including among parents, children, siblings, and extended family members.

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[4] Centers for Disease Control and Prevention. (2025). *The National Intimate Partner and Sexual Violence Survey: 2023–2024 Intimate Partner Violence Data Brief*. https://www.cdc.gov/nisvs/media/pdfs/intimatepartnerviolence-brief.pdf

Impacts of Domestic Violence

Beyond its prevalence, domestic violence carries profound and far-reaching consequences for survivors, families, and communities.

Health Impacts

The prevalence of intimate partner violence poses significant public health concerns, as it has been linked to adverse physical and mental health outcomes. For example, individuals who experience intimate partner violence are at increased risk of cardiometabolic health conditions (e.g., hypertension, cardiovascular disease, type 2 diabetes), chronic pain (e.g., migraines, pelvic pain), gastrointestinal disorders, and traumatic brain injuries leading to poor executive function, memory, and sleep regulation.[18,19,20,21] Intimate partner violence is also strongly associated with mental health problems including major depressive disorder, post-traumatic stress disorder, and persistent anxiety symptoms including hypervigilance and panic attacks.[22,23,24]

Over time, adverse health impacts can become biologically embedded as chronic exposure to the threat of harm disrupts the body's stress and regulatory systems, making it difficult for survivors to return to a sense of safety even after the violence ends. Because some survivors constantly perceive danger, it becomes almost impossible for them to feel calm, trust others, or fully re-engage in daily life without processes that restore a sense of internal and relational safety.[25,26,27] Repeated exposure to intimate partner violence can also erode survivors self-esteem and sense of self-worth, resulting in internalized shame and self-blame. In turn, this makes it challenging for survivors to practice self-compassion, which is a critical protective factor in trauma recovery.[28,29]

Social and Economic Impacts

These health challenges do not exist in isolation. Negative health outcomes can be further compounded by economic and social challenges that make it difficult for survivors to recover, regain independence, or escape abusive situations and access support. Intimate partner violence can disrupt employment, education, and financial stability through job loss, reduced productivity, or economic control by the person causing harm.[30,31] In turn, these barriers can isolate and trap survivors in unsafe situations and limit their access to resources needed for healing, including counseling, stable housing, or supportive social networks.

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Family Impacts

The consequences of intimate partner violence also extend beyond the survivor, shaping family systems and communities over time. For example, children who witness intimate partner violence are more likely to develop emotional, behavioral, or developmental problems. Examples include anxiety or depression, difficulty in school and with relationships, and trouble regulating their emotions.[32,33] Importantly, children who witness intimate partner violence are also at greater risk of experiencing or causing harm in their relationships, thus perpetuating intergenerational cycles of harm.[34] Families and communities that are exposed to repeated violence are more likely to face cumulative health burdens, chronic disease, and increased contact with legal and social service systems.[35,36] These intergenerational and community effects are compounded in marginalized populations, contributing to disproportionate health disparities, economic instability, and greater reliance on under-resourced medical and legal systems.[37]

Criminal Legal System Responses to Domestic Violence

Over time, multiple social institutions have attempted to address the impacts of domestic violence. Prior to the 1980s, domestic violence was treated primarily as a family matter that did not warrant police involvement.[38] Following feminist and women's rights movements calling for greater state intervention and accountability, the criminal legal system evolved to respond more actively to domestic and intimate partner violence by treating both as crimes necessitating punishment. For example, most states adopted mandatory arrest policies that require officers to make arrests when probable cause of domestic violence is evident. Though such policies are believed to provide immediate documentation of abuse and accountability, the effectiveness of these policies in reducing future harm is limited. They also have the potential to result in dual arrests, leading to the criminalization of survivors.[39]

No-drop policies were introduced in the 1980s, requiring prosecutors to pursue charges on domestic violence cases regardless of victim cooperation. These policies gained traction, ensuring that domestic violence cases moved through the legal system, especially when the victim declines to pursue legal action or testify in court out of fear or intimidation.[40] More recently, prosecutors have moved towards evidence-based prosecution, which relies on alternative forms of evidence beyond a victim's statement such as body-camera footage, medical records, and witness statements.[41] While policies like these are intended to ensure the person who caused harm is held accountable, they also undermine survivor agency by prioritizing the state's interest over personal choice. In addition, these policies may increase the risk of subsequent harm.[42]

Court systems also evolved to support more resource-intensive and specialized prosecution through domestic violence courts which feature dedicated dockets, coordinated advocates and services, and closer monitoring of protective orders to enhance survivor safety and well-being.[43,44] Domestic violence courts sometimes mandate those who caused harm to participate in batterer intervention programs. Such programs aim to hold those who caused harm accountable and help them address their abusive behaviors. Evidence supporting the effectiveness of specialized courts and mandated intervention remains inconclusive, with available studies suggesting that their impact on reducing domestic violence recidivism is limited.[45]

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Beyond Legal Systems: Community-Based Alternatives

Recognizing the limitations of purely punitive and system-centered approaches, community-based responses emerged as necessary alternatives, offering non-carceral and locally-derived interventions that focus on supporting survivors and their long-term well-being.[46] Examples include coordinated community responses that bring together advocates, service providers, and other stakeholders to support survivors, enhance safety, and promote long-term stability outside of purely punitive legal systems.[47] Other examples include crisis hotlines, emergency shelters, and advocacy services that help survivors navigate public services including benefits, housing, and social support networks.[48]

Community-based responses, such as those described, help reduce the fragmentation often found within disconnected legal systems. Importantly, these approaches work to build long-term stability for survivors and their loved ones. Evidence suggests that resources like these are effective among marginalized communities where legal systems are seldom adapted to fit their specific needs.[49]

Restorative Justice: Leveraging a Historic Approach to Accountability

Restorative justice is both a philosophy and practice rooted in Indigenous traditions around the world that prioritizes healing over punishment when harm has occurred. Although these approaches long predate Western legal systems, restorative justice began gaining formal recognition and traction within Western criminal legal system contexts in the 1970s.[50]

What is Restorative Justice?

At its core, restorative justice aims to repair the harm caused by actively involving all affected parties in inclusive, respectful processes.[51] Affected parties include those harmed, those responsible for the harm, and the broader community. Rather than focusing on what rules were broken and what punishment is warranted, restorative justice asks: *Who was harmed? What are their needs? And how can those responsible meaningfully make amends?* The process fosters personal transformation, accountability, and healing through facilitated dialogue that emphasizes a victim-centered approach, community involvement, and a collaborative process.

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Restorative justice frameworks also acknowledge that language plays a critical role in shaping perceptions, influencing relationships, and either reinforcing or challenging systems of oppression and punishment. As emphasized by participating organizations, the language used to discuss harm and accountability can perpetuate stigma and alienation; or, alternatively, foster understanding, responsibility, and transformation. In recognition of this, and to honor the terminology used by the cohort of organizations, this report intentionally adopts language that reflects the complexity of harm, accountability, and healing. The following definitions are provided to support clarity and shared understanding for this report:

- **Harm** refers to various forms of violence or abuse, including physical, emotional, and psychological, among others.
- **Person Harmed, Harmed Party, Survivor** refers to individuals who have experienced harm often within the context of power and control by an intimate partner (e.g. physical, psychological, or emotional abuse).
- **Person Who Caused Harm, Responsible Party** refers to an individual who has caused harm to one or more people, typically within a pattern of control and abusive behavior. It is important to recognize that a person who caused harm may also be a survivor of violence in a different context.
- **Participant(s)** refers to any individual who participated in one of the grantee organizations programs or services and it may include the support system or loved ones of survivors.
- **Restorative Practices** refers to tools and strategies that are grounded in restorative justice principles, including but not limited to restorative circles and facilitated dialogues between survivors and responsible parties.

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What Does Restorative Justice Look Like in Practice?

Over time, restorative justice has been adapted into modern legal, educational, and community settings as an alternative to punitive approaches. Through a range of practices restorative justice is designed to promote accountability, healing, and connection.[52] Together, these practices offer pathways for transformation that extend beyond punishment. Some examples of traditional restorative justice practices include **restorative circles** that bring together survivors, responsible parties, and community members in a facilitated space;[53] **victim-offender dialogues**, which are highly structured, voluntary meetings between someone who has been harmed and the person who caused harm; and **community and family group conferencing**, which involves a broader circle of support.

Surrogate restorative dialogues are an alternative strategy used in cases in which either the harmed party or responsible party cannot be identified or are unable or unwilling to participate in the restorative process.[54] Surrogates include individuals who have either experienced or caused similar harm and represent the perspective of either the harmed party or responsible party. This alternative approach ensures that the restorative process remains meaningful and effective.

Other practices include **reentry circles** and **restorative justice panels**, both of which focus on supporting individuals returning to their communities after incarceration. Restorative justice panels are composed of trained community volunteers who meet with individuals responsible for harm to encourage accountability and dialogue. Both practices emphasize the role of community in healing, accountability, and successful reintegration.[55,56]

Restorative justice practices have gained the most traction in addressing juvenile delinquency and youth violence. In this context, these practices have been used to reduce recidivism among youth transitioning to adulthood and promote accountability and reintegration through community-based processes.[57] They are typically implemented through victim-offender mediation and family group counseling, with the goal of avoiding punitive approaches like expulsion.[58]

Restorative practices have been increasingly introduced in community-centered responses to support individuals affected by more specific forms of violence, including domestic violence, intimate partner violence, and sexual assault. A core strength of restorative practices is flexibility, which allows practitioners to tailor practices to the specific needs of each case and the individuals involved. These practices also center the voices of survivors, validate their lived experiences, and create space for acknowledgement of long-term harm in ways legal systems seldom provide. Lastly, restorative practices emphasize repairing harm, supporting healing and empowerment, and promoting non-punitive accountability, which often aligns with the values and preferences of many survivors.[59,60]

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[60] Sherman et al., *Restorative Justice: The Evidence.* 2007.

Available evidence suggests that restorative practices like victim-offender mediation have the capacity to enhance feelings of procedural justice among survivors and increase emotional closure when participation is voluntary and well facilitated.[61] Restorative practices can also offer survivors structured safety planning, community accountability or support, ongoing mentoring, and resources to rebuild their lives.[62,63,64]

Despite its promise, the application of restorative justice in cases involving domestic violence has been contested. Critics raise concerns about survivor safety and whether restorative justice processes can ensure meaningful accountability for those who cause harm. These critiques underscore the importance of trauma-informed, survivor-centered adaptations that address the complex dynamics and risk inherent in domestic violence cases.[65] While restorative justice does present a possible framework for healing and accountability, its use in domestic violence contexts depends on survivor autonomy, trauma-informed design, continuous safety evaluation, as well as incorporating feedback from survivors and participants in programming.[66]

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[61] *Ibid.*

[62] Wager, N. M. (2020). Restorative justice responses to intimate partner violence: Survivor perspectives and procedural justice. *Violence Against Women*, 26(6–7), 659–678.

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Findings

1. Restorative Practice Models

While the four grantee organizations offered similar services, they took different approaches to structuring those services within their restorative practice models, all aimed at addressing harm and violence in their communities and supporting safety, accountability, and healing. Their models are intentionally designed to reflect the unique needs of the communities they serve, expanding access to person-centered and culturally responsive domestic violence services and supports. Models range from structured program models to those that integrate restorative justice principles and practices into existing organizational services.

Finding 1.1: Diverse Restorative Practice Models Were Tailored to Community Needs

The four grantee organizations in this evaluation implement a range of services and practices centered around healing, safety, and accountability. These offerings include one-on-one support, educational workshops, healing circles (e.g., support groups, facilitated dialogue between survivors and persons who caused harm), and somatic healing.

- **One-on-one support:** Individual support centers on identifying needs and goals and developing tailored, actionable plans. This may involve co-creating safety plans and supporting clients in defining the kind of relationship they want.
- **Educational workshops:** Workshops cover a range of topics, including understanding domestic violence, recognizing its forms and impact, and building skills in healthy relationship dynamics and conflict resolution. For example, DeafHope offers clients restorative-based domestic violence and parenting courses, while Promotoras at ELAWC host workshops on domestic and sexual violence, as well as physical and mental well-being, among other topics, for Latinx women in their communities.
- **Healing circles:** Group-based support that fosters connection and community among participants with shared identities and experiences. For survivors who engage in facilitated circles involving loved ones or the person that caused harm, these spaces provide an opportunity for participants to openly discuss harm, process their experiences, and work towards healing in a supportive environment.
- **Somatic healing practices:** Often integrated into healing circles, these practices help participants reconnect with their bodies to release stored trauma. Participants consistently reported that these practices supported their ability to regulate emotions and shift harmful patterns. As one participant shared, ***"the program helped me develop somatic tools to process my emotions and regulate myself."*** Others emphasized how these practices were strengthened in group settings, with one noting that practicing breathing techniques along with others with shared experiences allowed them to ***"breathe into the healing in a different way than before."***

DeafHope

DeafHope's restorative practice model integrates restorative principles into their existing organizational services to shift how harm and violence are addressed within the Deaf community. The model focuses on enhancing survivor safety and well-being while building community capacity for restorative justice practices. Grounded in core principles, including survivor-centered approaches, safety and trust, community-centered services, and radical love, this approach prioritizes the needs, choices, and agency of each survivor. Services are intentionally designed to reflect and support the specific experiences of Deaf survivors.

Central to this model is the use of individualized one-on-one sessions, or *circles*[67], for both survivors and individuals who have caused harm. DeafHope reports that the one-on-one circles serve as a foundational method for building trust and tailoring support, allowing staff to work with participants to develop personalized safety plans and identify both short- and long-term goals. They also create a safe space for staff to introduce restorative concepts and practices, while simultaneously assessing the readiness of each individual to engage in more direct forms of dialogue. Facilitated dialogues between survivors and the person who caused harm are entirely voluntary and only pursued if the survivor chooses and both parties are ready. Readiness is evaluated through professional judgment and intentional strategies such as role-playing, simulated conversations, and hypothetical scenarios. A strong commitment to safety at DeafHope is reflected in its recognition of the risks of premature engagement and the potential for retraumatization and escalation of harm.

Importantly, DeafHope does not define success through predetermined outcomes. Instead, the process centers on supporting survivors in building practical skills, developing new approaches to safety, and identifying their own measures of healing and accountability. This flexible, survivor-defined framework acknowledges the historical and ongoing barriers Deaf survivors face in accessing language and information, which can limit the relevance of more traditional outcome measures.

ELAWC

The restorative practice model at ELAWC integrates restorative principles across the broader continuum of care and services, while also offering a dedicated restorative justice program. Their *Voz y Palabra* is designed for individuals who are ready and willing to engage in a comprehensive restorative process. Through this program and its broader services, ELAWC supports healing and restoration for those impacted by domestic violence while also working to interrupt intergenerational cycles of abuse. ELAWC advances this work by fostering accountability, providing education, and building the skills necessary for individuals and communities to move toward safer, more sustainable relationships.

ELAWC reports that several core principles shape their restorative practice model, including survivor-centered approaches, safety, cultural competency, collective healing, and community-centered engagement. ELAWC staff provide culturally responsive and trauma-informed support that centers the needs, safety, and healing of survivors while also engaging those who have caused harm in processes of reflection, accountability, and repair. Within this framework, ELAWC reports that healing, safety, and accountability are interconnected, dynamic processes that unfold over time and vary across individuals, challenging linear conceptions of success.

[67] One-on-one circles refer to individual meetings between advocates and the participant, either survivors or persons who caused harm.

This framework is also reflected in the *Voz y Palabra* program at ELAWC, which follows a four-stage engagement process designed to be a gradual and intentional journey for participants. The first stage, Acknowledgement and Attention, focuses on building trust, establishing emotional safety, and assessing readiness through pre-engagement and comprehensive safety assessments. The second stage, Understanding and Compassion, invites participants into a "what got me here" exploration, where the harm and its impacts are examined, and the person who caused harm is encouraged to actively listen and reflect. In the third stage, Integration and Accountability, the focus shifts to collaborative problem-solving and skill-building, creating space for accountability through acknowledgment of harm, meaningful apologies, and demonstrated commitment to change. During the fourth stage, Healing and Restoration, the program emphasizes strengthening social supports, fostering forgiveness where appropriate, and supporting either reconnection or the establishment of healthy boundaries, with an emphasis on long-term transformation and sustainable relationship practices.

RooT

The restorative practice model at RooT is centered on its Healing Cycles of Harm (HCH) program, a 10-week peer-based wellness and accountability workshop designed to address conflict and harm outside of the carceral system. Their approach is grounded in healing and transformative justice principles, emphasizing adaptive, community-centered, and healing-oriented practices. Key goals include building trust and engagement, prioritizing internal and external safety, cultivating accountability and collective responsibility, addressing root causes of harm, and strengthening community capacity to support transformation and sustain accountability.

Through HCH, RooT aims to equip participants — typically small cohorts[68] of 12 to 20 individuals — with the tools to lead collective accountability circles in their communities, grounded in healing, accountability, and community care. RooT reported that the model prioritizes internal work and personal transformation as a foundation for engaging with the broader community.

Given the emergent nature of the restorative justice model at RooT, the HCH curriculum is dynamic, co-created, and adapted in real time based on participant feedback, ensuring that services remain responsive to their needs and collective goals. RooT emphasized that cultivating safety, both internally and externally, is critical to encouraging authentic and intentional engagement in the healing process. To that end, safety is cultivated internally and alongside peers in a collective space where participants are guided through somatic and meditation-based practices that support nervous system regulation and invite curiosity about internal conflict and emotional discomfort.

The healing-centered approach also emphasizes that transformation begins within the individual, with healing, safety, and accountability understood as interconnected and relational processes. Participants engage in practices such as self-reflection, somatic exercises, and peer-supported dialogue to understand trauma responses, develop emotional regulation skills, and build confidence in applying these practices to their daily lives. A safe and supportive environment enables participants to practice vulnerability, explore discomfort, and hold themselves and one another accountable in a collective, non-punitive way.

[68] Cohorts include both survivors and people who have caused harm, though not necessarily those connected by the same incident.

RJOY

The restorative practice model at RJOY builds on the expansion of its Safe Outside the System Warmline, a restorative, community-based response to crises designed to meet the deep and on-going needs of individuals without defaulting to police or punitive systems. The expanded SOS Warmline model integrates healing and accountability circles, connections to community-based resources, and staffing that includes individuals with lived experiences of gender-based violence who are specially trained to respond to intimate partner violence-related crises.

RJOY grounds its practice model in community-centered values, collective healing, cultural responsiveness, and non-punitive accountability. The model prioritizes the needs of those most impacted by harm and recognizes that healing is a relational, collective process.

RJOY staff described restorative practices that include healing circles and support groups designed to center participant needs, with safety continually assessed and supported through personalized planning, physical and emotional safeguards, and ongoing dialogues about experiences and needs. Staff emphasized that facilitators with lived experience are essential to this work, as they foster trust and connection and validate the experiences of participants. Staff also described accountability as a process of acknowledging harm, understanding its impact, and taking concrete steps to repair relationships and prevent future harm.

RJOY emphasized that their work is not prescriptive. That is, each circle and the path to "success" varies based on individual circumstances. Success is defined through the personal journey of each participant rather than standardized metrics, reflecting the understanding that healing, safety, and accountability are nonlinear, deeply personal, and fluid processes.

Finding 1.2: Despite Differences in Models, Organizations Share Core Restorative Principles

Grantee organization restorative models were found to be grounded in a shared framework characterized by survivor-centered approaches, cultural responsiveness, community engagement, and a focus on safety, accountability, and healing (see Figure 6).

Figure 6

Grantees noted that **survivor-centered** practices[69] help survivors reclaim agency over their lives, helping them identify their needs and goals and create actionable plans to work towards those goals. Survivors also have agency to dictate the pace of their healing journey and decide if, when, and how they wish to engage with the person(s) who caused harm.

Participant **safety** was identified as an essential element prioritized at each organization. Grantees emphasized that safety is a multi-dimensional and subjective concept that extends beyond physical well-being to include emotional and mental health, requiring a flexible, multi-pronged approach tailored to each the unique needs, circumstances, and goals of each participant.

Healing is another central goal across the cohort. Grantees acknowledge that harm often extends beyond the survivor to include their children, families, and communities. As a result, grantees prioritize healing from harm, trauma, and violence at the individual, familial, and community levels.

Accountability is emphasized over punishment and described by grantees as an ongoing, individualized process, supported through dialogue and reflection, that involves acknowledging harm, taking responsibility, and engaging in meaningful actions to repair harm.

Culturally responsive and affirming services are also key components of the work across grantee organizations. Grantees emphasized the value of practices that move beyond Westernized models of healing and accountability to incorporate culturally grounded and ancestral approaches, creating safe and affirming spaces for meaningful engagement in healing.

Finally, grantees noted that **community-centered** approaches provide support close to home and create opportunities for healing alongside loved ones, often facilitated by staff with lived experience. Grantees draw on their deep community ties to address harm, build local capacity, and foster networks that support community healing.

Finding 1.3: The Importance of Restorative Practices

Over the course of the evaluation, grantee organizations and their clients emphasized the urgent need for and importance of investing in targeted, culturally affirming, restorative practices within their respective communities. They highlighted that the challenges and negative experiences are often more nuanced and compounded when shaped by intersecting factors such as race, ethnicity, income level, immigration status, and disability. They noted that BIPOC, LGBTQIA+, and other marginalized survivors are often hesitant to seek help for domestic violence due to well-founded concerns shaped by historical and ongoing inequities. Experiences of discrimination and harm within formal systems such as law enforcement, child welfare, and the courts feed mistrust and fears that seeking help may result in criminalization, deportation, or loss of child custody. Structural barriers such as housing instability and having limited access to housing, childcare, transportation, and economic/financial resources, further compound these challenges. Additionally, cultural stigma, pressure to keep family matters private, and concerns about reinforcing negative stereotypes further discourage disclosure. A lack of culturally and linguistically responsive services in conventional domestic violence programs also make it difficult for survivors to find support that reflects their lived experiences.

[69] Note. RooT is unique in that its Healing of Cycles (HCH) program can include both survivors and individuals who have caused harm, though not necessarily those involved in a single incident. HCH cohort participants are community members who apply and are accepted for a specific program cycle, meaning cohorts may sometimes be composed of individuals who do not know one another. As such, RooT's "person-centered" approach means that it tailors its services to the specific needs of each cohort.

Within this context, organizations acknowledged that while more intensive interventions, such as physical separation, may be necessary in certain situations — particularly when immediate or long-term safety is at risk — they should not be the default response, as is often the case in many communities. Grantees noted that separation is not always the most effective solution and, in some cases, can result in additional harm or trauma.

> Separation may be the appropriate response for some cases, especially when immediate and long-term safety is concerned; however, not all cases may benefit from separation which can even result in greater long-term harm. Not all survivors want or need the person who caused them harm to be taken away, sometimes, survivors want support to heal together, as a family.

For example, when law enforcement is involved, there have been instances in which both the survivor and the person who caused harm are arrested, sometimes resulting in the separation of children from their caregivers. Grantees also highlighted important considerations related to agency and family dynamics, noting that some families may wish to remain together and pursue healing, and that children may still desire a relationship with their parents, even in the context of harm.

These dynamics underscore the need for more flexible, survivor-centered approaches that account for the complexity of individual circumstances while prioritizing safety. Grantee organizations emphasized that their programs and practices are not a one-size-fits-all solution, but rather an important tool within a broader continuum of care. These restorative-centered approaches do not replace traditional system responses to domestic violence but complement them by offering additional pathways for support and healing.

2. Addressing Issues of Safety

Conventional System Responses to Safety

Physical safety is a foundational goal of conventional domestic violence responses. Justice and service systems traditionally prioritize reducing immediate harm and preventing future violence, often through crisis-oriented intervention that focuses on short-term protection.

> Safety is both an internal and external condition. It includes physical, emotional, and psychological dimensions and is never assumed. Facilitators continually reassess safety in collaboration with survivors.

These approaches have been significantly shaped by the Duluth Model, which conceptualizes abuse as rooted in power and control and emphasizes coordinated systems response and accountability among those who cause or perpetuate harm.[70] Within this model, safety is often defined in terms of reducing immediate harm through system intervention.

In practice, conventional approaches typically center on building individualized, practical safety strategies with survivors, such as developing emergency plans and connecting individuals to safe housing or protective resources.[71] Longer-term responses may include legal interventions, such as protective orders, arrest, and prosecution.[72]

While these approaches to safety are critical and have improved protections for some survivors, grantee organizations highlighted the need to expand beyond a primary focus on immediate physical safety. They emphasized that safety is also shaped by broader identity-based, relational, and structural factors — gender and racial identity, cultural context, relationship dynamics, emotional well-being, housing stability, economic security, and community support — that are often not addressed through conventional responses. To support meaningful healing, these broader dimensions of safety must be integrated into responses.

Finding 2.1: Cultivating Safety Takes Time, Intentionality, and Focus

Across grantee organizations, safety emerged as a foundational component of effective, ethical, and trauma-informed practice. It was described as a central and non-negotiable focus when working with individuals experiencing domestic violence and intimate partner violence. Organizations emphasized that the risk of harm to survivors is real and can be ongoing, unpredictable, and subject to rapid escalation, requiring continuous attention, care, and responsiveness. Notably, grantees offered a nuanced understanding of safety that extends beyond physical protection to include emotional and psychological well-being.

> Internal safety extends beyond physical safety and comfort in the external environment. Internal safety is an essential component of transformation that necessitates cultivating the tools and the trust needed to be able to move through discomfort with intention while still having access to agency and purpose.

Grantees emphasized the importance of investing sufficient time and resources to cultivating safety, highlighting that each situation must be carefully assessed and both those who experienced harm and those who caused harm must be adequately prepared to participate in the process. They noted that this level of assessment and preparation requires sustained engagement with survivors and their support systems. Consistent with the perspective of the grantee organizations, **69% of participants reported engaging with their organization for seven months or longer**. (see Figure 4, Pg.21). While time-intensive, grantees described this preparation as critical to supporting safety as well as meaningful and sustainable outcomes.

Safety was also described as both individualized and multifaceted — what feels safe for one individual may not feel safe for another. This highlights the need for tailored, multi-pronged approaches to assessing and supporting safety that respond to individual needs and circumstances.

[70] Goodman, L. A., Thomas, K. A., & Heimel, D. (2015). Safety planning with domestic violence survivors: A systematic review. *Trauma, Violence, & Abuse*, 16(4), 421–436. https://doi.org/10.1177/1524838015584364

[71] *Ibid.*

[72] Campbell, J. C. (2004). Helping women understand their risk in situations of intimate partner violence. *Journal of Interpersonal Violence*, 19(12), 1464–1477. https://doi.org/10.1177/0886260504269698

Finding 2.2: A Safe Healing Environment is an Essential Component of Healing

A key aspect of the restorative approach at grantee organizations is cultivating a safe physical and emotional space to support individuals healing from trauma. Some described this environment as a ***"container of safety."*** They noted that healing from harm and trauma often involves actively acknowledging painful experiences and challenging limiting beliefs that can surface emotions and bodily sensations that may have been suppressed, potentially causing distress if appropriate supports are not in place. For this reason, grantees intentionally design both their practices and physical environments in ways that help clients feel safe and supported enough to engage in healing.

Survey participants agreed and emphasized that grantee organization staff and group facilitators played a key role in creating environments that felt *safe, supportive,* and *grounded,* which allowed them to feel heard and more comfortable opening up. They also found that staff were willing to adapt their practices to meet the needs of individuals and groups, enabling them to feel comfortable engaging authentically and expressing themselves without fear of criticism or rejection. As one survey participant stated,

> ***"Having someone listen to you and validate your emotions is incredibly valuable because we come from a place where we are so used to violence that we normalize it without realizing that we are wrong."***

Participants also found that environments centered around shared experiences and identities deepened their sense of safety and belonging. In particular, some noted that receiving support in spaces with others who shared their racial identity fostered a stronger sense of safety, hope, and community. As two survey participants shared:

> ***"Being in BIPOC spaces, or BIPOC-centered spaces, help[ed] me feel safe."***

> ***"This program showed me and gave me hope in our community, especially being Hispanic and a single parent of two."***

Self-soothing and somatic practices along with self-compassion, emotional awareness, and boundary setting were described as instrumental in cultivating an emotionally safe environment. And ultimately, they foster safety within oneself (internal safety), which is another critical component in strengthening the willingness and ability for participants to actively engage in their healing journey. **Survey participants described this internal sense of safety as feeling emotionally and physically grounded.**

Survey participants also highlighted the physical space in which services were delivered as an important component of safety in their journey. Environments were described as welcoming and supportive. Grantees reported being intentional in creating physical spaces that are warm and inviting by incorporating art and indigenous practices, offering services such as massage therapy and meditation, shared meals, and other holistic support.

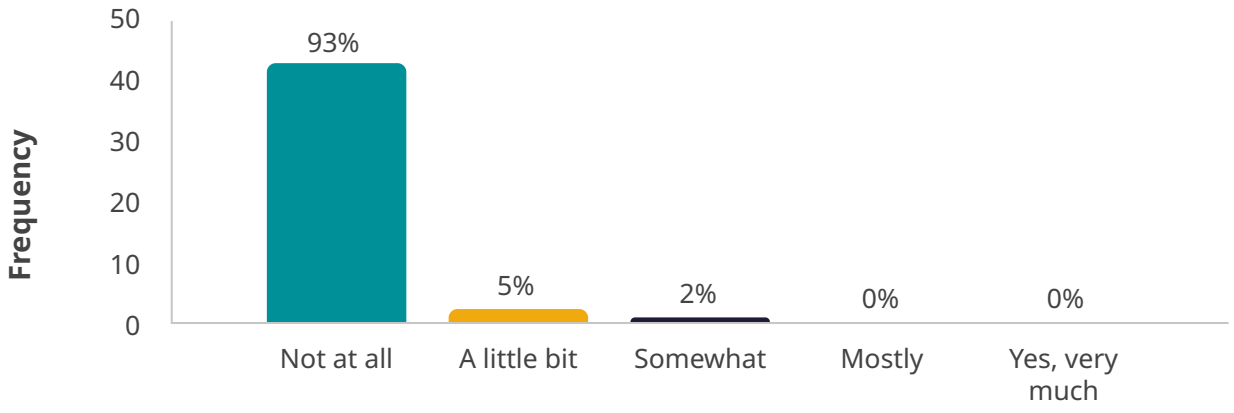
Safe physical and emotional spaces supported participants in moving beyond automated responses such as fear, shame, or panic, allowing them to more fully engage in the healing process. Survivors reported feeling safe to share their experiences, process complex emotions, and grow without fear of judgement or silencing. For some, this supportive environment created the conditions necessary to transform feelings of shame into a deeper understanding.

> ***"The transformation of my own shame into understanding, forgiveness, and accountability literally changed my life and the way I function and move through the world."***

Finding 2.3: Restorative Practices Can Be Implemented Safely

Due to the relational aspects of restorative practices, grantees noted that some internal and external stakeholders (e.g., providers and long-time advocates) have expressed reservation about applying these practices in cases of domestic violence. They noted concerns often center on the potential risk of facilitating contact between survivors and those who have caused harm, with some viewing such engagement as unsafe and inappropriate. Grantees acknowledged these potential risks and emphasized the careful, intentional process through which their restorative practices are implemented. This includes thoughtful screening processes, ongoing assessment of risk, and the appropriate safeguards to ensure that services are responsive to individual circumstances and do not inadvertently increase harm. To that end, **nearly all participants (93%) reported that working with their organization did not result in any increased danger** (Figure 7), **and over half (65%) reported significant improvements in their overall safety** as a result of working with their organization (Figure 8).

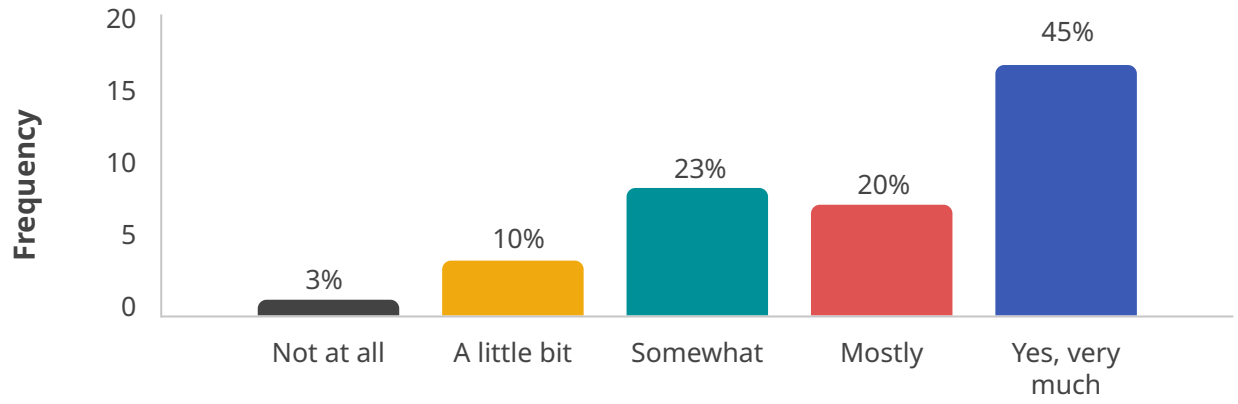
Figure 7
There was an increase in danger as a result of working with this organization (n=43)



Note: Nine participants selected "Not Applicable" and were not included in this analysis.

Figure 8

My safety improved as a result of my experience with this organization (n=40)



Note: Twelve participants selected "Not Applicable" and were not included in this analysis.

3. Accountability Through Restorative Practices

Accountability is widely recognized as an essential response to violence and victimization; however, within restorative practices, its definition and application take different forms. The criminal legal system has largely equated accountability with punishment, reflecting a retributive framework rooted in Western legal traditions. Grantees, however, noted that this approach often fails to address the underlying factors that contribute to harm and, in some cases, can perpetuate harm for all parties while leaving the needs of survivors inadequately addressed. They emphasized that accountability is, and should be, more complex. As such, while grantee organizations approached accountability directly and viewed it as a critical component of their restorative practices, they defined and operationalized it differently, shifting away from punishment towards processes and practices grounded in acknowledgement, reflection, action, and transformation.

Finding 3.1: Accountability Cannot be Imposed

Across grantee organizations, accountability is broadly described as a process that begins with acknowledgement and reflection and continues through meaningful action. Grantees emphasized that this process may not work for everyone, as engagement requires both the capacity to reflect on one's actions and their impact, as well as the willingness to take responsibility and make meaningful changes.

According to grantees, accountability cannot be imposed; rather it must be internally driven and both encouraged and supported over time. They noted that this process is often nonlinear and time-intensive, and that some individuals may not reach a point where they can fully engage. In these cases, alternative interventions or support may be more appropriate. However, according to organizations, for those who are able to meaningfully engage, the process can lead to increased self-awareness, behavior change, and a reduced likelihood of future harm.

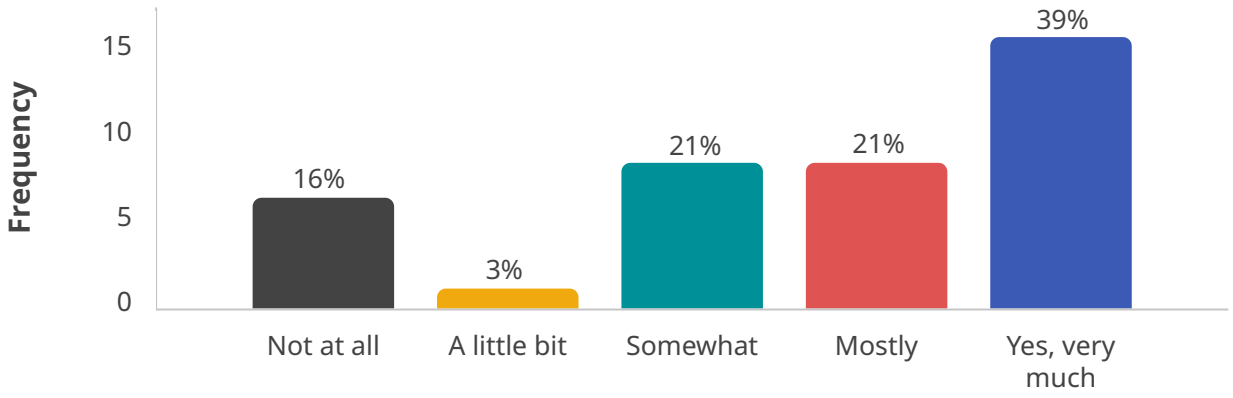
Finding 3.2: Accountability Is an Essential Component of Restorative Practices but Can Pose Challenges for Some

Grantee organizations described accountability as a gradual and intentional process that varies across individuals and unfolds over time. It requires a level of readiness and capacity to meaningfully engage, which often involves substantial pre-work. This preparatory phase often requires survivors and persons who have caused harm to reflect on and address their own histories of harm and trauma.

Among grantee organizations that primarily work with cisgender female survivors in heterosexual relationships, grantees noted that engaging in the restorative process can be challenging for some men who have caused harm. According to grantees, this resistance can stem from deep-seated shame and gender norms, making it challenging for some to "dispel their cultural beliefs, learned behavior, and the normalization of abusive behavior." Despite this challenge, positive impacts are still evident. **Sixty percent of participants reported that their respective organization helped another person understand how they caused harm** (Figure 9).

Figure 9

The organization helped someone else understand how they caused harm, abuse, or violence (n=38)



Note: Fourteen participants selected "Not Applicable" and were not included in this analysis.

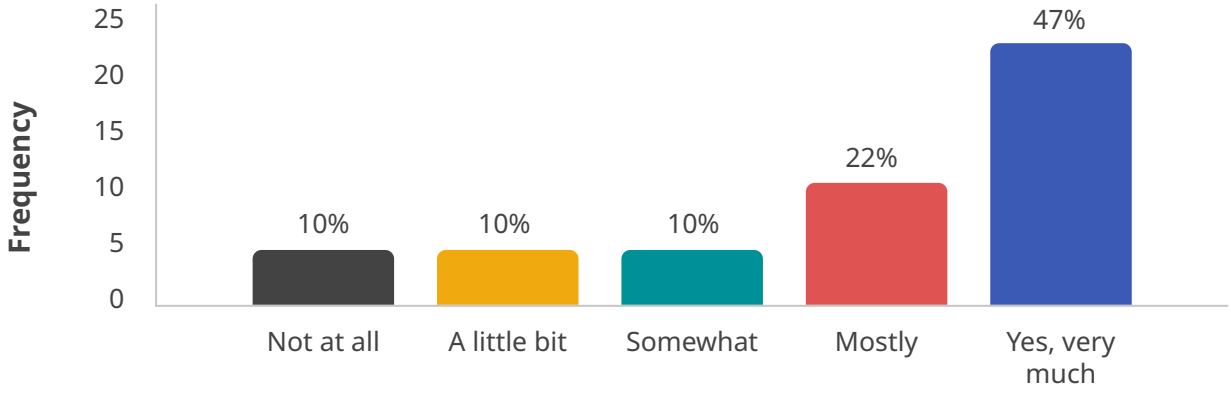
Finding 3.3: Grantee Organizations Had Key Roles in Cultivating Accountability and Resolution

Grantee organizations described their role in cultivating accountability as facilitating dialogue, supporting behavioral change, and fostering deeper self-awareness — key elements in disrupting patterns and cycles of violence. This includes creating space for individuals who have caused harm to recognize the impact of their actions, while also reflecting on their own needs and experiences. Grantees also emphasized the importance of centering survivor agency as part of accountability. Some organizations noted that this process may involve reflection for survivors, not as a means of assigning responsibility for the harm, but as a way to strengthen self-determination, safety, and healing.

Quantitative findings highlight that grantee organizations helped participants move toward accountability and resolution. As shown in Figure 10, over half of survey participants **(69%) reported that they felt a sense of resolution related to their conflict or harm.**

Figure 10

I feel like there was resolution to conflict or harm (n=49)



Note: Three participants selected "Not Applicable" and were not included in this analysis.

4. Impact of Restorative Practices

Grantee organizations emphasized that a core component of their work involves supporting participants in building practical skills that promote healing, safety, strengthen communication, and help clients navigate conflict in healthier ways. Importantly, this approach is not about assigning blame to survivors, but rather about fostering agency, equipping individuals with the tools, strategies, and confidence to make informed decisions, set boundaries, and respond to harm in ways that support their safety and well-being.

Reflection on Services

Reflections from survey participants provided further insight into the program services they found most helpful and impactful. Educational workshops and courses on domestic violence and related topics were identified by DeafHope and ELAWC participants as particularly valuable in helping them understand healthy relationship dynamics and, for some, fostering a sense of hope and empowerment. One participant stated, ***"I liked the domestic violence classes because I learned more about what domestic violence is and why it's not healthy for me."*** Two participants from the Spanish speaking community stated:

> ***"He aprendido a fortalecer mi autoestima mediante los talleres y prácticas que nos facilitaron [I learned to strengthen my self-esteem through the workshops and practices that were provided to us.]"***

> ***"Cada taller y cada tema me ha ayudado a ser lo más fuerte y a sentirme cada dia mas importante en esta vida [Each workshop and each theme has helped make me stronger and feel more important in this life]."***

Across organizations, survey participants consistently identified healing and support circles as a powerful part of their healing journeys. Clients described circle spaces as welcoming, safe, and supportive environments and reported that facilitators were attentive and responsive to their needs, which does not often happen for survivors. One participant shared how the ELAWC Promotoras circles and facilitators helped them feel heard and valued:

> ***"Las promotoras fueron muy atentas a mis necesidades y me sentí muy bien al sentirme escuchada y valorada [The Promotoras were very attentive to my needs and I felt really good being listened to and valued]."***

Participants also reflected on how valuable it was to have a safe space to ***"talk about harm and shame in a supportive and non-judgmental way"*** and to have an environment characterized by a ***"welcoming spirit and kindness."*** Healing circles also fostered peer connection and a sense of belonging that supported the healing process. For some participants, this was the first time meeting others with shared experiences, as illustrated by the following participant reflection: ***"the circle of support was [the] most meaningful... I finally met other deaf survivors like myself."***

Finding 4.1: Restorative Practices Supported Clients on Their Healing Journey

Promoting healing at both the individual and collective levels is a central goal shared across all grantee organizations. Organizations highlighted that harm extends beyond the survivor, and while their needs remain central, creating opportunities for collective healing by engaging families, community members, and, when appropriate, those who have caused harm was also emphasized. As a result, all of the organizations work with individuals who have caused harm, recognizing that many have also experienced trauma and may benefit from healing themselves.

Approaches to healing include practices such as dialogue, healing circles, and reflection. These methods aim to build trust, repair harm and relationships where possible, and foster a culture of safety and care that extends beyond the individual to the wider community. Importantly, grantees approach this work with the understanding that the healing process is non-linear and there is no predetermined outcome or timeline. Each situation is unique, and organizations consistently reported prioritizing the healing needs of survivors while acknowledging the broader ripple effects of harm.

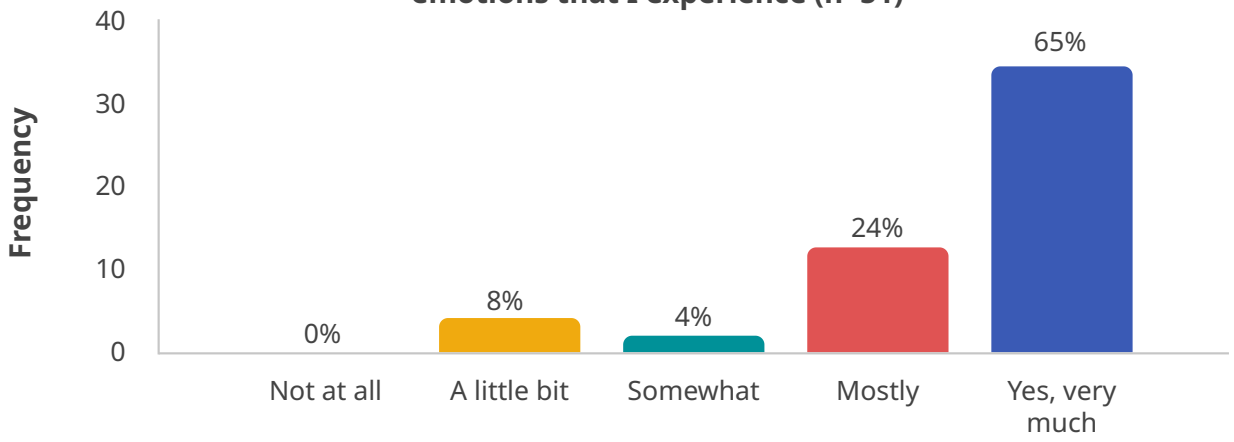
Several themes centered around healing emerged, providing greater insight into the factors that supported participant growth and healing.

Healing Begins with Self-compassion

Healing beginning with self-compassion was a central theme emphasized across grantee organizations. This concept centers the needs and humanity of survivors by recognizing that self-compassion — the process of acknowledging painful experiences while rejecting and replacing self-blame, shame, and self-judgement — is essential to healing. As shown in Figure 11 and Figure 12, **a great percentage of participants were able to identify and talk about difficult emotions (89%) and process painful experiences (83%).**

Figure 11

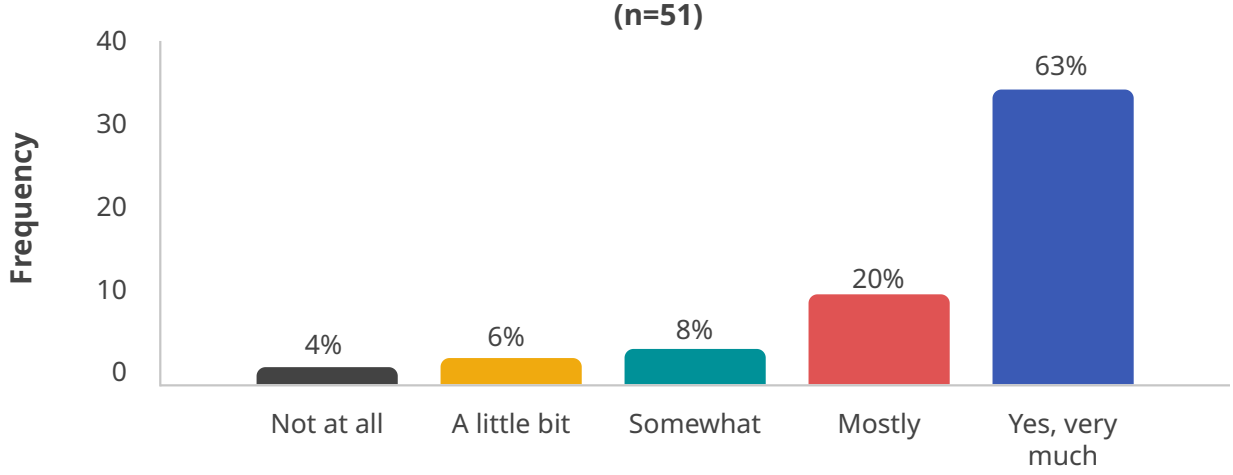
This organization helped me identify and talk about different emotions that I experience (n=51)



Note: One participant selected "Not Applicable" and was not included in this analysis.

Figure 12

This organization has helped me process painful experiences (n=51)



Note: One participant selected "Not Applicable" and was not included in this analysis.

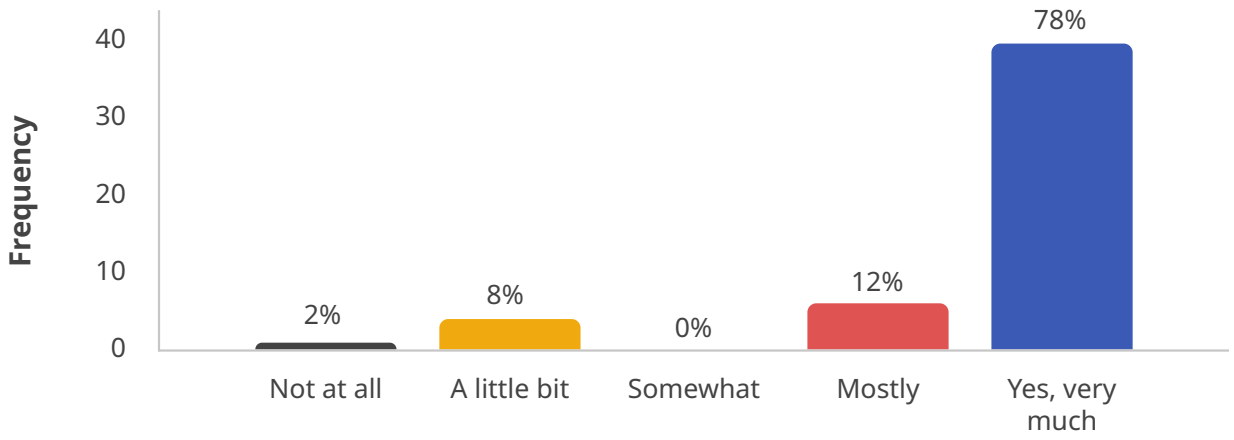
According to survey participants, learning to identify difficult emotions and sit with the discomfort of processing painful experiences in a safe, nonjudgmental space was critical to their growth. One participant shared this, saying, ***"I learned to be more patient and compassionate with myself and others."***

This was a theme across participants, with **90% reporting feeling more compassion for themselves and what they have gone through** (Figure 13). In their responses, survey participants also reported learning how to view themselves as worthy of love, respect, fairness, and a good life even when they have been harmed, made mistakes, or experienced difficult circumstances. For example, one participant shared how this experience helped them acknowledge their value:

> ***"I learned that I matter so much simply because I'm a human being."***

Figure 13

I feel more compassion for myself and what I have experienced (n=50)



Note: Two participants selected "Not Applicable" and were not included in this analysis.

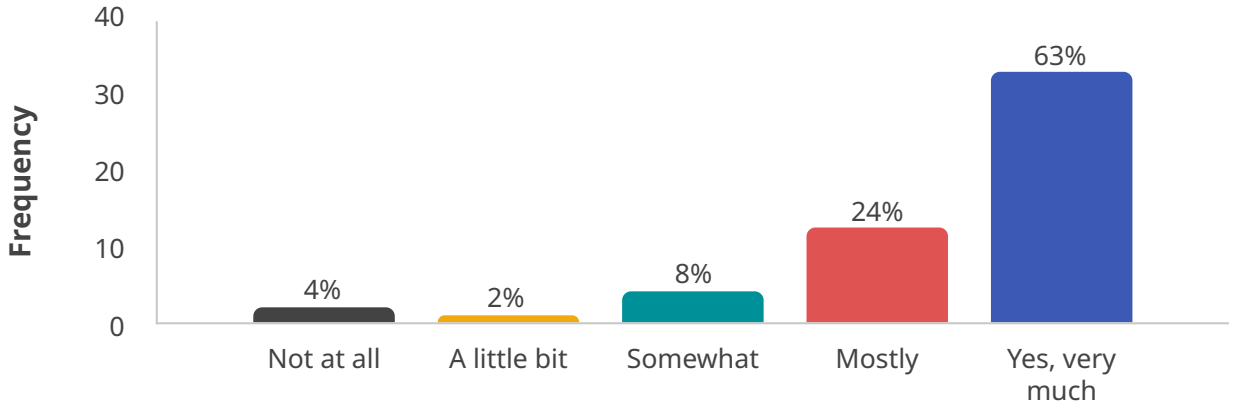
Others described releasing self-blame and reframing their experiences, as illustrated by the reflection of one participant:

> ***"Whatever happened to me doesn't define me and I [can] heal."***

This perspective shift helped many survey participants release internalized blame and feel more hopeful and deserving of a brighter future, with **87% of participants reporting feeling more hopeful about their future** after participating in programs and services at their organization (Figure 14).

Figure 14

After participating in the programs and services at this organization, I feel more hopeful about my future (n=51)



Note: One participant selected "Not Applicable" and was not included in this analysis.

Importance of Community

Organizations stress that while healing is highly unique and varies from one person to the next, **it does not happen in isolation. Healing happens in community.** They reported that healing requires support systems that understand, empathize, and are responsive to individual needs, experiences, and identities. A key theme across survey participant reflections was that group circles, leaders, and peer connection fostered a strong sense of belonging. Participants reported how shared spaces helped them feel understood and less alone. For example, one participant reflected that being in a space with other women who have faced similar experiences helped her believe that overcoming that pain and healing together was possible.

> ***"El círculo de mujeres fue muy significativo ya que otras participantes dieron su testimonio... juntas podemos sobrepasar y ser mejores [The women's circle was very significant... knowing that each one of us has painful histories and that together we can overcome and be better.]"***

Survey participants shared that the sense of belonging between participants, particularly through shared trauma, identity, or similar experiences, reduced isolation and helped clients rebuild trust. As one participant shared, ***"Just being in a safe place and surrounded by those who feel comfortable to express vulnerability was very helpful to put things in perspective."*** Another participant shared a similar experience and noted that ***"having a safe space to talk openly about my experiences with people who could relate and were non judgmental was helpful."***

Other survivors emphasized the importance of connection with peers experiencing similar challenges, with one participant describing ***"a sense of sisterhood."*** Community provided emotional validation and a sense of being seen or understood.

Finding 4.2: Services Provided by Grantee Organizations Support Participant Growth and Development

Clients Gain Better Understanding of Inner/Emotional Triggers

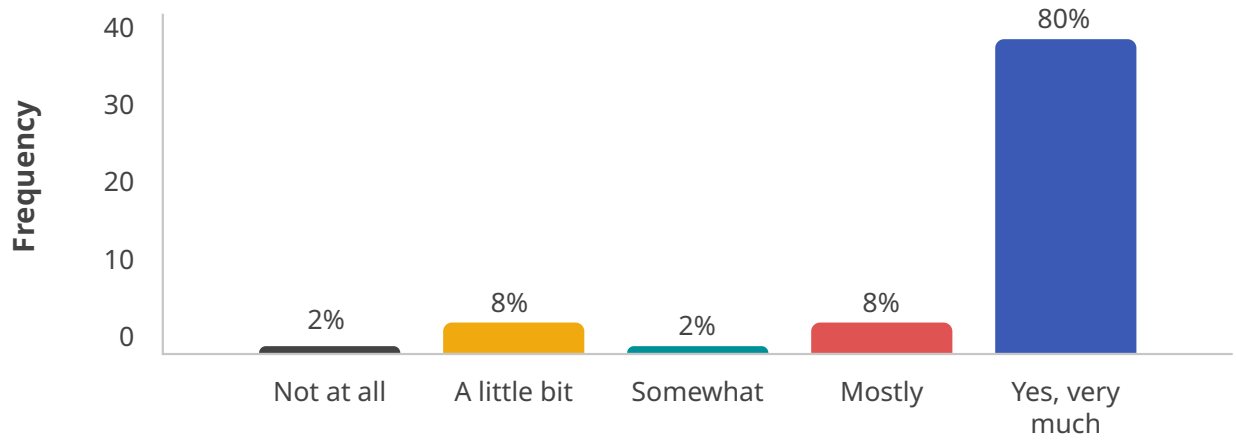
Across organizations, survey participants repeatedly reported that learning how to name and understand their emotional states and triggers was vital in their healing journey. It allowed them to move beyond intrinsic survival responses such as fear, anger, dissociation, or shutdown. Participants learned how to regulate their nervous systems through somatic and reflective practices which enabled them to pause, reflect, and stay grounded during stressful moments and situations. As one participant explained, ***"clarifying my emotions helped me understand where I was and where I wanted to go."*** Another reflected on a similar shift, noting, ***"[I] learned to talk about my emotions instead of shutting down."***

Relatedly, **88% of participants reported that their experience working with grantee organizations helped them better understand harmful relationship dynamics and behaviors** (Figure 15). These individuals shared that learning how to identify harmful patterns increased their awareness of how to respond more appropriately. According to grantees, clients may sometimes seek support without identifying immediate safety concerns, not because those concerns are absent but because repeated exposure to harm can normalize unsafe conditions leading one not to recognize danger or harmful patterns.

As a result, they were able to recognize coping strategies that may not support their well-being or may intentionally sustain or amplify harmful dynamics, while still affording compassion for themselves as survivors of violence. As one participant shared, ***"I've learned to identify and differentiate between the healthy and unhealthy coping mechanisms I've acquired during my experience with IPV [intimate partner violence]."*** Another noted, ***"Managing my emotions... helped me reconsider the ways I was enduring harm and enabling a harmful relationship."***

Figure 15

This organization has helped me understand harmful dynamics or behaviors in relationships (n=50)



Note: Two participants selected "Not Applicable" and were not included in this analysis.

Clients Developed a Better Sense of Clarity and Agency

Other survey participants reflected on how their sense of agency had been impacted in domestic violence situations, including moments when they felt unable to assert their needs or make safer, healthier choices. Participants described how the program supported them in building awareness and reclaiming a sense of agency. For example, one participant shared, ***"I've learned to reflect on the ways and moments when I have given my power away."*** Another noted, ***"I have also reflected on times when I could have changed my situation and didn't."***

Participants also described gaining greater clarity about their own behaviors and coping strategies. As one participant explained, ***"I gained more clarity about what coping mechanisms I engage in."*** These insights helped participants better understand their responses to harm, including ways they may engage in coping strategies that do not support their well-being or may unintentionally sustain harmful dynamics — while still holding themselves with self-compassion and maintaining a growth mindset. As one participant reflected, ***"These courses showed me how to take responsibility for myself and grow each day."*** Similarly, another participant shared ***"I have learned not to blame myself when I thought I was responsible for my past."*** These reflections were described not as self-blame, but as part of a broader process of healing, growth, and strengthening their ability to make decisions that support their safety and well-being.

Finding 4.3: Participants Developed Conflict Resolution and Interpersonal Skills

Healthy Communication and Boundaries Supported Relationship Repair

Survey participants shared that practicing the healthy communication and boundary setting skills they learned helped shape how they interact with others, which supported healing through relationship repair.

> ***"[I] feel more comfortable being honest and asking follow-up questions for clarity during conflict resolutions with loved ones and other people in my life."***

> ***"Having the opportunity to have my mom in the program helped us both learn how to communicate in a healthier way."***

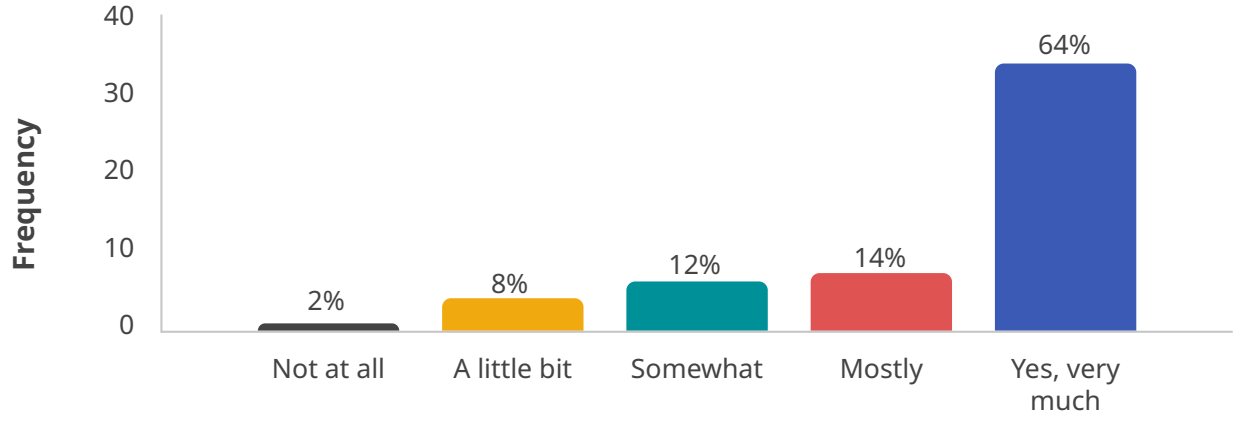
Another participant stated that receiving individualized and familial support supported healthy communication within the family.

> ***"By giving me individual and family therapy, this has helped me have more communication with my kids."***

Survey participants also reported meaningful growth in their ability to navigate conflict and harm, with **78% indicating improved skills in this area** (Figure 16). Many described learning and **practicing new ways of communicating** (83%, Figure 17) and **setting boundaries** (78%, Figure 18). Additionally, **87% of participants reported that they could apply the skills and tools they learned to other areas of their lives and relationships** (Figure 19).

Figure 16

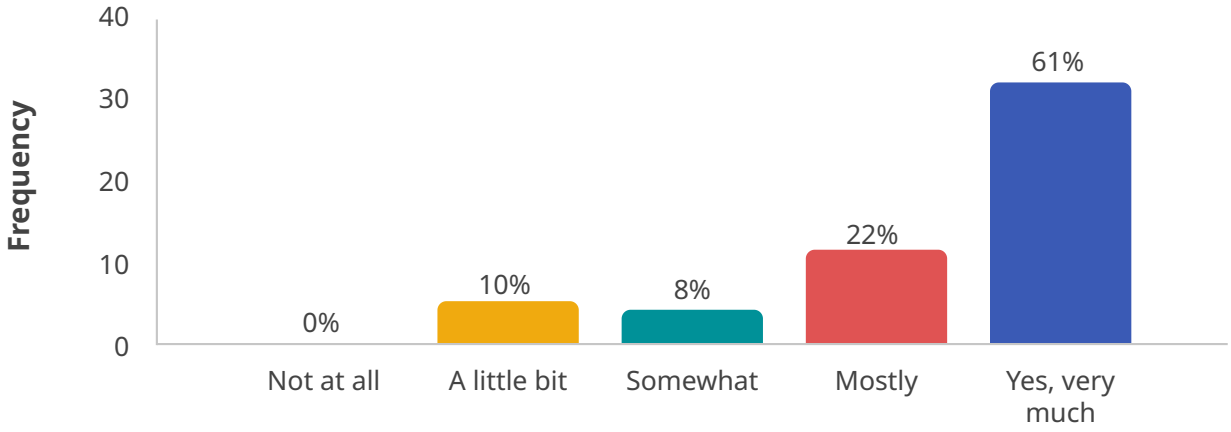
This organization helped me improve my skills to deal with conflict and harm (n=50)



Note: Two participants selected "Not Applicable" and were not included in this analysis.

Figure 17

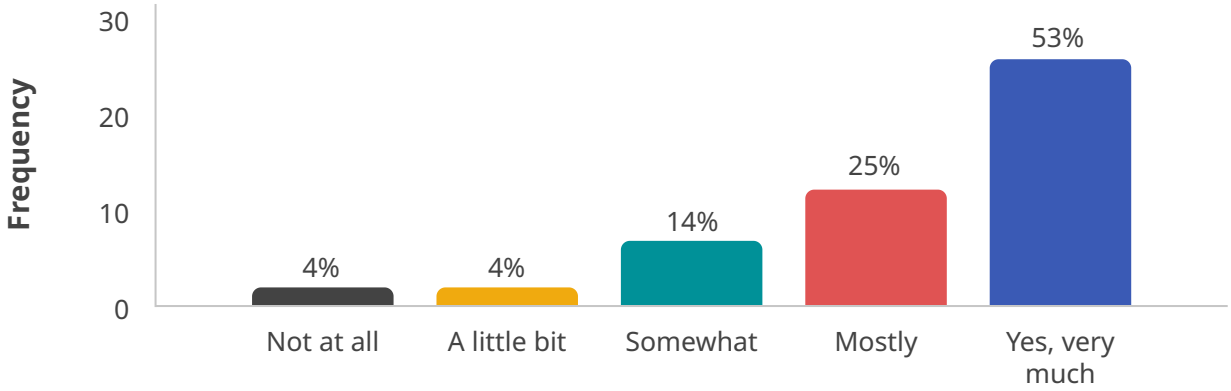
I learned or practiced new ways to communicate my needs to others in my life (n=51)



Note: One participant selected "Not Applicable" and was not included in this analysis.

Figure 18

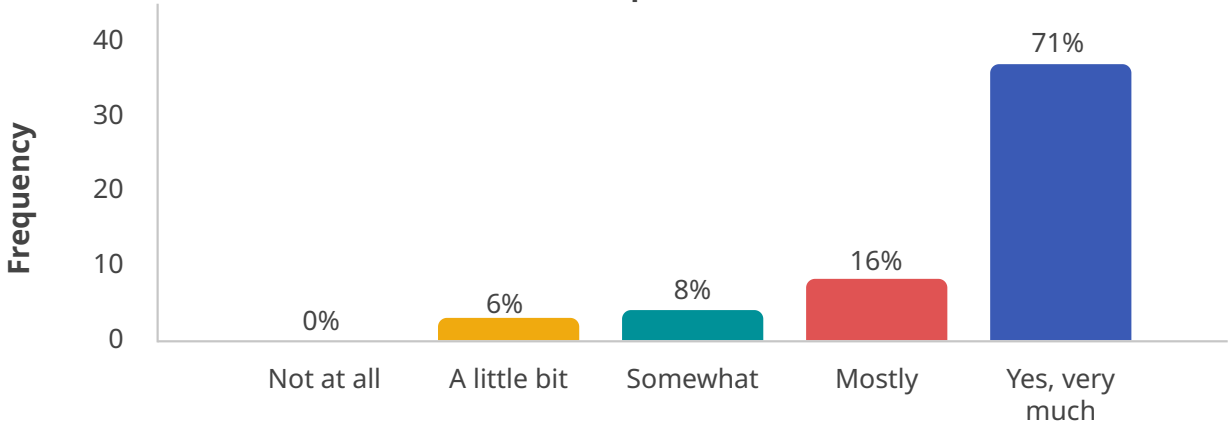
I feel equipped with the tools I need to set boundaries (n=51)



Note: One participant selected "Not Applicable" and was not included in this analysis.

Figure 19

I can apply what I learned here to other parts of my life and my relationships (n=51)



Note: One participant selected "Not Applicable" and was not included in this analysis.

Survey participants shared several examples of how these communication and boundary-setting skills supported their ability to respond to conflict more safely. Some described learning how to de-escalate situations and engage in honest dialogue rather than reacting defensively or withdrawing. For example, one participant noted,

> ***"I learned [how] to communicate and try to get others to communicate [during] conflict with a more positive approach and manner using rules [and] boundaries to make sure we don't escalate or make the situation worse."***

Another participant shared that working with an advocate helped them learn how to engage more safely in difficult relations with their ex-partner:

> ***"[Working with an advocate] helped me open my eyes and learn how to talk with my ex in a healthy way."***

Improved communication skills also helped participants learn how to express their needs more clearly and respond to challenging situations without escalating harm.

> ***"[I learned] how to explore my needs and feelings and how to respond to different situations without violence."***

According to grantee organizations, for many clients, boundary setting functioned as a critical safety mechanism that enabled their clients to protect themselves emotionally, psychologically, and relationally. Grantees and clients described how setting boundaries helped prevent harm, reduce escalation, and honor needs without guilt. As one client shared, ***"I learned that having boundaries is not a bad thing and that if something makes me feel uncomfortable, mad, or sad, then a boundary should be set and respected."***

Another shared, ***"Se identificar cuando hay personas que son un riesgo para mi integridad física y emocional, se poner límites sin miedo [I can now identify when people pose a risk to my physical and emotional well-being, and I can set boundaries without fear.]"***

5. Outcome Measures

Finding 5.1: Defining and Measuring Success is Complex

While all organizations aim to support safety, build skills such as boundary-setting, and equip participants with tools and strategies to navigate harm, the specific goals and services provided vary across grantees. As a result, definitions of success also differ.

Throughout the evaluation, it became clear that measuring success is inherently complex, as there is no single definition or standardized set of outcomes shared across the cohort. Each organization defines and pursues healing, safety, and accountability in ways that are responsive to their model and the individuals they serve. Rather than relying solely on conventional metrics or predetermined milestones, organizations often assess success on a case-by-case basis, grounded in the unique needs, goals, and progress of each individual.

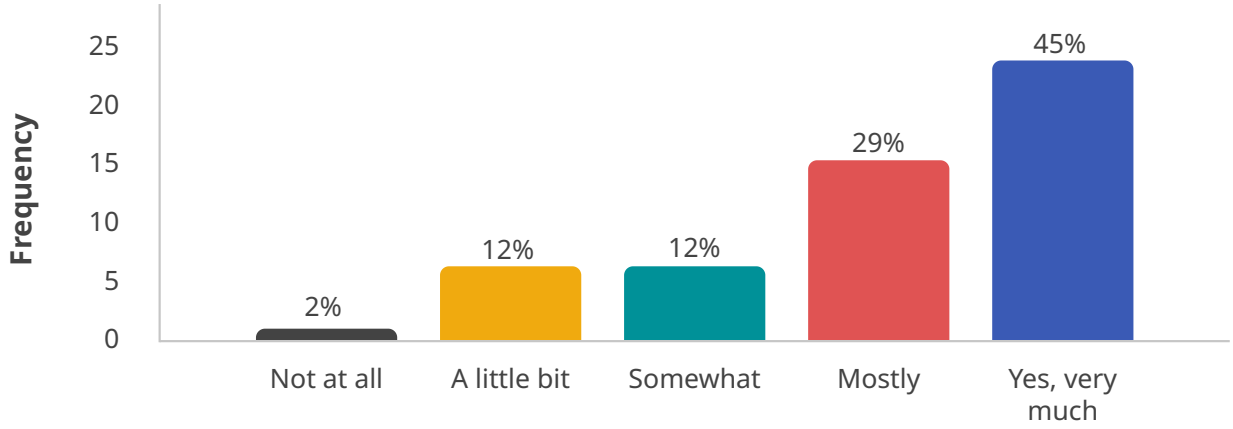
Although a unified set of indicators was not applied across all sites, survey findings point to positive outcomes. As discussed in the previous section (Section 4: Impact of Restorative Practices), participants reported improvements in key areas such as safety, skill development, and overall satisfaction with services, suggesting that these approaches are effectively meeting participant needs.

Finding 5.2: Clients Valued the Support and Services That Grantee Organizations Provided

Survey participants were directly asked to rate their experiences with the services and support they received from grantee organizations. Overall, their responses were positive. **Nearly three-quarters of participants** (74%) **felt they received the support they needed to identify their goals** (Figure 20) **and take action based on their individual needs and priorities** (77%, Figure 21).

Figure 20

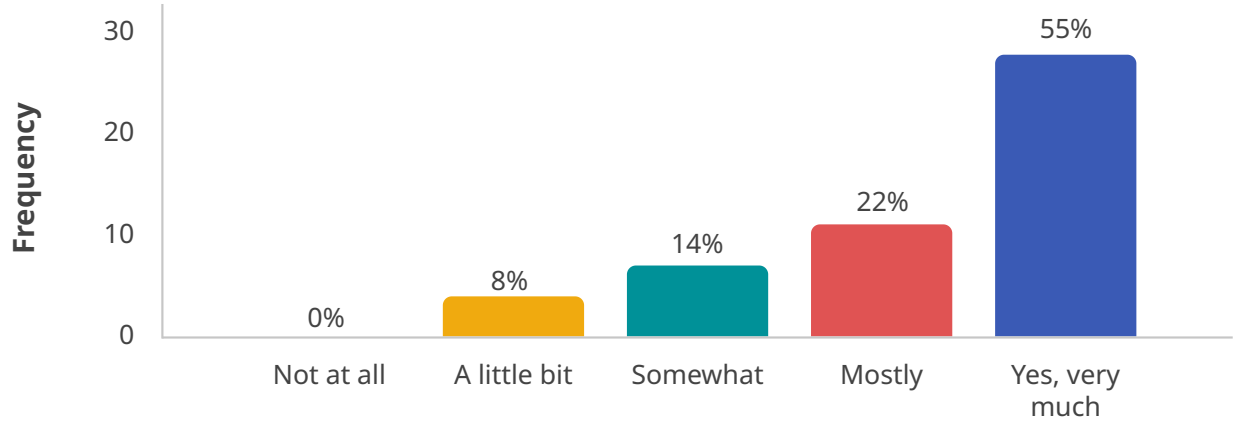
This organization helped me figure out my goals: what I wanted or needed (n=51)



Note: One participant selected "Not Applicable" and was not included in this analysis.

Figure 21

This organization helped me take action based upon my goals (n=49)



Note: Three participants selected "Not Applicable" and were not included in this analysis.

Participants highlighted how organizations supported them in developing safety plans, creating plans to exit unhealthy relationships, and building safety within their broader support system. As one participant shared,

> ***"I learned how to create a safety plan, set boundaries in communication, and develop a healthier way of interacting with my co-parent. I learned that I can say no, avoid conversations that aren't relevant to co-parenting, and end conversations when needed. I also learned how to manage my emotions, be less impulsive, communicate my needs more clearly, and respond to situations without violence."***

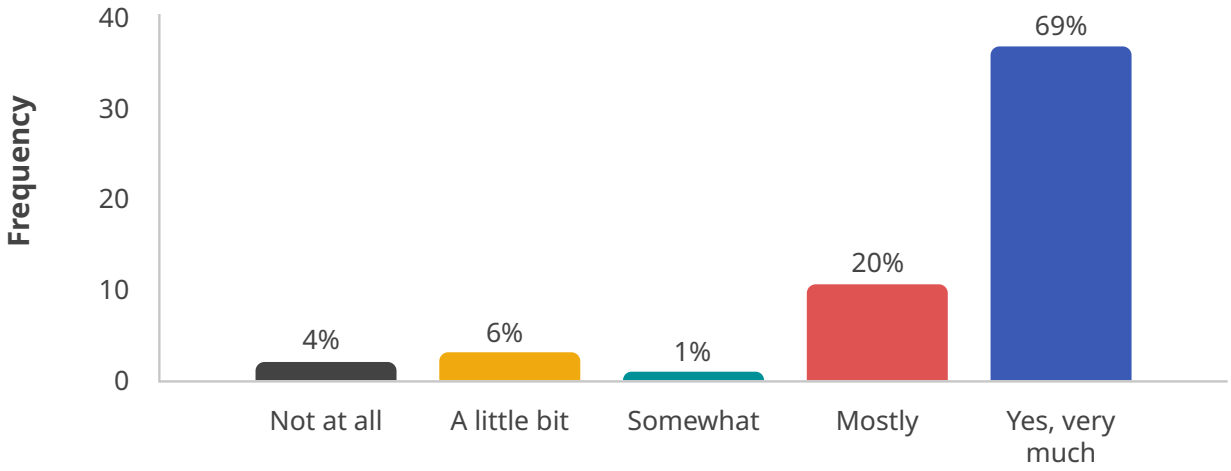
Finding 5.3: Clients Reported Their Individual Needs Were Met

Additionally, an underlying guiding principle is the use of survivor- and person-centered approaches, which emphasize meeting individuals where they are. Centering the unique needs, experiences, identities, and circumstances of each individual ensures that services are both relevant and responsive. They noted that clients may not know or have the ability to articulate their needs in some cases. Therefore, the organizations help them to identify those needs and form personalized short-term goals before moving on to intermediate and long-term planning. As grantee organizations and survey participants noted, in practice, understanding participant needs often begins with creating a space where individuals feel comfortable enough to engage and identify what they need to move forward. For example, a participant reflected that a key aspect of being able to move forward was ***"just being in a safe place and surrounded by those who feel comfortable expressing vulnerability."***

Survey results also indicate that **89% of survey participants felt that their needs and experiences were heard and understood by grantee organizations** (Figure 22). This is a critical component of restorative approaches, as it reflects the extent to which survivors are centered, validated, and meaningfully engaged in the process. It also underscores the commitment to prioritizing their voices, needs, and experiences.

Figure 22

I felt my needs and experiences were heard and understood (n=51)



Note: One participant selected "Not Applicable" and was not included in this analysis.

Survey participants also shared their appreciation for the option to receive individualized, one-on-one support. As noted by one participant, ***"The individual coaching... offered me deep personal insight and a way to eliminate the isolation I felt from my experiences."*** Another participant stated, ***"I got the individualized support I needed... one on one support, empathy, [and] compassion."*** And a participant from the Deaf community noted, ***"I finally got support in ASL. Before that, I didn't know who to talk to."***

Implications

Expanding Access to Alternative Domestic Violence Services Can Help Meet the Needs of Marginalized Communities

Data findings highlight the value of restorative programs in meeting survivors' needs — particularly those that emphasize safety, accountability, cultural responsiveness, and individualized approaches. In particular, these programs offer support for individuals who may face structural barriers, cultural stigma, or well-founded mistrust of formal systems that can prevent them from seeking help altogether. Expanding culturally responsive and community-based alternatives can help reach underserved populations and help mitigate cycles of harm across individuals, families, and communities.

The findings also underscore the importance of moving beyond a punitive one-size-fits-all, system-centered approach which, in some cases, can create additional harm. This can include unintended consequences such as family separation, dual arrests, and further destabilization of already vulnerable households. As a result, policies that narrowly define safety and accountability may fail to account for the complex realities survivors face; including their desire for healing, autonomy, and, in some cases, continued connection to family members.

These insights point to the need for a more expansive and flexible policy framework. Investments should prioritize culturally responsive, community-based, and restorative approaches that are trusted by and accessible to the communities most impacted by domestic violence. This includes funding for organizations that provide linguistically appropriate services, incorporate culturally-affirming and grounded practices, and address the broader structural conditions that shape safety, such as housing stability, economic security, and access to childcare and transportation.

In addition, policies should support a continuum of care that includes both traditional system responses and community-based alternatives, allowing survivors to choose the pathways that best meet their needs and circumstances. This requires shifting from rigid, prescriptive models toward approaches that center survivor agency, recognize diverse definitions of safety and healing, and allow for individualized responses. Ultimately, expanding access to these approaches has the potential to increase engagement, reduce harm, and support long-term healing.

Centering Participant Safety Requires a Layered Approach

Across grantee organizations, safety is understood as a dynamic, deeply individualized, and continuously evolving process that must be actively cultivated rather than assumed. Grantees highlighted that safety must be co-created and continually reassessed through ongoing communication with participants. This includes supporting individuals in identifying and maintaining boundaries, developing internal awareness and regulation, and accessing appropriate supports. Approaches range from structured safety planning and environmental safeguards to somatic and peer-based practices that foster a sense of internal and collective safety. Across all sites, there is a shared recognition that safety is foundational to healing and requires a flexible, responsive, and participant-centered approach grounded in trust, accountability, and care.

Healing from trauma is not simply a cognitive process, but one that requires intentional, supportive environments that foster both physical and emotional safety. Without these "containers of safety," participants may be less able, or willing, to engage in the deep reflection and vulnerability necessary for healing, potentially limiting the effectiveness of interventions. The emphasis on environment, facilitation, and holistic support highlights that safety must be actively cultivated, not assumed.

This has important implications for program design and policy. Traditional models that focus primarily on service delivery without attending to the conditions in which healing occurs may fall short in supporting long-term transformation. By contrast, approaches that intentionally create safe, affirming environments can increase participant engagement, strengthen trust, and ultimately enhance healing, accountability, and sustained behavior change. Thus, investments in trauma-informed, culturally responsive, and community-centered spaces, including trained facilitators, adaptable environments, and holistic supports are essential to achieving safe spaces that foster meaningful outcomes.

Harmful Relationship Dynamics Can Be Recognized and Reframed

Prior to engaging with grantee organizations, some participants reported that they did not fully recognize certain relationship dynamics as harmful or indicative of danger. These patterns had become normalized over time, shaped by past experiences, cultural context, or prolonged exposure to harm, making it difficult to identify warning signs or assess risk. Therefore, they entered services without initially framing their experiences as abuse or understanding the potential severity of their situation. Grantee organizations then provided critical support in helping participants build this awareness. Through individualized, community-centered approaches, survivors were supported in identifying unhealthy patterns, understanding power dynamics, and recognizing behaviors that placed them at risk. Importantly, these services were delivered in environments that prioritized trust, cultural responsiveness, and non-judgment, allowing participants to explore their experiences without fear of retribution, stigma, or involvement with law enforcement. This created space for survivors to more fully understand their circumstances, make informed decisions, and begin to prioritize their safety and well-being. These findings suggest that the presence and expansion of programs can help disrupt normalized patterns of harm and shift how individuals recognize and respond to risk.

Building Policy that Support Accountability and Safety May Benefit from Expanding Definitions

Alternative approaches can be viable to address harm, provide meaningful support, and potentially prevent future violence over current policy frameworks that are largely rooted in punitive, retributive interests. If accountability is understood as a process that includes acknowledgment, reflection, and meaningful behavioral change, then policies should expand beyond punishment to support restorative, survivor-centered, and behavior-change-oriented interventions. This includes investing in programs that allow for individualized pacing, readiness assessment, and sustained engagement, recognizing that accountability cannot be mandated or achieved through coercion alone.

Policies should also prioritize flexible definitions of success and accountability, allowing programs to tailor approaches based on participant capacity and willingness. Additionally, funding and program design should support the time-intensive nature of this work, including resources for skilled facilitation, ongoing support, and alternative pathways for individuals who are not ready to engage in restorative processes. Grantee organizations emphasized healing as a non-linear journey with no pre-determined timelines. Some individuals may only need short-term support while others may need longer-term, continuous engagement, as evidenced by the survey finding that 51% of participants had been receiving support from their organization for over a year. Ultimately, integrating these approaches into policy has the potential to better address root causes of harm and promote long-term safety and healing for survivors and communities.

Conclusion

This evaluation examined the implementation of restorative practice models to address domestic violence harm across four grantee organizations. It also assessed the impact of these restorative practices on participant safety, healing, and accountability. Collectively, the evaluation findings build evidence for restorative practices as a promising alternative that can meaningfully and effectively support individuals experiencing domestic violence harm.

The evaluation findings underscored that individuals experiencing domestic violence harm face complex and diverse needs. Importantly, issues of safety, healing, and accountability are deeply interconnected processes that require both flexibility and time to address effectively. To that end, the evaluation found that grantee organization restorative practice models are intentionally designed and implemented with flexibility to better respond to these complexities, providing survivor-centered and culturally responsive services that prioritize the unique needs, challenges, and identities of their clients.

The evaluation findings also identified meaningful areas of impact across safety, healing, and accountability for survivors, their loved ones, and those who caused harm. Key findings showed that participants felt the services and processes provided helped restore a sense of safety, both internally and externally. Participants also felt that grantee organizations provided safe, welcoming spaces for reflection and processing, contributing to their healing, empowerment, agency, and hope for the future. Many described positive shifts, including increased self-compassion, emotional awareness, and confidence. They also reported growth in being able to identify unhealthy relationship dynamics and implement learned tools (e.g., boundary setting, communication) for healthy conflict response. Moreover, the flexibility of services provided was noted as crucial for supporting participant healing at their own pace. Finally, results indicated that participants felt there was resolution to their conflict and harm, which included helping someone else understand the impact of their actions.

Collectively, the findings underscore the strengths and utility of restorative practices in supporting individuals affected by domestic violence. The practices implemented by the grantee organizations offer the flexibility and responsiveness needed for a sustainable, holistic model of healing — one that prioritizes long-term well-being. Ultimately, the evaluation findings affirm that domestic violence prevention is complex and requires multiple avenues of intervention to effectively address the diverse needs of those affected, with restorative justice practices serving as a key component of the continuum.

Appendices

Appendix A. BSCF Participant Survey

Participant Information

1. What is your age? _____
2. What is your gender identity?
   - ☐ Female
   - ☐ Male
   - ☐ Non-binary
   - ☐ Something else (please specify): _____
3. Do you identify as transgender?
   - ☐ Yes
   - ☐ No
   - ☐ Prefer not to answer: _____
4. What is your racial identity? Check all that apply.
   - ☐ American Indian or Alaska Native
   - ☐ Asian
   - ☐ Black or African American
   - ☐ Middle Eastern or North African
   - ☐ Native Hawaiian or other Pacific Islander
   - ☐ White
   - ☐ Latino/a/e
   - ☐ Something else (please specify): _____
   - ☐ Prefer not to answer: _____
5. How long have you been engaged with [Organization Name]?
   - ☐ Less than a month
   - ☐ 1-3 months
   - ☐ 4-6 months
   - ☐ 7-12 months
   - ☐ More than a year
   - ☐ I'm not sure.
6. Did anyone participate in the program with you, like a family member or someone close to you? If so, who? _____

The next sections ask you questions about your experiences with [Organization Name]'s program and services. For each statement below, select the number that best reflects your experience:

1. Not at all
2. A little bit

3. Somewhat
4. Mostly
5. Yes, Very Much

N = Not Applicable

Section 1

1. This organization helped me improve my skills to deal with conflict and harm.	1	2	3	4	5	N/A
2. I learned or practiced new ways to communicate my needs to others in my life.	1	2	3	4	5	N/A
3. I feel equipped with the tools I need to set boundaries.	1	2	3	4	5	N/A
4. I can apply what I learned here to other parts of my life and my relationships	1	2	3	4	5	N/A
5. This organization helped me figure out my goals (what I wanted or needed)	1	2	3	4	5	N/A
6. This organization helped me take action based upon my goals.	1	2	3	4	5	N/A

In your own words, please describe any skills or tools you learned that help you handle challenges, conflicts, or difficult situations (example: communicating with others, setting boundaries, managing emotions). _____

Section 2

1. I was worried about my safety when I first came to this [organization]	1	2	3	4	5	N/A
2. My safety improved as a result of my experience with this organization	1	2	3	4	5	N/A
3. There was an increase in danger as a result of working with this organization	1	2	3	4	5	N/A

In your own words, what have you learned through this organization that helps you feel safe?

Section 3

1. This organization helped me identify and talk about different emotions that I experience.	1	2	3	4	5	N/A
2. After participating in the programs and services at this organization, I feel more hopeful about my future.	1	2	3	4	5	N/A
3. The organization connected me to community resources.	1	2	3	4	5	N/A

4. This organization has helped me process painful experiences. 1 2 3 4 5 N/A
5. I [now or presently] feel more compassion for myself and what I have experienced. 1 2 3 4 5 N/A

Section 4

1. I feel like there was resolution to conflict or harm. 1 2 3 4 5 N/A
2. I felt my needs and experiences were heard and understood. 1 2 3 4 5 N/A
3. This organization has helped me understand harmful dynamics or behaviors in relationships. 1 2 3 4 5 N/A
4. I feel that the person who caused harm took responsibility for what they did. 1 2 3 4 5 N/A
5. I believe the person who caused harm is less likely to repeat their behavior. 1 2 3 4 5 N/A
6. This organization helped someone else understand how they caused harm, abuse, or violence. 1 2 3 4 5 N/A

What parts of this program or services were the most meaningful or helpful to you? _____

Section 5

1. Had you tried to get help in the past for the issues you brought to [Organization Name]?

   ☐ Never, this was my first time
   ☐ Yes, I did seek help in the past
   ☐ Yes, I am getting help or support from elsewhere now - or I was during my time with [Organization Name]

Appendix B. Summary of Survey Results Across All Four Organizations

Category	Average Response Score	Not at All (1)	A Little Bit (2)	Somewhat (3)	Mostly (4)	Yes, Very Much So (5)	Not Applicable
Section 1: Skills and Tools							
This organization helped me improve my skills to deal with conflict and harm.	**4.30**	1	4	6	7	32	2
I learned or practiced new ways to communicate my needs to others in my life.	**4.33**	0	5	4	11	31	1
I feel equipped with the tools I need to set boundaries.	**4.20**	2	2	7	13	27	1
I can apply what I learned here to other parts of my life and my relationships.	**4.51**	0	3	4	8	36	1
This organization helped me figure out my goals (what I wanted or needed).	**4.04**	1	6	6	15	23	1
This organization helped me take action based upon my goals.	**4.24**	0	4	7	11	27	3

Section 2: Safety							
I was worried about my safety when I first came to this organization.	**2.18**	20	11	6	2	6	7
My safety improved as a result of my experience with this organization.	**3.95**	1	4	9	8	18	12
There was an increase in danger as a result of working with this organization.	**1.09**	40	2	1	0	0	9
Section 3: Healing							
This organization helped me identify and talk about different emotions that I experience.	**4.45**	0	4	2	12	33	1
After participating in the programs and services at this organization, I feel more hopeful about my future.	**4.39**	2	1	4	12	32	1
The organization connected me to community resources.	**3.67**	6	1	12	5	18	10
This organization has helped me process painful experiences.	**4.31**	2	3	4	10	32	1
I feel more compassion for myself and what I have experienced.	**4.56**	1	4	0	6	39	1

Section 4: Accountability							
I feel like there was resolution to conflict or harm.	**3.81**	5	5	5	11	21	3
I felt my needs and experiences were heard and understood.	**4.43**	2	3	1	10	35	1
This organization has helped me understand harmful dynamics or behaviors in relationships.	**4.56**	1	4	1	4	40	2
I feel that the person who caused harm took responsibility for what they did.	**2.66**	13	8	7	6	7	11
I believe the person who caused harm is less likely to repeat their behavior.	**2.82**	10	6	10	7	6	13
This organization helped someone else understand how they caused harm, abuse, or violence.	**3.66**	6	1	8	8	15	14

**Note. "Not applicable" responses were excluded from the average response score calculations.*

IMPACT/JUSTICE

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