Interrupting Intimate Partner Violence

A Guide for Community Responses Without Police
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INTERRUPTING INTIMATE PARTNER VIOLENCE

Introduction

Many communities in the United States — especially Black, Indigenous, and other people of color; immigrants; disabled people; and queer and trans people — experience state violence at extremely high rates. When violence erupts in the home, survivors in these communities cannot depend on state systems for safety.

For generations, people in these communities have found safety outside of the state in one another, developing alternative, often informal responses to intervene in violence in their homes and communities. Building from this tradition, a growing movement has been experimenting with processes for preventing and disrupting violence and holding people who harm accountable within the community without relying on the criminal punishment system.

The uprising that erupted in 2020 in the wake of the police murders of George Floyd, Breonna Taylor and countless other Black, Brown and Indigenous people has prompted renewed interest in alternatives to police in a number of areas. One area where alternatives are urgently needed is responding to Intimate Partner Violence.

Intimate Partner Violence (IPV) refers to abusive behavior and/or a pattern of behavior that some believe aims to establish power and control by one person over another within an intimate relationship, such as current or former spouses, dating partners, sexual partners, and domestic partnerships. Other motivations for IPV are harder to establish as there are multiple factors that contribute to the emergence of IPV, including past trauma, economic stress, and long-standing trauma.1

Acts of IPV can include physical injury; threats to cause harm to others or self; verbal or emotional abuse; intimidation; isolation; stalking; coercion; sexual abuse or assault; economic abuse or deprivation; control of reproductive or sexual health; and threats or use of other systems of oppression to gain power and control (such as immigration enforcement, queer outing, etc.).2

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1. Source: Unknown
2. Source: Unknown
IPV is often used interchangeably with Domestic Violence (DV) but they are technically different: Domestic Violence occurs between any two people in the same household, while IPV occurs in an intimate relationship whether the individuals reside together or not. We use IPV throughout this guide, recognizing that many cases are both IPV and DV — and that DV may be more commonly used in the community.

IPV is a widespread public health problem. In California, more than 1 in 3 women will experience IPV at some point in their lives. For some marginalized identities, particularly Black and Indigenous women and LGBTQ individuals, the rates are even higher. Roughly 3 people — mostly women — die every day in this country as a result of IPV and ineffective police and carceral responses.

Less than half of survivors will ever report this violence to law enforcement. Some may turn to established domestic violence service organizations. Many more will turn to friends, family, co-workers, neighbors, and others in the community, who are likely best positioned as first responders to intervene when this violence happens — and often are intervening already.

Most survivors who have law enforcement involvement report harmful, unhelpful, or otherwise negative experiences. A 2022 survey by the National Domestic Violence Hotline found that among survivors who had called police, 39% said they felt less safe after calling, and 40% stated that it made no difference in their safety. Overall, that means almost 80% of survivors who had police interactions said the police either did not help or made things worse.

More than two-thirds (71%) said if other resources had been available, they would have preferred to use them instead. Survivors listed services like social workers, financial assistance, housing, culturally-specific resources, mediators, domestic violence specialists/shelters, peers, community intervention or de-escalation, faith community, legal services, crisis prevention, drug and alcohol services, and mental health services.
80% of survivors said police did not help or made them feel less safe.

24% of survivors who called police were threatened with arrest.

12% of survivors who called police were arrested.

55% of survivors said police discriminated against them.

71% said if other resources had been available, they would have preferred to use them instead.

"Respondents said they needed anything that would have helped get them and their children to a safe place. And they wanted that assistance to come from “literally anyone not involved with the criminal justice system.”"

— National Domestic Violence Hotline 2022 Survey
Survivors voiced frustration at the lack of options besides police and little information about the few options there might be in their area.

About one-quarter of survivors said they would not call the police again, and another 14% were unsure.⁸

Among survivors who did not call the police, 92% were afraid or concerned about how the police would react, of whom three-quarters believed the police would be angry with or disrespectful towards the survivor; 38% feared negative consequences for their partner(s); 36% feared the police would arrest or threaten the survivor; and 31% feared the police would do nothing.⁹

These findings are nearly identical to the last National Domestic Violence Hotline survey in 2015.¹⁰ In fact, distrust and fear of the police among survivors has only grown.¹¹

Another survey of survivors found that 88% reported that police “sometimes” or “often” do not believe survivors or blame survivors for the violence.¹²

Not only does police involvement present a significant risk of injury or death, especially for Black and Brown people, but it can also trigger other systems, like child welfare or immigration. A majority of survivors who responded to a 2015 survey said that calling the police resulted in collateral consequences like intervention by Child Protective Services, deportation, financial loss, job loss, and criminal charges against one or both partners.¹³ For many survivors, law enforcement is simply not an option. One of the primary reasons why is because most survivors do not want their families broken up or the person causing harm to be harmed themselves.¹⁴

Fear of police involvement is a major barrier preventing people from accessing traditional domestic violence services, such as emergency shelters, crisis lines, and safety planning, especially among survivors in immigrant communities and communities of color. While DV organizations legally cannot require survivors to engage with law enforcement, it is a common fear that some survivors have, according to advocates. The perception of possible law enforcement involvement deters many survivors.¹⁵

Such fears are ever present for many families given the long and ongoing history of state violence, arrest, incarceration, and murder of Black, Brown, and other vulnerable people in the United States. According to one survivor, “Police shoot people of different races or those who are mentally ill, of which my family has both.”¹⁶
Acts of state violence are deeply traumatic and have a devastating impact on a whole family’s stability, income, and health for life. Even the presence of law enforcement can be triggering for many families.

Often survivors are not the ones who call police; it might be their neighbors or someone else nearby. Law enforcement interaction starts down the road of the criminal legal system, and it does not center the survivor, and because it does not center the survivor or the needs of the survivor in that family, it actually becomes out of their hands. It’s no longer up to them to determine what is best for them and their family.

When police show up at a scene of possible IPV, they often end up arresting or otherwise harming the survivor. More than half (55%) of survivors surveyed felt the police discriminated against them in some way. One-quarter were threatened with arrest, and 12% (or one in eight) — were arrested in spite of identifying as the victim.17

We’ve even seen reports of police using DNA from rape kits to criminalize rape survivors for unrelated property offenses years after coming forward for help.18

“Why and how did the violence against women movement – an emancipatory social movement – choose criminalization as a dominant strategy...and how has this focus on criminalization affected survivors?"

— Mimi Kim, Creative Interventions, co-founder INCITE! Women of Color Against Violence28
One of the reasons law enforcement so often criminalize survivors is due to antiquated mandatory arrest and primary aggressor laws that were ushered in by the foremothers (mostly white feminists) of the anti-violence movement. We discuss the cooptation of the anti-violence movement towards the end of the guide.

Police are often perpetrators of violence against survivors. Two-thirds of survivors and service providers said police use force against survivors sometimes or often during IPV calls, particularly against Black survivors, and 55% of respondents reported that police hold anti-Black, anti-immigrant, anti-Muslim, and anti-LGBTQ attitudes. Police and prisons in particular are perpetrators of sexual violence. Law enforcement officers themselves report far higher rates of intimate partner violence than the general public. One survey of two East Coast police departments found that a staggering 40% of officers reported behaving violently to their spouses or children. As INCITE: Women of Color Against Violence and Critical Resistance noted in their joint 2001 statement on gender violence and the Prison Industrial Complex:

“The criminalization approach has also brought many women into conflict with the law, particularly women of color, poor women, lesbians, sex workers, immigrant women, women with disabilities, and other marginalized women. For instance, under mandatory arrest laws, there have been numerous incidents where police officers called to domestic incidents have arrested the woman who is being battered. Many undocumented women have reported cases of sexual and domestic violence, only to find themselves deported. A tough law and order agenda also leads to long punitive sentences for women convicted of killing their batterers. Finally, when public funding is channeled into policing and prisons, budget cuts for social programs, including women’s shelters, welfare and public housing are the inevitable side effects. These cutbacks leave women less able to escape violent relationships.”

According to Survived and Punished, a national network that organizes grassroots defense campaigns for criminalized survivors, between 70-95% of incarcerated women have experienced physical violence from an intimate partner, and a staggering number of women behind bars were incarcerated for killing their abuser or otherwise defending themselves.
Incarceration, of course, does not address the problem — quite the opposite. It does not increase stability for survivors and disappears community members. It can sometimes decrease overall safety because of loss of income, child care, and housing, or immigration concerns, etc. People in prisons and jails — institutions we often refer to as US concentration camps — do not receive the healing and health care they need and are released with even less stability than before they were incarcerated.

Many survivors say they want and need options other than punishment and separation for the person causing the abuse, that they fear losing control of the process if the criminal legal system were involved, and that they believe the system is complicated, drawn out and would cause them more trauma. A majority of survivors list housing, health care, income, and immigration status as what they need most to prevent or escape violence and stay safe.25

In addition, some mainstream DV programs are inaccessible for people who use drugs, sex workers, queer and trans people, disabled people, people with older children, and others because of strict rules and restrictions that recreate harmful cycles of power and control. And programs that are focused on people causing harm are quite punitive, which deters some people from reaching out. Sometimes survivors or their families cannot use certain services because they are connected to law-enforcement, such as most existing mental health crisis responses.

"State responses to violence reproduce violence and often traumatize those who are exposed to them, especially oppressed communities who are already targeted by the state. It is important to remember that while many people choose not to call the police, many communities can’t call the police because of reasons such as fear of deportation, harassment, state sanctioned violence, sexual violence, previous convictions or inaccessibility.

— Mia Mingus, writer and disability justice advocate.29"
Advocates themselves find their hands are tied. State and federal laws and funding mechanisms – particularly funding under the federal Violence Against Women Act (VAWA), which often forces collaboration with law enforcement – limit the menu of options they have to offer families, particularly with respect to working with people who cause harm outside of the criminal punishment system. Most victim service providers do not work with people who cause harm, and the requirements and program structures of the two types of programs are very different.

We write this guide following the historic uprising against police murder of Black and Brown people in 2020. Defunding the police and reimagining public safety has become a national rallying cry. As the movement to redirect monies from policing to vital community services grows, shifting to community-based responses to Intimate Partner Violence is gaining widespread support.

Purpose of this Guide

It is critical that we ensure there are other pathways for responding to IPV that do not lead with law enforcement. The Anti Police-Terror Project and our statewide program The Justice Teams Network ground our work in the ethos that those closest to the problem are best equipped to design the solution. Survivors have clearly said they want alternatives to law enforcement, they are not utilizing law enforcement, and that more violence will not bring them peace. Forcing law enforcement onto survivors who reject it means there is no one to call for help, thus abandoning survivors to suffer in silence, ensuring ongoing abuse, placing the lives of them and their children in grave jeopardy.
The purpose of this guide is to present organizers, IPV providers, advocates, policymakers, community members, and families with practical, safe considerations and tools to create a community first response for IPV that is not based in the punitive U.S. carceral system.

Thankfully, we are not starting from scratch. We don’t need to invent something new. We are building off of the work of Indigenous, Black, Brown, and other POC, queer, trans and disabled communities who for decades and centuries have been building a world without prisons and police, without violence from the state or from within our own communities. This guide is only possible because of the rich tradition of the abolitionist, transformative justice and anti-violence movements, particularly the leadership and contributions of Black and Indigenous women.

Some of this work is already happening all over the country in communities in different ways every single day. People in the home, in the neighborhood, in the workplace, in the community are already responding to violence. Let’s equip them with as much info and tools as possible.

There are models already in existence for rapid response in other situations, such as mental health crises. We will highlight some of the work already being done, formally and informally, around IPV and other crisis response models that we can draw from.

This guide is a product of conversations with IPV providers, transformative justice advocates, and others in the antiviolence movement. In the course of writing it, we found broad agreement on the urgent need for an alternative to police for IPV, especially for those survivors who cannot or will not engage law enforcement no matter what. There is a definite gap that existing service providers are not able to fill, compounded by lack of adequate funding and capacity. The advocates with whom we spoke also pointed to the much broader work of healing that law enforcement fundamentally hinders or makes impossible.

Our goal is to create a replicable model grounded in safety, healing, family, and community. We as a community have the answers to many of our most pressing problems. We don’t need police because we take care of us.
I often thought about how people that call the 24-hour hotline could have called 9-1-1 if that’s what they wanted, but they called the hotline instead. They dialed additional numbers to reach us instead of dialing 9-1-1, and I want to have another option to help someone. If they wanted law enforcement involvement, they would have called law enforcement in that moment. What advocates want is to be able to have something, a resource, an ability to say; ‘Okay, there’s another way to help you find safety, security, whatever the goal is for them.’

— Colsaria Henderson, California Partnership to End Domestic Violence
Survivors simply want the violence to end. They want safety and healing. They want the person who is hurting them to be transformed into someone who won’t hurt them – or anyone else — again. For many survivors, police represent a threat of further violence and retaliation, and of criminalization — either of themselves or someone they love. They understand that police involvement can lead to economic deprivation, deportation, involvement of the family regulation system, or simply loss of agency over the outcome. As a result most survivors would rather do nothing about the violence they are experiencing – or take matters into their own hands – than involve a system that puts them at risk for receiving either no response, or a response that increases the violence in their lives. That is a damning indictment of our current approach.\textsuperscript{30}

— Mariame Kaba & Andrea J. Ritchie, No More Police: A Case for Abolition

I was 17 when I met him. In the rooms of a 12-step program. Scared. Alone. Confused. He was 28 and my sponsor’s boyfriend. Charming. Funny. Handsome. I didn’t realize I was being lured in until I was trapped. Though that’s not what I would have called it then. I was a kid. I thought I was in love.


At 19, we were married. Eloped in Reno. Off to college I went. But that wouldn’t last long. He needed me, he said. Home I came.
The hitting began.

A slap here. A punch there.

One night, I came home from rehearsal late. He was incensed. Where had I been? Who had I been with?

Escalation.


I heard him make a call.

The police.

“My wife has attacked me and I need the police.”

He was white. I was Black.

I was relieved. The police were coming. The beating would stop.

The police arrived.

They were white.

Talked to me. Talked to him.

I was covered in bruises.

He had a scratch.
The cops decided that I was the primary aggressor.

A law my mother had fought for and won. She was a frontline DV warrior in the desert. The law stated that law enforcement’s job was to determine who “started it” and that was the person who went to jail.

They called the transport cop. We waited.

Transport cop arrived. Moved directly toward him.

“Not him”, the responding cop says. “Her”.

“Her”?

“Her”.

“Please turn around ma’am”.

I hate that sound. The sound of cuffs.

Cheap metal. Promises of pain.

Click. Click.

Click. Click.

My freedom and my dignity were squeezed into two small metal cuffs.

On the way to the car, the transport cop apologizes.
He knew it was wrong.

He was Brown. I was Black.

They were white.

We knew what it was.

I was in jail for a little less than 24 hours.

Released into an alley with 30 men.

There he was.

Waiting.

With a rose and a teddy bear.

I vomited.

Then got in the car to go home.

The D.A. tried to throw the book at me.

His red face even redder with the excitement of punishing me.

But my abuser wasn’t done with me yet.

He bombed the prosecution’s case.
He wanted me home. Not in jail.

Case dismissed. I was free.

Well, kind of.

I left not too long after that. My mother had to get involved so the cat was out of the bag as it were.

I had learned a valuable lesson.

The cops were not my friend.

Like all of us, I had been taught from a young age that the police were who you called for help. They were who you called when you were in trouble. They were supposed to stop bad things from happening.
But that night, like thousands of other battered women have learned, I came to understand the police made things worse, criminalized the survivor, and had the potential to be just as violent and deadly as my abuser.

I had no way to know it then, but this incident would later be part of the bedrock of my political work to build alternative responses to community crisis.

My lived experience would shape my argument that police were not who survivors, families or communities needed to find a pathway out of violence and pain toward healing and peace.
**MARCELA’S STORY**

“When Marcela Rodriguez called the police during a domestic violence incident, the police came, arrested her, and turned her over to Immigration and Customs Enforcement (ICE), which detained her and forced her into deportation proceedings.”

**LIYAH’S STORY**

“Liyah Birru, a Black immigrant from Ethiopia, was prosecuted and incarcerated for defending herself against her abusive husband who had subjected her to beatings, sexual assault, verbal abuse, threats, and racial slurs. After serving her sentence, she now faces the added punishment of deportation.”
“[My abusive partner] assaulted me, shoving, strangling and holding me against my will, preventing me from fleeing all while I begged for him to leave…. For protection against further assault I retrieved my weapon, which is registered and I have a concealed weapon permit…. The weapon was in my right hand down by my side and he yelled, “B****, I will kill you!” and charged toward me. In fear and desperate attempt, I lifted my weapon up, turned away and discharged a single shot in the wall up in the ceiling. As I stood my ground it prevented him from doing what he threatened and he ran out of the home. Outside of the home, he contacted the police and falsely reported that I shot at him and his sons. The police arrived and I was taken into custody.”

— Marissa Alexander, a survivor of intimate partner violence who was sentenced to a 20-year mandatory minimum sentence in 2010 for firing a single warning shot into the ceiling in self-defense when her abusive partner attacked her. An organized, grassroots defense campaign helped Marissa overturn her sentence, but the state retried her case. Facing possibly 60 years in prison, Marissa accepted a plea deal in 2014 and was released in 2017. She founded the Marissa Alexander Project to assist other survivors of violence.33
**Sanna’s Story**

“Sanna Dilawar, a Connecticut mother of an infant daughter, is a case in point of what can happen in a “dual arrest.” (NBC Connecticut, Feb. 13, 2018). After enduring verbal and emotional abuse, Sanna’s relationship with her alleged abuser turned physical. “He had me pinned up against a wardrobe, punching me. I wasn’t fighting back at first and then something just switched inside of me, that if he’s treating me like this, how is he going to treat our daughter? So, I started fighting back,” Dilawar said. NBC reported that Dilawar managed to free herself from the assault, grabbed her daughter and drove to the police station to press charges and give a statement. Dilawar told police she had fought back and police told her that unfortunately, by Connecticut law at that time, they had to arrest her. Dilawar was the victim, who was now labeled an offender in a state that did not at the time have a “primary aggressor” provision in its domestic violence law.”

**Tiwanda’s Story**

“In one particularly infuriating case in Chicago in 2010, Tiawanda Moore called police during a dispute with her boyfriend. As he was trained to do, an officer took her into a private room to take her statement. But instead of doing so, he fondled her breasts, groped her buttocks, and left his number with the suggestion that they “hook up.”
She called his supervisor to report him, and met with a lieutenant and internal affairs officer. According to her attorney, Robert Johnson, when she tried to report the assault, internal affairs “gave her the run-around.” She demanded that the officer be fired. They prevented her from leaving the room while discouraging her from filing a complaint, among other things referring to the fact that she was a “stripper.” She began recording the conversation on her Blackberry. They charged her with two counts of felony wiretapping, under an Illinois law that says you need the consent of both parties to record a conversation. She spent two weeks in jail and over a year fighting the charges, until she was finally acquitted in 2012. The officer who assaulted her was never charged or disciplined. Her experience confirmed the reality for so many survivors of police sexual violence: if you come forward, you are the one who will be put on trial, not the officer responsible.”
Janisha’s Story

“On February 18, 2015, Janisha Fonville and her girlfriend, Korneisha Banks, both Black women living in a Charlotte, North Carolina, housing project, had been fighting. Eventually, Banks asked her sister to call the police and left the house. When police responded, she went back to the house with them, where they found Janisha lying on the couch. As Janisha rose from the couch in protest of the police officers’ arrival, one of the officers shot her in the chest, claiming she was lunging at them with a knife. Korneisha says Janisha was empty-handed, and that there was no threat to the officers from the one-hundred-pound woman. Family and friends described Janisha as loving and funny, and as someone who struggled with mental health issues and was trying to manage them”

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“Melissa Ventura, a Latinx mother of three described by her sister as the “heart and soul of her family” and by a neighbor as happy about the recent arrival of her two-month old baby, was killed by police officers responding to a domestic violence call at her home in Yuma, Arizona, in July 2016. Police officers were the only witnesses to the killing, and none have been held accountable.”
Key Principles & Considerations for Community-Led Responses to IPV

LOCAL, LOCAL, LOCAL!

A community first model will be most effective if it is highly localized—at the neighborhood level, or even block by block. It could be situated within your church, mosque, synagogue, place of worship, community clinic, or resident safehouse. It must be owned and operated inside that community.

BROAD COMMUNITY INVOLVEMENT AND OWNERSHIP

Community interventions require broad participation of community members and leaders, in addition to the more formalized domestic violence survivor service organizations. A successful community-first model should engage other advocates, such as the immigrants’ rights community, the faith community, homeless advocates and others who may already be intervening without police and may be positioned to help. We should enlist everyone who has a direct connection to assist, not just specialized DV agencies. This model should bring folks into partnership, not approach them as organizations or individuals with all the answers.
DEFINING COMMUNITY

A key first question is: How do you define community? Especially in metropolitan settings in the context of gentrification and displacement, many of us do not necessarily have strong bonds with the community. In more rural settings, physical distances may exacerbate isolation. Many survivors don’t feel a strong connection to their local geographic community, whether that’s because they’re new to the area or because their abusive partner has isolated them, and they’ve seen those ties break or diminish in strength as a part of the abuse.

In grappling with this question, Mia Mingus and the Bay Area Transformative Justice Collective introduced the concept of a “pod”. They define it as “a term to describe the kind of relationship between people who would turn to each other for support around violent, harmful and abusive experiences, whether as survivors, bystanders, or people who have harmed. These would be the people in our lives that we would call on to support us with things such as our immediate and on-going safety, accountability and transformation of behaviors, or individual and collective healing and resiliency.”

One person might be a member of multiple pods, whether you have been harmed or have done the harm. They found that it made transformative justice more accessible, because “[a]sking people to organize their pod was much more concrete than asking people to organize their ‘community’.”

We define community loosely here, but it needs to make sense in your context. Starting with a pod of people close to you and building from there may be a good starting place.
We explore some of the other ways in which community accountability advocates have organized and operated given these limitations, as well as how we can strengthen connection and build more cohesive communities, later in the guide.

Another vital question to ask is, “If our response is community-led, to whom are we accountable?”

Of course, a host of other practical questions emerge:
- Where will it be situated?
- Will it be linked up to an existing organization?
- Will your program be all volunteer, or will it be able to secure funding?
- Who has skills or resources to contribute?

We explore some of these questions in the section on “Forming a First Response Team.”

Broad community involvement, especially of those in influential positions within the community, will help with outreach and spreading the word. Community hubs can serve as centers for engaging folks, disseminating information and connecting to resources.

Models that already exist can provide guidance. For example, some DV/IPV programs may have relationships with pharmacies or other essential-service businesses, whom survivors can approach and safely access a phone or otherwise make contact with supporters outside their home and plan for safety. We can build on these existing practices.
We had been using the term “community” when we talked about transformative justice, but we found that, not surprisingly, many people do not feel connected to a “community” and, even more so, most people did not know what “community” meant or had wildly different definitions and understandings of “community.”…We found that people romanticized community; or though they felt connected to a community at large, they only had significant and trustworthy relationships with very few actual people who may or may not be part of that community."

Although “community” is a word that we use all the time, many people don’t know what it is or feel they have never experienced it. This became increasingly confusing as we used terms such as “community accountability” or “community responses to violence” and encouraged people to “turn to their communities;” and this became even more complicated in dealing with intimate and sexual violence because the violence, harm and abuse was often coming from their “community” because so many people are abused by someone they know.

— Mia Mingus, Pods and Pod Mapping Worksheet, Bay Area Transformative Justice Collective.42
SURVIVOR-CENTEREDNESS AND SELF-DETERMINATION

The survivor must be the one who calls the shots. Any community-response model needs to center the survivor and their family. What does the survivor want? What is their actual goal? What does the community want? Who are their people? Who can support them? Where do they find strength? Who’s got their back? What would help look like? What would safety look like?

Most often, survivors just want the violence to stop. Law-enforcement often lets down survivors. It’s critical that community-based models present a real alternative that supports and lifts up survivors and their agency and self-efficacy, and builds on learnings from survivors and advocates about what’s worked and hasn’t worked.

As one advocate told us, “It starts with asking folks in the community, “Where is a safe haven for you? What do you need and where would you go? What is your safety plan? And really listening.”

Meeting survivors’ immediate needs.

Often the most important interventions simply help to meet a survivor’s immediate needs (e.g. small amounts of cash, watching the kids or pets, etc.) Survivor supports of this kind are critical and often the most feasible interventions.

SAFETY

Responding to any form of violence involves an inherent degree of risk, and civilian first responders must recognize and assess the risk of any given situation. As we discuss later, it is crucial that any community-first response to IPV include safety and de-escalation training for the responder team.

We believe a community-first response model is not any more, and may be far less, risky than a law-enforcement response. Even if a scene becomes violent, a properly trained community member is far less likely to seriously harm or kill someone in the protection of themselves and the participants than a law enforcement officer, regardless of their training.
This is due to an ethos that is rooted in protecting life rather than forcing it into submission with violence and fatal use of force policies and practices, which is the nature of policing all over this nation. Even with these concerns, it is critical that community groups and organizations begin the process of implementing their model with a spirit of trial, error, and correction.

We know there is much space before extreme violence occurs where, as a community, we can safely intervene. IPV advocates we interviewed felt strongly that non-police interventions can be employed with little or no risk in a broad range of situations, particularly cases of psychological harm and domestic disturbances.

For frontline responders, safety concerns raise a number of questions before planning a response. What does safety look like and who gets to determine? Who gets to determine what interventions look like? What’s the threshold of risk before involving the authorities? What does it look like when the person causing violence is still in the house? If a situation is escalating, who can you call to diffuse? What if you know there are weapons in the house?

Everyone’s safety must be the first priority of any intervention. This guide provides several tools and resources to assess risks and threats, maximize safety, and minimize risk. It is perfectly acceptable if a responder team decides that an intervention is too risky given the circumstances and tools at their disposal. In such instances, your team may be able to help extract the survivor, or switch to cop-watching — which we describe later in the guide — if the survivor decides (and it is solely their decision) that they must contact law enforcement.
Impacts of Covid 19

The Covid-19 crisis has exacerbated both state violence and interpersonal violence. Data and reports of IPV advocates indicate that Intimate Partner Violence has increased by over 8% nationally during the pandemic — and grown in lethality.** Isolation is a key risk factor, as many survivors have been forced to shelter in place with the person harming them, without physical contact to social support networks or others who can help. Isolation, along with economic stressors and increased trauma, increases the risk for violence and the difficulty of getting help. Community is essential to combating isolation, although Covid-19 presents a major challenge to creating a community response model, and has made people more insecure in their jobs, housing and healthcare.

CULTURALLY ROOTED AND APPROPRIATE

Healing is cultural, and first responders must be culturally competent. Responder teams must strive to include members from a given community when planning an intervention.

“Protective orders on the civil side are all about separation. Divorce is about separation. Arrest is about separation. Shelter is about separation. And so for people who don’t want to separate from their partners, we have offered them almost nothing.

— Leigh Goodmark, Professor, University of Maryland School of Law**
Advocates state that when children are involved, many survivors do not want to entirely sever contact with the person causing them harm — and most do not want to involve law enforcement, child welfare, or immigration. Survivors who are in familial relationships often just want the violence to stop and for somebody to work with the person who was causing them harm so that they can heal together as a family. They do not want their loved one to be arrested, incarcerated, deported, placed on probation, or murdered by law enforcement.

Strong and healthy families (regardless of their makeup) are some of our most powerful vehicles for creating safe communities. This means we must heal all of the parties involved, survivors and causers of harm. Whether families choose to stay together - or not - we should be focused on interrupting the trauma cycles that cause violence and healing the entire family through a transformative justice paradigm, which we define in a later section.

Interventions that consider the family as a whole entity can be effective and position the survivor and their family (if they wish) to begin to address the trauma that likely exists among all members of the family, including the person who has committed the violence. We must also address the poverty and other conditions that may have led to the violence and abuse in the first place.
It is also important to note that not all IPV incidents take place inside of a family dynamic. In those cases, it is critical to design a safety and support plan reflective of the relationships between the survivor, the person causing harm, and their separate community resources that may be available.

Of course, there are cases with severe violence and/or harm to children where the survivor may need or prefer to be separate. It may not be safe for the survivor to be near the person causing harm — and they should never feel pressured to confront the person who’s harmed them. We also recognize that there are many situations where the person causing harm is not part of the family. Whole family intervention can take many forms. It doesn’t mean the survivor and abusive partner are doing couples counseling, but rather it can include separate interventions and supports for each party including support locating a safe house, out-of-town relatives or supportive friends.

We provide a description of longer healing and community accountability processes in our section, “Transformative Justice, Community Accountability and Healing.” There is a large body of work and experimentation in these areas.

“\nWhen you look at Black and Brown communities, they don’t want their partners to go to jail and to have to deal with the justice system. They want the violence to stop. They want their families to stay together — even if families staying together means separate households but we’re raising these children together.”

— Lisa Osborne, STAND for Families Free of Violence.
Any community intervention will need to have a strong network of referrals and resources to point families towards for ongoing support.

Incidents of IPV/DV do not occur in a vacuum. More likely than not, the abuse has been going on for sometime, including mental, economic, and emotional violence. For survivors, the trauma created prior to the current incident will continue well after the intervention. What mental health and other support can the entire family continuously access after the call is over? Forming relationships with those providers will be essential as you get your program off the ground.

The person causing harm and/or the survivor may be experiencing a mental health crisis during the incident. Some communities have developed or are exploring community-based crisis response models which do not rely on law enforcement. We describe one such program, Mental Health (MH) First based in Oakland and Sacramento, later in this guide. Either or both parties will likely require ongoing mental health care — and these should include options that are culturally-based, spiritually-focused and accessible regardless of ability to pay.

Economic dependence and poverty are key risk factors for IPV. An important community consideration must be helping survivors with financial independence and material support. Organizations meeting those needs should be part of your referral network.

Referrals are more than just phone numbers. Get to know your referral agencies. What services do they (and don’t they) provide and do they have the necessary competencies for the person on behalf of whom you’re referring? If you know the agencies yourself, a “warm” referral will be smoother and more likely to help the participant get their needs met than a “cold” referral to an agency you don’t know.
**RELATIONSHIPS MATTER**

Responding to community crises like IPV requires strong relationships and trust, which can’t be formed overnight. Building these relationships — with your neighbors, service providers and other referral agencies, local businesses, and people on your block — is critical to building a community response.

As mentioned above, these relationships can help build community, spread awareness and education, and expand the network of people who can contribute to your intervention. These relationships are also essential to longer-term community accountability work, which we discuss in “Transformative Justice, Community Accountability and Healing.”

**LAW ENFORCEMENT MUST BE THE LAST RESORT**

Until we have created viable, accessible, and fully operational alternatives for survivors, and brought these alternatives to scale, it may not be possible to avoid law enforcement involvement in every situation. Law enforcement should only be involved as a last resort when the survivor deems it absolutely necessary and has given explicit, informed consent. We must avoid judging or shaming survivors or others in the community who feel they need to engage law enforcement to ensure their safety, while educating people about alternative options that exist.

**INTERSECTIONALITY**

Intersectionality is a core principle of our work and should be a key consideration of any intervention. The term was coined by law professor and critical race theorist Kimberly Crenshaw, who wrote: “Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. It’s not simply that there’s a race problem here, a gender problem here, and a class or LBGTQ problem there. Many times that framework erases what happens to people who are subject to all of these things.” We all have many overlapping identities — race, class, sexuality, ability, age, religious background, geographical location, immigration status, and more — through which we might experience oppression or privilege.
Our approach is grounded in abolition and transformative justice. Setting up alternative, autonomous programs to intervene and disrupt interpersonal conflict and violence is critical to our ability to resist the prison industrial complex. Alternative models of conflict resolution and accountability should challenge existing systems. Transformative justice – which we explore in much greater detail later in this guide – allows us to move beyond the punishment system and into a culture of healing. Our goal is to set up autonomous alternatives based on accountability, and compassion that challenge the treatment of people who are criminalized. As abolitionists, we are constantly training and retraining ourselves to deal with crises without replicating stigma, criminalization, and harmful behavior.

“Movements to abolish the PIC are founded, led by, and comprised of survivors of multiple forms of violence.... They are born out of the reality that policing, prisons, and punishment do very little to prevent, interrupt, or heal these kinds of violence – and of the certainty that these carceral systems permit and perpetrate violence every day. These movements are rooted in the fact that far more survivors are seeking solutions to the violence they experience outside of policing and punishment than from them – regardless of whether they are engaged in larger movements to shift a collective response to violence away from police. We call for the abolition of policing because survivors deserve more safety and more options for healing and transformation — and we recognize that police were never created to provide them.

— Mariame Kaba & Andrea J. Ritchie, No More Police: A Case for Abolition48
Healing Justice is central to all of our work. Healing Justice is “a framework that identifies how we can holistically respond to and intervene on intergenerational trauma and violence, and to bring collective practices that can impact and transform the consequences of oppression on our collective bodies, hearts and minds.”49

“Without healing there is no Justice.”

We understand that healing is a lifelong process and that often we never fully heal, especially when our loved ones are killed unjustly or we have experienced extreme levels of trauma. We also understand that if we do not participate in a process of healing, the pain caused by state and interpersonal violence can overwhelm us as well as our communities. Holding these two truths, we honor the need to be in healing processes, including the process of demanding justice for our loved ones.

All violence is state violence. It is the state that creates the conditions that allow violence to occur in our homes and communities. Intimate Partner Violence is a result of state violence. The impacts of state-sanctioned poverty, lack of mental and physical health infrastructure, and the attack on BIPOC and indigenous cultural ways and practices are seen in the high numbers of depression, PTSD, and other health disorders and diseases. Trauma functions to create long-lasting impacts on our lives. We must build practices and containers of resilience that not only support impacted communities in healing from harm, but invite us to imagine and practice being in community without systems of harm. Our HJ framework names the importance of creating healing and wellness infrastructure within our communities to address all symptoms and impacts of state violence.

Interdependence & Community Care:
Our survival depends on our ability to be in connection with each other and the earth. We take the time to build a care network amongst our peoples and the planet.
Our peoples deserve the support to address, be accountable to, and heal the harms they cause onto others. The state “justice” system has failed both people who have been harmed and people who harm. HJ calls upon Transformative Justice (TJ) praxis to create the systems needed within the community to aid in the much needed mending our loved ones need. TJ calls forth the accountability of the systems that have failed us while shedding light to new structures that will help strengthen our communities ability to address harm in ways that do not perpetuate more harm.

To learn more about our HJ principles, read our Healing Justice Train the Trainer Manual at justiceteams.org/healing-justice.

**DISABILITY JUSTICE**

The term disability justice was coined out of conversations between disabled queer women of color activists about 15 years ago seeking to challenge radical and progressive movements to more fully address ableism. “Disability Justice was built because the Disability Rights Movement and Disability Studies do not inherently centralize the needs and experiences of folks experiencing intersectional oppression, such as disabled people of color, immigrants with disabilities, queers with disabilities, trans and gender non-conforming people with disabilities, people with disabilities who are houseless, people with disabilities who are incarcerated, people with disabilities who have had their ancestral lands stolen, amongst others.”

Disability justice recognizes the intersecting legacies of white supremacy, colonial capitalism, gendered oppression and ableism in understanding how people’s bodies and minds are labeled ‘deviant’, ‘unproductive’, ‘disposable’ and/or ‘invalid’.50
Forming a First Response Team

The Anti Police-Terror Project along with our member organizations in the Justice Teams Network have developed rapid response models for different situations.

- The Anti Police-Terror Project in Oakland and Sacramento created a first response model to investigate incidents of state violence and support families who have experienced state violence.\(^{51}\)
- We have also developed a community-first, mental health crisis response model called, Mental Health (MH) First.\(^{52}\)
- Dignity and Power Now in Los Angeles has developed a rapid response healing justice model to support people who have lost loved ones in jail or who are otherwise in crisis due to state violence.\(^{53}\) Justice Teams Network has expanded and evolved this model into the new California Healers Network of rapid response healers throughout the state.

Much of what we have learned across these different experiences is translatable to building a response to IPV — and in fact MH First is already responding to certain IPV situations, described later in the guide.
Building Your Core Team

Based on the experiences of APTP’s MH First and First Responder Teams, you should consider bringing together people in your networks who possess or are willing to learn the following skills or roles:

**Crisis Responder**

This role (or roles) could be filled by a therapist, counselor or someone who has crisis intervention and de-escalation experience. (Degrees from institutions of higher learning are not necessarily required, though those folks are definitely a value-add for the larger team.) The crisis responder should have excellent listening skills, show empathy and be relatable to the community. They must speak the language of the community being served. There should be at least two people here – one who can focus on the needs of the survivor, and one who can focus on the person causing harm.
**MEDIC**
This could be a doctor, nurse, EMT or anyone who is trained in basic first aid, CPR and available to respond. This person helps to address any physical injuries present and determine the severity of the physical damage and whether or not the person hurt needs medical attention.

**SAFETY LIAISON**
Someone who has experience and/or is trained to serve as a liaison to the police if they arrive at the scene. This role is extremely important – this person can literally help save lives because they are able to talk to the police and de-escalate the violence they may cause to a person. These team members can also observe and record any police interaction (with consent of the person being harmed if possible). They should also be prepared to perform crowd control, liaising with and reassuring any neighbors or onlookers who might be frightened and call law enforcement. This person should never impede law enforcement’s duties as the law defines them. It is recommended you go through a copwatch training in your area to fill a security liaison role, have a working knowledge of the laws in your city/county/state, and understand the risks involved with engagement, including possible arrest or physical harm at the hands of the state.

**INFRASTRUCTURE**
The core team can’t function without solid logistical and administrative support. This role is responsible for creating and maintaining documentation, confidentiality forms, resource and referral lists and databases, contact lists, schedules, social media accounts, etc.

**INTERPRETERS**
It is mandatory that your responder team can communicate with the community members you wish to serve, especially if anyone is in crisis. Moreover, language barriers are a risk factor for arrest among survivors who have law enforcement interactions.
What Skills and Training Will You Need?

Because of the serious nature of rapid response, your team should have or seek the following trainings or skill sets. We provide a number of resources in the next section where you can learn some of these skills for free or on a sliding scale.

**BASIC UNDERSTANDING OF INTIMATE PARTNER VIOLENCE.**

What does violence look like in an intimate partner situation? Often physical violence is just one form of abuse. Your team should have a baseline of information about Intimate Partner Violence; the dynamics of power and control in relationships; violence in the form of emotional, psychological, or financial harm; and how to see and recognize violence in order to be able to intervene safely.

**DE-ESCALATION, CRISIS INTERVENTION AND CONFLICT RESOLUTION.**

First responders will need training on de-escalation, crisis intervention, what it’s like to interact with someone who is expressing trauma through violence, what questions to ask to calm them down, etc. Conflict resolution and peacebuilding training may be useful as well.

According to Krista Colón, Public Policy Director of the California Partnership to End Domestic Violence, “Conflict resolution in a DV situation is different. We often hear that when law enforcement arrives the abusive partner presents as quite calm, in control, personable and persuasive while the victim presents as the one out of control, upset, or angry. Responders will need training on how to navigate this. This framing can also presume that both parties are responsible for or causing the conflict, instead of an aggressor/victim dynamic.”

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PHYSICAL COMBAT, GUN, KNIFE, TASER, MACE TRAINING

It’s scary to think about, but the possibility of active physical violence occurring during an intervention — directed at survivor, responder or both — is inherent. We hope to never encounter it, but it’s something that could happen during any dispatch situation. Not everyone is suitable for this role, but there must be members of the responder team that have training in basic self defense, hand-to-hand combat, and defense against a range of weapons commonly used in IPV. The goal in such situations is to create distance between the person causing harm and the survivor, so that you can both get safely away as fast as possible.

ADVANCED SAFETY PLANNING AND RISK ASSESSMENT

Making sure everyone is safe is the first priority. When taking a call and again when arriving on the scene, the responder team will need to assess what are the risks and potential dangers, who is being harmed, who is doing the harm, what is the level of risk, what is the risk of taking action versus doing nothing, what plans can we make to provide safety and protection etc. They will also need to assess their own risk tolerance and safety needs. Tools for this kind of safety planning and risk assessments can be found in the Creative Interventions Toolkit as well as other resources listed in “Tools and Resources”.

Special consideration must be given when supporting and safety planning when children are involved.

STREET MEDIC / FIRST AID / CPR

The first responder team should include, at minimum, someone with first aid, CPR and or street medic training in the event that someone is physically injured or wounded and needs to be cared for (if minor) or stabilized until they can be treated. Having a trained clinician on your team, either as a responder or available on call, will be tremendously advantageous.
People who engage in sex work experience higher rates of IPV and other forms of structural and interpersonal violence. As Reframe Health and Justice notes, “Sex workers experience higher rates of myriad forms of state and interpersonal violence, which includes intimate partner violence. While experiences of IPV are also higher for the same marginalized identities as those who participate in sex work—women and femmes, people of color, Native women, LGBTQ individuals—violence may show up in specific ways for sex workers which may not be identified as abuse at first glance.” These can include: emotional violence and the weaponization of the stigma associated with sex work; financial control and exploitation because of sex workers’ precarity; and criminalization and abuse of the legal system, which make sex workers inherently vulnerable to threats of system-involvement.

People who experience human trafficking face even greater risks of all forms of violence, including IPV. Human trafficking and IPV both involve dynamics of power and control, isolation, financial violence, and forced hopelessness. Sometimes the trafficker is an intimate partner or another “trusted” person who compels the victim to engage in forced sex or other involuntary work. People without legal documentation are especially vulnerable to continued abuse because they can be threatened with deportation.

It’s important to recognize that not all sex work is related to sex trafficking, and consensual sex work is not inherently wrong or immoral. Nor is sex work inherently violent; its criminalization is what makes workers vulnerable to violence.

Responders should have an understanding of these differing vulnerabilities and circumstances in order to be able to offer the most appropriate services to callers who may engage in the sex trade or be a victims of trafficking. For example, survivors who do sex work may benefit from additional safety planning tips specific to staying safe on the job, as well as safety planning for arrest. People who have been trafficked may face a host of barriers to accessing care and trauma, while sex workers by choice may experience no trauma at all. Some survivors may want to escape sex work, while others have no interest in leaving the trade and no need or desire to be “rescued”.
HARM REDUCTION

Harm reduction is a philosophy and set of practices that emerged from queer and trans people of color, people who use drugs, sex workers, people living with HIV/AIDS and other marginalized communities who could not access health or safety through existing oppressive systems and so had to create their own forms of protection. It centers self-determination and non-judgmental access to a range of safety options.62

The harm reduction approach is central to transformative justice and community accountability. It is grounded in justice and human rights, focusing on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop drug use or other behaviors as a precondition of support, self-determination, or respect. Respecting autonomy and meeting people where they are at is central to this approach (and to all organizing).

Some specific health interventions that rely on a harm reduction approach — related to substance use, overdose prevention, or sexual health, for example — may also be relevant in a given IPV situation.

Emi Koyama expands on what harm reduction can look like in an IPV context:

“Redefined in terms of domestic violence, harm reduction is a set of practical strategies that reduce negative consequences of certain survival and coping mechanisms survivors use. It believes in creating a larger pool of options survivors can choose from, rather than narrowing them down through paternalistic guidance…. A harm reduction approach in survivor advocacy is fundamentally feminist, and is true to the roots of our movement of survivors creating resources for other survivors. It demands that advocates accept survivors as the source of authority and expertise in issues that concern them, rather than relying on so-called experts to determine what they need. It seeks to empower survivors to reduce the harms of their coping mechanisms rather than to modify their behaviors.”63
HARM REDUCTION PRINCIPLES IN SURVIVOR ADVOCACY

(based on the model by Harm Reduction Coalition; adaptation by Emi Koyama64)

❤️ Accepts, for better and for worse, that survivors learn to cope in whatever ways that reduce their pain and increase their sense of control, including those traditionally viewed as “unhealthy” (e.g. staying or maintaining contact with the abuser, alcohol and [other] drug use, wrist cutting and other self-harm, survival sex and sex work, irregular eating and sleeping patterns), and chooses to work to minimize their harmful effects rather than simply ignore or condemn them.

❤️ Understands each method of coping as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from recklessly extreme to no action, and acknowledges that some ways of doing it are clearly safer than others.

❤️ Establishes quality of individual and community life and well-being – not necessarily cessation of all activities deemed unhealthy or unsafe – as the criteria for successful interventions and policies.

❤️ Calls for the non-judgmental, non-coercive provision of services and resources to people who are coping with the effects and aftermath of abuse and the communities in which they live in order to assist them in reducing attendant harm.

❤️ Ensures that survivors themselves — both those receiving services currently and those who have in the past — routinely have a real voice in the creation of programs and policies designed to serve them.

❤️ Affirms survivors themselves as the primary agents of reducing the harms of their various coping methods as well as the authorities on their own experiences, and seeks to empower them to share information and support each other in strategies which meet their actual conditions of survival and coping.

❤️ Recognizes that the realities of poverty, class, racism, social isolation, past trauma, discrimination and other social inequalities affect both survivors’ vulnerability to and capacity for effectively dealing with the effects and aftermath of the abuse.

❤️ Does not attempt to minimize or ignore the real and tragic harm and danger associated with certain coping methods survivors may employ.
A response to someone in crisis will always depend heavily on the situation at hand, but when arriving on scene during dispatch, always take a moment to:

- **Breathe** - Center yourself.
- **Assess** - Be aware of all environmental hazards. Note any presence of the police. Note any exit/escape routes.
- **Plan** - Communicate with your team to determine roles.
- **Engage** - Start with building rapport with participants and onlookers.
We discuss and define Transformative Justice and Community Accountability in more detail later in the guide. People who practice transformative justice and facilitate community accountability processes have been at the forefront of thinking about what alternatives to 911 for violence could even look like. We present some of the basic concepts here and include several resources for different experience levels if your program decides to take on facilitating accountability processes.

Trauma is pervasive among survivors of violence and those who have caused harm. And it is often generational. “Trauma-informed Work demands that you have a basic understanding of the psychological, neurological, biological, social and spiritual impact that trauma and violence can have on people. Being trauma-informed means that we are genuine, authentic, and foster compassionate relationships with survivors. Being trauma-informed and survivor-led means that a community accountability process moves at the speed of trust.”

Trauma also impacts people who respond to violence and harm. It is also important to consider how doing this work will impact responders, and include as part of your response model how to meet the need for self-care and community care.
**COLLECTIVE UNDERSTANDING AROUND SELF-EFFICACY**

We want survivors and families to be centered at all times. Most of us in our community know that, we feel it, we are a part of it, we’ve felt it ourselves. Responder teams should have some collective understanding around the idea of who we are there to help and what the intervention is going to look like.

**MUTUAL AID & NAVIGATING RESOURCES**

Survivors and families will have material needs they need to meet at the moment, as noted above. A community response program may need to be able to collectively pool resources to meet some or all of these needs. It might be easiest to organize your program geographically to leverage resources that are tangible and directly accessible, as well as direct connections to assist them, particularly around navigating systems.

Survivors, as well as people who cause harm, will need resources, employment opportunities, housing, financial resources, as well as counseling and other mental health support. Your program can help connect families to these resources in the absence of public wraparound services.

A starting point is finding out who is already doing different kinds of work. Research who in your communities may already be doing violence prevention and intervention work but using different language. Most local DV organizations have become adept at helping survivors navigate through the social safety net protections, including CalWORKs/CalFresh, housing, employment, etc.

**ANTI-OppRESSION TRAINING**

Your team must understand systemic oppression and dynamics of privilege and power in society. A useful definition of oppression is “the use of power to disempower, marginalize, silence or otherwise subordinate one social group or category, often in order to further empower and/or privilege the oppressor.”\(^6^7\) Anti-oppression work is “an ongoing, intersectional struggle for liberation that uses collective and individual understandings of privilege, power, and violence to transform and heal ourselves, our communities, and the world.”\(^6^8\)
Responders should know their rights when interacting with law enforcement (these laws change from city to city, county to county and state to state) and how to safely observe, document, and direct police in situations where they are already present or if they arrive on the scene. Responders should be able to advise the survivor of their rights as well if safe to do so.

We provide links to several training resources in “Tools and Resources.”

Take time to assess and build your team’s skills. Even experienced first-responders and transformative justice practitioners are constantly learning and trying new approaches and techniques for interventions. In the words of APTP co-founder, Tur-Ha Ak, “Skills diminish under crisis.” Hence, ongoing training and practice for your team is essential. Don’t be afraid to make mistakes, because we all definitely will, but take the time to learn from them.69

“In order to ensure safety for our communities, we need to have the necessary skills, whether those are skills in de-escalating violence, planning for safety, resolving conflicts, holding community accountability processes, or navigating consent. In each case, there is a core skill set that creates a foundation for addressing interpersonal and state violence within our communities.”

— Ejeris Dixon, Beyond Survival: Strategies and Stories from the Transformative Justice Movement70
Spotlight on Existing Rapid Response Interventions

Creating a new model is not far-fetched. Pieces of this work are already being done, formally and informally, often without any funding whatsoever. In this section, we lift up a few groundbreaking models of violence intervention and crisis response that already exist and respond to certain instances of IPV.

**MH FIRST: EMERGENCY MENTAL HEALTH CRISIS RESPONSE**

MH First, a project of Anti Police-Terror Project, is a cutting-edge model for non-9-1-1/police response to mental health and other community crises in both Sacramento and Oakland, California.

MH First responds to mental health crises including, but not limited to, psychiatric emergencies, substance use support, and domestic violence safety planning and situations that require survivor extraction. MH First helps survivors develop a safe exit plan; in some cases they may need to book a ride or a hotel room.
MH First provides a free hotline and mobile crisis response team in Sacramento (7 pm to 7am Fridays, Saturdays and Sundays) and in Oakland (8pm to 8am Fridays and Saturdays) — during the hours when there are currently few or no other mental health support options available. (During the onset of the Covid-19 pandemic, MH First operated as a hotline only, while developing safety protocols to protect the health of volunteers during dispatch.)

MH First leads with the principle that police should not be involved when responding to a crisis unless asked by the participant and/or as a last resort. Crisis response services should support people through quality follow up and on-going care regardless of their ability to pay.

Its purpose is to interrupt and eliminate the need for law enforcement in mental health crisis first response by providing pre-crisis services, mobile peer support, de-escalation assistance, safety planning and accompaniment, and non-punitive and life-affirming interventions, therefore decriminalizing emotional and psychological crises and decreasing the stigma around mental health, substance use, and domestic violence, while also addressing their root causes: white supremacy, capitalism, patriarchy and colonialism. They also provide for basic needs including food, water, and transportation and give culturally humble emotional support.

MH First is completely independent. It responds to calls and messages from participants and bystanders (loved ones / community members) by phone, email, and social media. MH First relies heavily on building relationships in the community, regularly canvassing neighborhoods and 24-hour businesses that may need assistance.

MH First volunteers do not give diagnoses or administer medication. The hotline operates with a 3-person team: two Responders who answer calls and social media messages, and one On-Call Responder available for consultation (typically a core team member who is a licensed health worker).

When taking calls, volunteers assess the situation in terms of safety risks and confirm if police are present. If the caller appears to be at risk and/or if law enforcement is on the scene, MH First may dispatch their trained volunteer team to the scene to respond in person. If someone is forcibly hospitalized, MH First also advocates on their behalf for as long as possible.
The MH First Core Team comprises most of the roles we describe in the “Forming a First Response Team” section. Each MH First shift has a team of three people, each with a specific role:

- **Crisis Responder** — engages the person in crisis
- **Medic** — assesses the person in crisis or other participants for medical needs or emergency
- **Safety Liaison** — assesses the scene and participants for danger, interface with police and onlookers, extraction of team from scene.
There is always a clinician on call to assist with emergencies or situations that volunteers feel are beyond their scope.

When it was conceived, MH First envisioned responding to certain IPV situations. As more IPV calls started coming in, the MH First teams sought out additional IPV training and formed relationships with local providers — adding these providers to their extensive referral networks.

MH (Mental Health) First is a volunteer-based community organization which aims to interrupt and reduce police response to community members in psychosocial crisis. We offer mobile crisis intervention (modified to hotline operations during COVID-19 pandemic) for psychosocial distress in Sacramento and Oakland, California.

MH First is a program created by Anti Police-Terror Project and launched by APTP’s Sacramento chapter in response to the local and country-wide violence and loss of life that occurs when police respond to people in crisis. MH First is an effort to help answer the question of who to call if not police. It is an effort by and for the community, a reflection of our collective knowledge and love.

— MH First Founder, Asantewaa Boykin, R.N MICN
Several models of community peace-building, violence interruption and neighborhood conflict resolution exist in cities around the country, which can provide lessons for community first response to IPV — or which may already be responding to IPV by default.

The CAT-911 (or Community Alternatives to 911) model, for example, trains local teams to respond to a number of neighborhood emergencies, including IPV. This model centers around a training hub where local Community Action Teams (CATs) can get trained in de-escalation, acute first aid and wound care, peacebuilding, crisis intervention, responding to domestic violence and sexual violence, and other concrete, accessible skills they can use to then disperse and respond to crises in their respective neighborhoods. CAT-911 envisions “a city and region where local communities have the resources and strong, interpersonal relationships needed to respond constructively and healthfully to problems together.” Their organized work is based on a framework of Transformative Justice, which aims to create a world governed on principles of mutual respect, interrelatedness and reciprocity rather than violence, domination and disposability.

The CAT-911 model explicitly does not work with law enforcement and should not be confused with any similarly-named city or county programs that do cooperate (or co-respond) with law enforcement.

Other programs may employ frontline workers from the community to go to hotspots where violence may occur and de-escalate tense situations, discourage retaliation, defuse hostilities, and mediate conflicts. They may also engage with victims of violence in hospital settings and connect to healing resources. In addition, some programs, like Advance Peace in Richmond and Sacramento, California, work with folks at most risk of causing violence and provide pathways to other opportunities. Advance Peace credits much of its success to its complete independence from law enforcement.
WHEN TO RESPOND....
- Recognize Signs and Behaviors
- Know/Review Your Surroundings

➤ TIP: Follow your instincts. If a situation feels wrong to you, it probably is. One way to decide is to ask yourself, “If I don’t act, could the situation get worse?” IF YES, then you should evaluate the best way to intervene.

HOW TO RESPOND TO DOMESTIC VIOLENCE WHILE IT IS OCCURRING...
Ask yourself if it’s safe to intervene
- Safety is key in deciding when and how to respond to domestic and sexual violence while it’s occurring. If the situation is already violent or looks like it’s escalating quickly, think carefully about direct intervention.

THE FOUR D’S OF BYSTANDER INTERVENTION
➤ Distract
➤ Direct
➤ Delegate
➤ Delay

Bystander Intervention - Do’s
- Make yourself known.
- Make eye contact with the person being harassed
- Move yourself near the person being harassed. If safe, create distance or a barrier between that person and the attacker.
- If it’s safe to do so, and the person being harassed consents, record the incident.
- Notice if they are resisting in their own way, and honor that.
- Keep both of you safe. Assess your surroundings - are there others nearby you can pull in to support?
- Working in a team is imperative. It is not a good idea to attempt an intervention alone.

Bystander Intervention - Don’ts
- DON’T CALL THE POLICE… ...Unless the person being harassed asks you to do so!
- DON’T escalate the situation. We want to get the person being harassed to safety, not to incite more violence from the attacker.
- DON’T do nothing. Silence is dangerous—it communicates approval and leaves the survivor high and dry. If you feel too nervous or afraid to speak out, communicate your support with your body.
Transformative Justice, Community Accountability, & Healing

Transformative justice (TJ) is an approach with a long history that can encompass rapid response interventions when violence is occurring as well as longer processes of change and healing. It is here that much of the groundwork has been laid for what community-based violence interventions could look like, and often such interventions have arisen within activist communities.

According to Ejeris Dixon, “Transformative justice and community accountability are terms that describe ways to address violence without relying on police or prisons. These approaches often work to prevent violence, to intervene when harm is occurring, to hold people accountable, and to transform individuals and society to build safer communities. These strategies are some of the only options that marginalized communities have to address harm.”

In 2007, Generation FIVE provided a valuable definition: “Transformative justice seeks to provide people who experience violence with immediate safety and long-term healing and reparations while holding people who commit violence accountable within and by their communities. This accountability includes stopping immediate abuse, making a commitment to not engage in future abuse, and offering reparations for past abuse. Such accountability requires on-going support and transformative healing for people who [harm].”
The goals of transformative justice, according to Generation FIVE, are:

- Safety, healing, and agency for survivors
- Accountability and transformation for people who harm
- Community action, healing, and accountability
- Transformation of the social conditions that perpetuate violence
  — systems of oppression and exploitation, domination, and state violence

While our guide focuses on rapid responses, we should also assist the survivor and family with ongoing care and opportunities for long-term healing. If the survivor does not wish to separate from the person causing harm, how can we structure and carry out a rapid response that moves towards a collective TJ response? In what situations will that be impossible?

As rapid responders, one approach could be to offer the survivor information about transformative justice and community accountability and let them know that it’s an option. If they are interested, your team could share resources about what a transformative justice process could look like.

Transformative justice practitioners often organize community accountability processes into two teams: one team to support the survivor and another to help the person who has done harm hold themselves accountable. You could offer to help the survivor organize their own support team or pod. In turn, their supporters may be able to organize people who have relationships with and influence over the person who caused harm to form the accountability team.

Transformative justice processes often take months or even years, but your rapid response intervention could help the survivor start along that road if they desire. We should also be mindful that a transformative process can backfire and lead to shame, isolation, and victim blaming. We can try to avoid this by centering the survivor’s needs, not pressuring them into contact, for example, and not engaging in judgment or condoning the person causing harm. To address ongoing harmful actions and dynamics during this time, you can assist the survivor with safety planning and support their choices of how to navigate their situations to minimize risks. They may, for example, need to reside in separate locations until — if ever — they feel safe to be in the same household as the person causing harm.
While both are forms of community-based approaches to violence, transformative and restorative justice are not the same. They come from distinct political and historical trajectories and differ in significant ways. It’s important to note that neither is monolithic, so there are wide variations in practices.

One helpful shorthand is that, traditionally, restorative justice has worked to restore the relationships to what they were before the harm happened, whereas transformative justice works to transform the conditions which allowed for the harm to occur in the first place.

Other key differences:
- Restorative justice tends to be more embedded in state systems, especially schools and the criminal legal system (as a form of diversion in some jurisdictions), whereas transformative justice usually works outside of state systems (though some practices might utilize social services like counseling).
- A lot of restorative justice practice has been co-opted from Native and Indigenous peoples. These practices were originally envisioned, created and operated within a certain set of conditions and a certain context — where everybody knew each other, for example, had shared language or shared values. We don’t live in those types of situations anymore, especially when we talk about responding to harm in metropolitan areas where people may not even share the same language, let alone values.
- Transformative justice involves systemic power analysis, whereas one critique of restorative justice has been a focus on collective justice, sometimes at the expense of the individual survivor.

This guide takes a transformative justice approach, although we recognize that both restorative and transformative justice can play an important role in providing relief from the carceral system right now.

We include several transformative justice resources in the Tools and Resources Section.
[H]ealing looks different for every survivor. There is no one way that anyone who has been abused should react or seek to find peace. I wanted to share my experience because I know it is an uncommon one. Restorative justice is not for everyone. I would never push a survivor to engage in an RJ process. I just want you to know that you have the option. Justice and accountability come in different forms. However, in my experience, it rarely comes to us (especially for Black women) by way of police, juries, and jail. My process allowed me not only to hold Malcolm accountable for his actions but to also reeducate him so that he hopefully won’t harm anyone else in the future. That was important to me.

— Kyra’s statement, in “Transforming Harm, Summary Statement Re: Community Accountability Process (BYP100).”79
Transformative justice was largely invented by queer and trans women of color. The reasons why are evident. Research shows that people in LGBTQ2S relationships experience rates of intimate partner violence as high or higher than heterosexual relationships. Trans people, and Black trans women in particular, are overrepresented as survivors of IPV and of violence in general. Many trans people experience extremely high rates of violence, discrimination, harassment, assault, and rape at the hands of police, prisons, and courts as well. 

LGBTQ2S people frequently cite law enforcement as unhelpful or harmful for addressing IPV.

Mainstream DV services and discourse, moreover, have tended to be divided along gender binaries, lacking specific supports for queer, trans and gender-nonconforming survivors — or excluding them outright. Additionally, society-wide narratives about IPV and DV (and sexual assault) tend to be heteronormative and binary as well — assuming that all people involved are straight and cisgender and that people who cause harm are always cisgender men. These narratives serve to erase queer, gay, lesbian, bisexual and trans people and their relationships and can make it harder for people to seek support, find resources, or speak out. Internalizing these beliefs can mean that LGBTQ2S survivors of IPV may themselves have a harder time naming harmful behavior from an intimate partner.

Lastly, the other forms of oppression that LGBTQ2S survivors face, such as job discrimination, rejection by one’s family or police terror, can contribute to a scarcity of alternatives when stuck in a harmful relationship and can prolong the exposure to harm that the survivor has to endure.
Because of these factors, many queer and trans communities have created and implemented their own ways of keeping each other safe. Much of the universe of transformative justice and community accountability work has been developed by queer and trans folks.

Several LGBTQ2S-focused organizations now offer specific services for queer and trans survivors that recognize the risk that law enforcement poses. These include crisis lines that explicitly prohibit contacting law enforcement without informed consent of participants, as well as safety planning resources with additional info relevant to queer, trans, gender-non-conforming, and two-spirit people.83

We include some of these critical resources in the Tools and Resources section.
Some survivors do not wish to separate from the person causing them harm. And most of those who cause harm have themselves experienced violence, abuse, and trauma either as survivors or witnesses. For these survivors and families, healing and transformation is possible and necessary with hard work, commitment, and support.

Currently those who work with people who cause harm cannot receive federal funding through victims’ services funds. These programs, typically called “Batterers Intervention” programs, are only available after someone has committed a crime and are often punitive in nature (although a wide variety exists across programs). They can also cost money, whether court-ordered or elective, which can be prohibitive. Advocates report that court-mandated participants in these programs, on average, exhibit more resistance and are less open than people who self-refer.

By contrast, community response strategies should strive to offer accountability and healing groups for people who harm that are free and accessible.

They should also offer public education about safety/accountability strategies — that do not include law enforcement — that families/communities/neighborhoods could use to engage with the person who is harming.

We all have the capacity for hope and healing. IPV advocates who work with people who harm report that people who harm, who are mostly cis men, want to restore and repair their relationship, grow, and acknowledge the harm they’ve caused. Folks cause harm, but where did they learn it? What are their triggers? How have they responded?

The development or expansion of local, state, and national hotlines for people who harm has shown promise. Until recently, these programs had only been adopted outside the US. Now, a successful hotline is up and running in Massachusetts, which we highlight below.
A Call For Change (formerly 10 to 10 hotline) is the nation’s first helpline specifically for people who use or are at risk of using abuse and control in their intimate partnerships. Launched in Massachusetts in April 2021, Call for Change operates as a free, anonymous, and confidential intimate partner abuse prevention helpline serving adults and teens. It’s also open to survivors, family members, friends, and professionals who want to help someone stop harming their partner.

A Call For Change takes a transformative justice approach — part of the broader movement to expand non-criminal responses to IPV. It aims to prevent IPV by fostering accountability and change in people who harm or may harm their intimate partner outside the system of control and the caging bureaucracies.

Call for Change responders are trained to treat all callers with respect and support their efforts to become and remain safe in their relationships. Responders work with callers to understand and change their behaviors, beliefs and values by understanding what are abusive values versus values of equity and respect. They listen, offer new ways of thinking, and help callers develop short and long-term strategies that support safety.

Callers can access the program by phone or email from 10AM to 10PM EST, 365 days a year. Language translation is available. Messages left after hours will be responded to the following day.

Call for Change is modeled after similar programs in the UK, Australia, Nova Scotia, Sweden, Colombia and other countries. Advocates in California and other states are considering adopting the model as well.

If your community creates a rapid response hotline, you might consider training operators to help callers who cause harm.

“Compassion without accountability is collusion. Accountability without compassion is domination.”

— Call for Change Helpline
Accountability is about justice and healing, not vengeance or punishment. We must strive to be non-judgmental and non-shaming. Shame is an obstacle to accountability, as is fear — especially the fear of loss of belonging.

It’s important to recognize that we all have the capacity to cause harm, just as we all have the capacity for transformation. Ego and individualism are barriers to accountability, while interrelationship is what fosters true accountability. To paraphrase Mia Mingus, accountability is never easy, but it doesn’t have to be scary and can be an opportunity for growth.

People who cause harm can admit what they’ve done, move forward, and even find a path back if they are willing to do the work of changing their behavior and healing themselves. Accountability means addressing the root causes of the behavior.

“How do we bring accountability in a compassionate way but one that brings safety and healing to communities?”

— Maestro Jerry Tello, National Compadres Network
Accountability means accepting consequences for the harm we’ve caused. This might mean a breakup, ending mutual friendships, or being forced out of a profession or losing a career rather than continuing to cause harm. It might mean more serious consequences — but it doesn’t have to mean carceral punishment, which is the dominant approach in the United States.

There are models beside throwing people away. Treating people with dignity and empathy, and recognizing their own trauma and helping them process it will make them more open and ready to take accountability. Because often, it is the very throwing away of their humanity at an early-age that teaches them to cause harm in the first place.

Working with people who harm shouldn’t be about confronting in a punitive or combative way; it requires commitment, energy, and love. People also don’t change right away. And accountability cannot be forced or coerced; it must be voluntary.

Before the person who has caused harm decides to change, we need to find ways to ensure the safety of the person they’ve harmed.

"The worst thing you’ve done does not define you. Accountability is an act of love."

— Reina Sandoval-Beverly, STAND for Families Free of Violence
When the ancestors send us into this world, when a new baby is born, there’s a sacredness that comes in that baby. Regardless of how it happened — meaning if two people were in a loving relationship or it just happened or whatever — when that baby comes they come with the sacredness of their ancestors. And that sense of sacredness and blessing and knowledge and wisdom is within us.

“And what we talk about in terms of decolonization, generational trauma, however you put it, is that through this historical process of devaluing people and destroying who they are, trying to make them feel less valued, or if you will, killing their spirit, their true spirit, what begins to happen is the manifestation of wounded ways and wounded spirit and even in a wounded thought of who you are, to the extent that some men think violence is part of our culture, think that violence is part of who we are, that to be the center of the family is really men being in a dominant position, where we understand an indigenous culture where women are the center. We come from matrilineal culture. And so what we’re finding now in healing is part of that throwing off, or cleansing off from that mindset, that narrative, that false way of being is really reclaiming, recovering the sacredness in our relations...
“[S]ometimes the wounds are so much that you can’t even see your sacredness anymore. You’ve been told that you’re not sacred. You’ve been told that you’re a perpetrator. You’ve been told that you’re delinquent. You’ve been told that you’re not worth anything. You’ve been told all these negative things, you can’t even see, you can’t even hear, you can’t even feel that sacredness in that voice anymore. So part of our work is decompressing and cleansing, you know, from all of those things and reminding them of their sacredness — but then holding people accountable and especially men accountable to that sacredness.

— Maestro Jerry Tello, National Compadres Network
How Would This Model Look In Practice?

In an APTP/Justice Teams Network webinar, Colsaria Henderson, Board President of the California Partnership to End Domestic Violence, laid out a hypothetical vision of how an IPV response program could work in practice.

Getting Your Community Response Program Off the Ground

Organize local meetings in your neighborhood. Pick a location where you may all be already, like a church or other place of worship, and bring together everyone who wants to learn and be a part of it, whoever wants to help their community. Talk about the issues presented in this guide or in other resources.

Then figure out who can contribute! Who cooks when folks down the block need food? Who can open up space when someone needs shelter? Can we pull our resources to cover the survivor’s expenses?
CALLING A HOTLINE

A hypothetical call to a community IPV responder might sound like this:

“Alright, so you’re in X community...we’ve got some folks that will come by, and they’re gonna roll through, they’ll be outside, if you want them to come inside they will. And you get to call the shots here of how it’s gonna work, and they’re just gonna check and see that everybody’s okay and see what we can do.”

MH First hotline responders already have a protocol for answering calls from people in crisis, assessing risks, and safety planning, which they have adapted to IPV situations.

PARTNERING WITH YOUR LOCAL IPV PROVIDER

It’s a good idea to reach out to your local (like-minded) DV / IPV service organizations and ask to partner. They might be able to offer training, advice, and resources and will be an important referral source.

It will also help you plan how to best meet unmet community needs if you know exactly what services local DV providers can offer. There are roles that DV programs already do well, but for many reasons folks in the community may not be accessing those services. Your program can help bring those services to the community or serve as a link.

For example, most providers offer completely free and confidential services and are not mandated reporters to law enforcement, Child Protective Services, or Adult Protective Services (a common fear). They will typically provide a 24/7 crisis hotline, crisis counseling, safety planning, court support, resource referrals, and support with emergency relocation and legal services if requested. Some offer case management to support survivors experiencing a housing crisis toward financial sustainability, and many also provide youth services such as therapy, prevention, and legal services.
However, if a DV agency has a mobile response team for on-site crisis intervention, they will almost certainly only respond when law enforcement is present and the person causing harm is in custody. When your program is up and running, you can serve as a referral for your local DV organization and help meet the needs of survivors they can’t reach.

You may want to partner with local DV providers if you need to help survivors find shelter. They can help clients seek and access DV shelters and will reach out to agencies to find available shelter space on their behalf. Emergency relocation services can include overnight hotel stays, provision of food, toiletries, and other essentials, and help with transportation to shelter or a safe supporter. Emergency relocation options usually have restrictions that may present significant hardships for some survivors, such as accepting whatever safe DV shelter space is available, being sober or abstaining from substance use, and no guests. While these restrictions make DV shelters not always a good fit for some survivors, they are available as a resource in the community right now.

Unfortunately, your local DV organization is likely underfunded and lacks capacity to meet all the needs in your community. According to the 2021 National Network to End Domestic Violence National One Day Census, in just one day, DV agencies across the country received roughly 21,000 crisis contacts by phone, chat, text, and/or email, and served more than 70,000 Survivors through emergency shelters/housing or nonresidential assistance including counseling, legal advocacy, support groups, etc. Yet still approximately 10,000 unmet requests for services occurred in this one day, including emergency shelter, housing, transportation, childcare, legal representation, and more—that could not be provided because programs lacked the resources to meet victims’ needs. There is a lot of need and your program, no matter how big or small, can help meet it.
EMERGENCY SAFETY PLANNING AND PUBLIC EDUCATION

INTERRUPTING INTIMATE PARTNER VIOLENCE

IPV advocates already provide a number of safety planning services, including meeting survivors at safe locations for safety planning and extraction. Models already exist in which the advocate will meet the survivor at a hotel or other location (a restaurant or church, for example) and help them address their immediate safety needs. We can build off of these existing practices and learn from local DV organizations, many of whom recognize that survivors need a non-law enforcement option and may be willing to partner with you. We can also help dispel fears that local DV organizations will engage law enforcement without the survivor’s consent.

In a conversation with advocates from Futures Without Violence, they pointed to the need to provide emergency safety planning services with explicit policies against non-consensual law enforcement engagement. While DV agencies are legally prohibited from involving law enforcement without survivor consent (which is a direct violation of state law and VAWA), having explicit policy could assuage fears of survivors.

They also stressed the need for public education about safety planning strategies that do not include law enforcement that are developed in families, communities, and neighborhoods so that domestic violence organizations are not the only source of knowledge about safety planning. MH First is doing this in Oakland, and offering ongoing training for new volunteers and members of the community so that ultimately they can respond themselves without MH First.

Public education is also critical around community-based separation of the person causing harm that does not rely on incarceration. This can take many forms. Making people feel less isolated, building more connections so survivors have people in their lives to create that separation from the person causing harm, are practical first steps we can take in this direction.

We provide some resources and places to find more info about safety planning, so that your first responder team can also be a repository of information for the rest of your community.

Engaging community leaders to spread awareness about your program, as well as your explicit policy against non-consensual law enforcement contact, will be key in growing your program.
A LONG HISTORY OF ALTERNATIVE INTERVENTIONS IN COMMUNITIES OF COLOR

“Let’s be honest. Historically, it’s not as if calling law enforcement has ever worked for our communities. Our communities have always figured out a way to rally. And, in fact, if we truly look particularly at communities of color, going further back, women took in other women before shelters were a thing. It was: You knew so and so at the end of the block, and she said, “Girl, this is where you go, you’re gonna go there and she’ll take you, we’ll figure this out or whatever, and I’ll have my husband go over to the house and watch the house to make sure that everything is ok.”

We have done this before, we have built it, and so we just need to return to what is funded and understood and lifted up as an actual opportunity."

— Colsaria Henderson, California Partnership to End Domestic Violence
We’ve had in our communities these accountability support systems before. I would come home from school, sometimes there would be a strange person in my house with her kids. And I’d say, “Who’s that?” My mama says, “Es tu tia — it’s your aunt.” “But I’ve never seen her,” and she’d say, “Go play with the kids.” And I did.

I mean she was a stranger, but my mom called her my aunt. “She’s your relative.” I would see bruises on her arms and stuff like that, and my mom would take her. And so we’ve had those systems that embraced....the thing is that because we’ve been indoctrinated in this punitive system for so long, we’ve forgotten many of these ways.

And the other thing is that we need the system to get out the way, get out of the way of really what we need to do, because there are models out there.

— Maestro Jerry Tello, National Compadres Network
START SMALL AND KEEP PRACTICING

Small conflicts prepare us for bigger conflicts and even instances of violence. These smaller interactions can give us the practice and language to change how we relate to one another.

Transformative justice processes can feel daunting because they require a deep commitment of time and energy. Organizers in the transformative justice movement, however, emphasize that we can all take smaller steps in our daily lives and in our personal relationships that can move in the direction of transformative justice, deepen our relationships with the people around us, and prepare us to take bigger steps in the future.

In their workbook Fumbling Towards Repair, Mariama Kaba and Shira Hassan share an excerpt from Erica R. Meiners of a transformative justice intervention on one block:

Several years ago, my household decided that we would no longer be silent witnesses to an ongoing “domestic disturbance”. After deciding not to look away, my household strategized and formulated a loose plan that was neither radical nor labor-intensive. We introduced ourselves to this couple who live two doors south and made a point to have repeated conversation about mundane topics in moments when no one appeared in crisis or high or drunk. ... We talked to other neighbors about what was going on and about how to reduce the police presence, which no one in the neighborhood wanted. ... When we heard yelling and what might be violence, at least two of us walked over and said, “Hi. Is everyone ok?”

Our actions changed the neighborhood in small ways. People on the block talked to one another more. We shared information about other issues on our block: elderly neighbors that needed help, annoying dog owners who did not pick up dog poop, bad landlords. ... Perhaps the violence was driven inside, into the basement or behind locked doors and windows. Perhaps our friendliness was interpreted as social shaming. Perhaps we simply masked the problem. Yet this experience did give us a new way of thinking about our block, about the work of community, the relationships between neighbors, and the idea that a bystander is never neutral but rather plays an integral role.

We can all begin to practice transformative justice by building community, block by block, one conversation at a time.
As we build community-centered intervention and prevention strategies (ultimately with funding attached), we should think about what would it be like for us to return to a way in which people in your community — and I define community loosely: your church, your mosque, your synagogue — show up and ask, ‘What’s happening, and how do we have your back? How do we believe you, take care of you, and help you find what’s needed for that moment, and then on an ongoing basis.’

— Colsaria Henderson, California Partnership to End Domestic Violence
Momentum is building for shifts in policy and practice, away from punitive responses to IPV and towards public health, economic and community solutions. This moment has been a long time coming. In this section, we briefly trace how the anti-IPV movement became enmeshed with the criminal punishment system, the growing debate around non-carceral approaches, and what are some policy changes we need to reimagine public safety in our homes and relationships.
I really feel like this is the pivot point in our field...to be able to see a horizon, see a future, where there is very little to no law enforcement involvement in our communities because there doesn’t have to be.

—Jacquie Marroquin, California Partnership to End Domestic Violence

The antiviolence movement was largely a grassroots, survivor-centered movement until a couple of things happened: 1) The foremothers of the anti-IPV movement, in their desperation to save the lives of women, turned to law enforcement as the primary answer for safety and many did so without understanding clearly the potential negative impacts this would have on communities of color; 2) Some folks in the anti-violence movement preyed upon this desperation to launch campaigns that co-opted narrative and funding.

“Despite women of color in the domestic violence field warning us 40 years ago that this collusion and this meshing into the criminal-legal system was going to be problematic for communities of color, we ended up in 1994 with the Violence Against Women Act, which was tucked into the Crime Bill of 1994,” explains Jacquie Marroquin of California Partnership to End Domestic Violence. “The Violence Against Women Act, which provided all of the infrastructure that the field now has — funding, shelters, the package of services that our organizations provide — all of those were part of the same Crime bill that increased the prison population and has fueled the mass criminalization of Black and Brown bodies across the country.”

Beth Richie and Shira Hassan chronicled some of this history in a 2020 webinar: the movement’s priority focus on liberation, justice, healing shifted towards a focus on “safety”, where “safety” and “success” meant services (like a protection order and 30 days housing), not liberation or any kind of transformation or accountability.
Mimi Kim, cofounder of INCITE! Women of Color Against Violence, reflects on the past several decades of the anti-violence movement’s focus on criminalization and what it has meant for survivors:

“There was a real limitation in the kind of services we were developing. We still need shelters, but there was a way in which everything was focused around escape: that if you are facing a violent situation — whether it be sexual violence or domestic violence or interpersonal violence — you needed to leave that relationship, you needed to get out, you need to escape as an individual and as someone disconnected from your communities.

“And in a way, the ways in which I know many people in my community have been very, very connected to our families, caring what people think, relying upon each other, it was looked upon in a kind of a white, western frame, as overly dependent, childlike, and was discouraged. And for many people they didn’t want to leave a relationship, they didn’t think that was an option for them, they actually preferred staying. They knew that escaping might mean leaving their entire community.

“So that is not that different than it is today — unfortunately that’s 20 years ago I’m describing — for many people if you’re going to call a shelter, a hotline, or a crisis line, this is still the kind of assumption that you’re going to have. I also saw how I was part of a movement that had gone increasingly towards law enforcement: call 9-1-1 was on all of our hotlines, and still is; the Violence Against Women Act, VAWA, is part of the crime bill, and it is still, part of the Department of Justice, which is where law enforcement rests. So I think that many of us, particularly in communities of color, queer communities, and immigrant communities were feeling like these options still were not very available to us, didn’t meet our needs, and were not what we were looking for. And yet we were really trapped in this kind of framework.”
A moment of truth in the domestic violence movement.

Now attitudes seem ready to change. There is growing debate and dialogue within the Domestic Violence / IPV movement around the role of policing and the carceral system, and how to offer services to the millions of survivors for whom the police are not a safe option.97

Alternative responses for IPV are growing in popularity. A 2020 poll found that “8 in 10 Californians (79%) support alternatives to jail for people who cause domestic violence” including counseling, substance use treatment, social worker supervision, or “restitution to the person who experienced the violence (for example, paying for their therapy, medical expenses, or loss of employment).”98

We need to trust people to be the experts on their own lives and to take them seriously and have faith in people to set the course for working from harm to transformation. I think that comes from… best from people who are experiencing harm and have a vision for themselves about what they want. And to give people time to identify what that is and be willing to sit with the discomfort of not being able to rescue somebody in a, in a simple or quick way. I think that those values were ultimately the most healing for me.

— A Community Responds to Domestic Violence, STOP99
FUNDING FOR COMMUNITY RESPONSE MODELS

Support for removing IPV response from law enforcement and into the hands of trained civilian responders — similar to the MH First model — is growing across the country. Several national and local polls already show that strong majorities favor a non-law enforcement community response to intimate partner violence, domestic disturbances and/or interpersonal violence.\textsuperscript{100}

As community first response programs begin to launch, we need to fund these programs adequately so they can succeed — and then scale them up. This will take time, and trial and error. We can spur the process along, however, if we can win some public funding for alternatives to police in our city and state budgets.

The Anti Police-Terror Project, the Justice Teams Network, our network members, and coalition partners support legislation which would fund community response models like MH First to respond to Intimate Partner Violence and other crises. In 2021, the state of California adopted groundbreaking legislation that JTN co-sponsored, the CRISES Act (AB118), to fund pilot community response programs like MH First for IPV, mental health crises, and other local emergencies.\textsuperscript{101}

REDIRECT PUBLIC FUNDS FROM LAW ENFORCEMENT TO PUBLIC HEALTH APPROACHES

Redirecting dollars from bloated police budgets into things that support communities, invest in our humanity, and prevent violence from happening in the first place has become a national rallying cry taken up by organizers across the country. As these campaigns gain traction, IPV is a logical place where police should be removed to the maximum extent possible.

INVEST IN PREVENTION AT ALL LEVELS

Outside of immediate crisis response that does not rely on police/incarceration, prevention and investment in protective factors at all levels is crucial.\textsuperscript{102}
Economic dependence is a key risk factor for IPV, and poverty is among the root causes that lead to many forms of violence and abuse. We can’t just focus on stopping individual incidents of violence; we need to address poverty and the underlying conditions that produce it. Economic justice measures, like deeply affordable housing, are IPV prevention strategies and obvious places to reinvest after reallocating funds from bloated, wasteful police budgets. Such strategies enjoy overwhelming popularity as well.

The most frequent and unmet request among survivors is stable, affordable housing. It is especially hard for survivors to find housing because of depleted savings, poor credit because of financial abuse, and past evictions due to domestic violence (some states have laws protecting against this, but many don’t).

Community is essential to overcoming isolation that often keeps survivors trapped. With gentrification, where is the space that can hold this sense of community? How can we rebuild our neighborhoods and communities torn apart by gentrification and displacement?

“With gentrification, where is the space that will hold the sense of community?”

— Erin Scott, Marissa Seko & Undrea Barnes, Family Violence Law Center
Move IPV Responsibility from Probation to Public Health Departments; Improve and Expand Programs for People Who Harm

The menu of options that mainstream DV organizations provide, which comes from the state of CA, is limited, especially for people who harm. Currently, the anti-domestic violence movement is largely divided between services and policies for “victims” on the one hand versus “batterers” on the other. Organizations that work with the person causing harm or the entire family cannot get federal funding, which has created a large gap and needs to be addressed. As noted earlier, advocates stress the importance of whole family work, which is almost impossible under existing political conditions. Most programs for people who cause harm are only available after they are arrested (and typically convicted) and are certified and governed by probation departments, which often do not certify programs that are non-punitive or culturally-rooted.

In an attempt to distance responses to IPV from the criminal justice system and address the issue as the public health problem it is, IPV could be something that public health departments are responsible for, not probation departments. This type of hand-off, probation to public health, has happened across many states, including California, with respects to juvenile justice. IPV could be a new addition to this trend, introducing professionals with different perspectives into the fight against IPV that are not a part of law enforcement agencies.
To decriminalize domestic violence, repealing mandatory arrest procedures is an absolute must. There is little to no credible deterrence effect, while the harms from these policies are palpable. Forcing police officers to arrest people involved in IPV has dramatically increased the rate of double arrests, where both the abusing partner and survivor are arrested, and cases where the survivor is falsely arrested, as we noted earlier. In addition, not all survivors want their partners arrested. Mandatory arrest policies force a one size fits all solution that is ultimately counterproductive when stopping IPV.\(^{109}\)

No-drop prosecution policies should be ended. Forcing prosecutors to pursue domestic violence cases, regardless of the survivor’s wishes, unnecessarily involves the criminal legal system and contributes to mass incarceration. Mandatory sentences should be removed as well.\(^{110}\) American jails and prisons are some of the most violent institutions in the world. Where is the logic in sending people who cause violence into more violence, providing them with no resources or support and then spitting them back into our communities to start the cycle all over again?

Decarceration itself is an intimate partner violence prevention strategy, as prisons, jails and immigrant detention centers create more trauma, destabilization, and isolation for families, and replicate patterns of violence, abuse, patriarchy, power and control.\(^{111}\)
VAWA funds total approximately $600 million annually — 85% of which is dedicated to the criminal legal system instead of social services. These funds should be redistributed from the criminal legal system to provide economic relief to survivors and funding for community programs. Survivors are often caught up in cycles of financial abuse, meaning they require immediate, sustained financial support. Consequently, microloans and cash transfers should be available for survivors. Furthermore, VAWA funds should not be withheld from programs that incorporate transformative justice strategies. States differ on which types of domestic violence cases can and cannot use VAWA funds, but, in general, this foreclosure of revenue discourages the exploration of alternative approaches, entrenching the status quo. Broadening the parameters of VAWA is key to nurturing a transformative justice approach.
Did you know that undocumented survivors of IPV may be eligible for VAWA or U-Visa immigration benefits? There are also immigration benefits for survivors of trafficking (T-visa). These avenues would likely require working with the state but are important considerations for callers to know about. Local immigrants rights organizations or legal aid offices might be able to assist with these issues.
A Moment of Truth

In June 2020, at the height of the rebellion that summer, 46 statewide sexual assault and domestic violence coalitions signed on to the following statement titled, “Moment of Truth”.¹¹⁵

This is a moment of reckoning. The murder of George Floyd broke the collective heart of this country, and now, finally, millions of people are saying their names: George Floyd, Breonna Taylor, Tony McDade, Ahmaud Arbery – an endless list of Black Lives stolen at the hands and knees of police. The legacies of slavery and unfulfilled civil rights, colonialism and erasure, hatred and violence, have always been in full view. Turning away is no longer an option. Superficial reform is not enough.

We, the undersigned sexual assault and domestic violence state coalitions, call ourselves to account for the ways in which this movement, and particularly the white leadership within this movement, has repeatedly failed Black, Indigenous, and people of color (BIPOC) survivors, leaders, organizations, and movements:

- We have failed to listen to Black feminist liberationists and other colleagues of color in the movement who cautioned us against the consequences of choosing increased policing, prosecution, and imprisonment as the primary solution to gender-based violence.
- We have promoted false solutions of reforming systems that are designed to control people, rather than real community-based solutions that support healing and liberation.
- We have invested significantly in the criminal legal system, despite knowing that the vast majority of survivors choose not to engage with it and that those who do are often re-traumatized by it.
- We have held up calls for “victim safety” to justify imprisonment and ignored the fact that prisons hold some of the densest per-capita populations of trauma survivors in the world.
- We have ignored and dismissed transformative justice approaches to healing, accountability, and repair, approaches created by BIPOC leaders and used successfully in BIPOC communities.
We acknowledge BIPOC’s historical trauma and lived experiences of violence and center those traumas and experiences in our commitments to move forward. We affirm that BIPOC communities are not homogeneous and that opinions on what is necessary now vary in both substance and degree. We stand with the Black Women leaders in our movement, for whom isolation, risk, and hardship are now particularly acute. And we are grateful to the Black Women, Indigenous Women, and Women of Color – past and present – who have contributed mightily to our collective body of work, even as it has compromised their own health and well-being.

This moment has long been coming. We must be responsible for the ways in which our movement work directly contradicts our values. We espouse nonviolence, self-determination, freedom for all people and the right to bodily autonomy as we simultaneously contribute to a pro-arrest and oppressive system that is designed to isolate, control, and punish. We promote the ideas of equity and freedom as we ignore and minimize the real risks faced by BIPOC survivors who interact with a policing system that threatens the safety of their families and their very existence. We seek to uproot the core drivers of gender-based violence yet treat colonialism, white supremacy, racism, and transphobia as disconnected or separate from our core work.

A better world is within reach. It is being remembered and imagined in BIPOC communities around the world, and it is calling us to be a part of it. In this world:

- all human beings have inherent value, even when they cause harm;
- people have what they need – adequate and nutritious food, housing, quality education and healthcare, meaningful work, and time with family and friends; and
- all sentient beings are connected, including Mother Earth.
It is time to transform not only oppressive institutions, but also ourselves. Divestment and reallocation must be accompanied by rigorous commitment to and participation in the community solutions and supports that are being recommended by multiple organizations and platforms.

We are listening to and centering BIPOC-led groups, organizations, and communities. We join their vision of liberation and support the following:

- **Reframe the idea of “public safety”** – to promote and utilize emerging community-based practices that resist abuse and oppression and encourage safety, support, and accountability
- **Remove police from schools** – and support educational environments that are safe, equitable, and productive for all students
- **Decriminalize survival** – and address mandatory arrest, failure to protect, bail (fines and fees), and the criminalization of homelessness and street economies (sex work, drug trades, etc.)
- **Provide safe housing for everyone** – to increase affordable, quality housing, particularly for adult and youth survivors of violence, and in disenfranchised communities
- **Invest in care, not cops** – to shift the work, resourcing, and responsibility of care into local communities.

The undersigned coalitions agree that the above actions are both aspirational and essential. While timing and strategy may differ across communities, states, and sovereign nations, we commit to supporting and partnering with BIPOC leaders and organizations. We commit to standing in solidarity with sovereignty, land and water protection, and human rights. And we say resoundingly and unequivocally: BLACK LIVES MATTER!

The Coronavirus pandemic, unchecked and increased police violence, political and economic upheaval, and stay-at-home isolation have produced the “perfect storm.” We have a choice to make: run from the storm or into it. We choose to run into it and through it. We choose to come out the other side better, whole, loving, just, and more human.

We have spent decades building our movement’s voice and power. How we use them now will define us in the years ahead. Let our actions show that we did not stand idly by. Let them show that we learned, changed, and will continue to demonstrate that Black Lives Matter is a centering practice for our work.
Affirmed by:

- Alabama Coalition Against Rape
- Alaska Network on Domestic Violence and Sexual Assault
- Arkansas Coalition Against Sexual Assault
- California Coalition Against Sexual Assault
- California Partnership to End Domestic Violence
- CAWS North Dakota
- Colorado Coalition Against Sexual Assault
- End Domestic Abuse Wisconsin
- Florida Council Against Sexual Violence
- Georgia Coalition Against Domestic Violence
- Georgia Network to End Sexual Assault
- Idaho Coalition Against Sexual & Domestic Violence
- Illinois Coalition Against Domestic Violence
- Indiana Coalition Against Domestic Violence
- Iowa Coalition Against Domestic Violence
- Iowa Coalition Against Sexual Assault
- Jane Doe Inc. (Massachusetts Coalition Against Sexual and Domestic Violence)
- Kentucky Association of Sexual Assault Programs, Inc.
- Kentucky Coalition Against Domestic Violence
- Maine Coalition Against Sexual Assault
- Maine Coalition to End Domestic Violence
- Maryland Network Against Domestic Violence
- Mississippi Coalition Against Sexual Assault
- Montana Coalition Against Domestic and Sexual Violence
- Nebraska Coalition to End Sexual and Domestic Violence
- Nevada Coalition to End Domestic and Sexual Violence
- New Jersey Coalition Against Sexual Assault
- New Jersey Coalition to End Domestic Violence
- New Mexico Coalition of Sexual Assault Programs, Inc.
- New York State Coalition Against Domestic Violence
- New York State Coalition Against Sexual Assault
- North Carolina Coalition Against Domestic Violence
- North Carolina Coalition Against Sexual Assault
- Ohio Alliance to End Sexual Violence
- Ohio Domestic Violence Network
- Pennsylvania Coalition Against Domestic Violence
- Pennsylvania Coalition Against Rape
- Tennessee Coalition to End Domestic and Sexual Violence
- Utah Coalition Against Sexual Assault
- Vermont Network Against Domestic and Sexual Violence
- Violence Free Colorado
- Virginia Sexual & Domestic Violence Action Alliance
- Washington Coalition of Sexual Assault Programs
- Washington State Coalition Against Domestic Violence
- West Virginia Coalition Against Domestic Violence
- Wisconsin Coalition Against Sexual Assault
Conclusion

It is clear that major political, social and cultural changes need to happen in order to eradicate violence in our relationships and communities. While we fight for those changes, we must urgently create solutions ourselves — and we have them right here in our own communities.

Community responses to violence are not new. We have been gifted a set of tools from Black, Indigenous, POC, and immigrant communities, from queer, trans, and disabled folks. They have shown us that it’s doable, it’s feasible, and it’s up to us.

Let’s use these tools and keep building. Start small, with actions in your home or apartment, on your block, at your workplace or place of worship. Let’s do the work of organizing and building the relationships we need with each other so that we’re ready to mend our neighborhoods and heal our communities.
The United States was founded on violence. Violence against Black folks. Violence against Indigenous folks. Violence against Brown folks. Violence against women. The violence is not going anywhere any time soon. But we can choose how we respond to violence. We can choose transformative justice over a violent carceral state. We can choose healing over punishment. We can choose to invest in community care for community crisis rather than badges and guns that are either not utilized by survivors in danger or that bring more harm and violence when they are.

In this moment, when the entire world is reimagining how we define and implement public safety, our focus should be on creating small replicable models rooted in abolitionist paradigms that build on Indigenous and African healing practices our communities have engaged in for hundreds of years. We have always known that our safety could not be found in the house of our oppressor. It is beyond time that we define and implement safety for ourselves. Because, beloveds, We Take Care of Us.
Tools & Resources

This wonderful toolkit and accompanying workbook provide a roadmap and complete set of tools for intervening in situations of interpersonal violence, including intimate partner violence. It covers both rapid response interventions and longer processes of community accountability and healing, with an overview of IPV and other forms of violence and tools to assess a violent situation; safety planning to help survivors get and stay safe, provide support, and set goals; de-escalation and trauma; and how to engage in some form of community accountability process if they wish. We highly recommend you consider the Creative Interventions toolkit and workbook as a starting place. Available in multiple languages.
https://www.creative-interventions.org/toolkit/.

RAPID RESPONSE, CRISIS INTERVENTION, AND HEALING JUSTICE

Anti Police-Terror Project (APTP), First Responders Training Guide.
Developed by APTP’s First Responders Committee, this guide describes our rapid response model for supporting families impacted by police terror and documenting abuses by police throughout the Bay Area. After an incident of state terror, we connect impacted families with resources, legal referrals and healing opportunities and organize the community to respond.
https://www.antipoliceterrorproject.org/resources.
Mental Health First, a project of APTP.
As described above, MH First is a community-driven, non-police response to mental health crises including psychiatric emergencies, substance use support, and domestic violence safety planning. Both MH First Sacramento and Oakland offer ongoing holistic crisis response training for new volunteers and anyone in the community who wants to learn – including training spaces exclusively for BIPOC folks. Follow their social media for upcoming trainings. 

Our Healing Justice Train the Trainer Manual is designed for people to facilitate their own healing justice training in order to transform systems of violence. Use this resource to help you incorporate Healing Justice principles, practices, and actions into your movement work. https://justiceteams.org/healing-justice/train-the-trainer.

Dignity and Power Now, Healing Justice Toolkit.
This Toolkit provides guidance on how to offer different forms of healing assistance to those affected by trauma as a result of state law enforcement. It might give you ideas for incorporating healing justice in your approach to intimate partner violence. http://dignityandpowernow.org/wp-content/uploads/2019/05/Healing-Justice-Toolkit_PRINT_March-1.pdf

A Call for Change Helpline.
As described above, A Call for Change is available for free, confidential, anonymous help to people who may cause harm to their intimate partner. Call 877-898-3411 or email at Help@ACallForChangeHelpline.org. Open 10 a.m. to 10 p.m. 365 days a year. Their website has several free resources and information about the program. https://acallforchangehelpline.org/

Growing A New Heart.
A coalition of racial and social justice leaders whose mission is to facilitate respectful and ethical power relationships in our communities. They are a co-founder of A Call for Change Helpline (above). They offer an intensive training on how to have compassionate accountable conversations for community members and professionals who want to learn to interrupt, manage and help transform abusive values. Their curriculum equips participants to respond to people who have caused harm in an intimate partnership and shape accountable dialogues. https://growinganewheart.org/
Fireweed Collective.
The Fireweed Collective offers a variety of mental health education, mutual aid and rapid response training through a Healing Justice lens. Their work seeks to disrupt the abuse and oppression often reproduced by the mental health system and strives to cultivate a culture of care, free of violence, where the ultimate goal is not just to survive, but to thrive as individuals and as communities. Fireweed Collective works with schools, organizations, and other groups on a sliding-scale basis. 
https://fireweedcollective.org/peer-workshops-and-trainings/.

Million Experiments.
A zine project from Interrupting Criminalization, which highlights experiments in community crisis response and is a place to learn about new approaches. https://millionexperiments.com/.

Mia Mingus, Pods and Pod Mapping Worksheet, Bay Area Transformative Justice Collective.
Incisive article about how to define community, how most people lack a strong connection to community, and how to overcome that by forming a pod (defined above) of close people to respond to instances of violence. Includes a worksheet for mapping your own pod. https://batjc.wordpress.com/pods-and-pod-mapping-worksheet/.


Mariame Kaba & Shira Hassan, Fumbling Towards Repair: A Workbook for Community Accountability Facilitators, Project NIA and Just Practice.
This workbook for facilitating community accountability and transformative justice processes contains skill assessments, exercises and activities, reflection questions and facilitation tips. It is not a training manual for beginners or a rapid response guide. Rather it is meant for people who have experience facilitating community accountability processes or responding to intimate partner violence. https://www.akpress.org/fumbling-towards-repair.html.
TransformHarm.org is a resource hub about ending violence, transformative justice and community accountability created by Mariame Kaba with a huge selection of training materials, audio-visual resources, curricula, and more. https://transformharm.org

Mia Mingus. How to Give a Good Apology, for Bay Area Transformative Justice Collective’s Apology Lab.
Two-part blog about how to give a genuine apology -- a basic and fundamental part of holding ourselves accountable. https://leavingevidence.wordpress.com/2019/12/18/how-to-give-a-good-apology-part-1-the-four-parts-of-accountability/.

This guide for discussing transformative justice with youth, neighbors, colleagues, and friends is a great resource for educators. http://project-nia.org/building-accountable-communities-toolkit.

Barnard Center for Research on Women (BCRW), Building Accountable Communities Project video series,
This series of videos and events featuring transformative justice practitioners adrienne marie brown, Stas Schmiedt, Lea Roth, Mimi Kim, RJ Maccani, Priya Rai, Mia Mingus, Martina Kartman, Elliott Fukui, Sonya Shah, Rachel Herzing, Shira Hassan, and Ann Russo explores non-punitive, survivor-centered responses to violence, what real accountability means, what has worked and what are some likely obstacles. http://bcrw.barnard.edu/building-accountable-communities/

This compilation of writings on TJ gives a great introduction to the field, with personal stories of survivors and facilitators and excerpts from several toolkits. https://www.akpress.org/beyond-survival.html

Just Practice.
A training series for activists and community members who want to deepen their harm reduction skills and transformative justice practices. https://just-practice.org/about-just-practice
**Generation FIVE: Toward Transformative Justice: A Liberatory Approach to Child Sexual Abuse and other forms of Intimate and Community Violence.**

**Chrysalis Collective, “Beautiful, Difficult, Powerful: Ending Sexual Assault Through Transformative Justice.”**

**StoryTelling & Organizing Project.**
A project of Creative Interventions, this collection of stories of community interventions may be useful in your own work to intervene in interpersonal violence. [http://www.stopviolenceeveryday.org/](http://www.stopviolenceeveryday.org/).

**The Help Desk, Interrupting Criminalization.**
This free consultation service helps plan community interventions to transform harm. Note: They cannot assist with internal conflict, interpersonal conflict, or mediation. [https://www.interruptingcriminalization.com/helpdesk](https://www.interruptingcriminalization.com/helpdesk).
INTIMATE PARTNER VIOLENCE, SAFETY PLANNING AND LGBTQ2S RESOURCES

This toolkit provides resources for safety planning for intimate partner violence survivors and supporters from a prison abolitionist perspective. Learn strategies to support survivors that take account of both the dangers of IPV and the violence inherent in the criminal punishment system. [https://survivedandpunished.org/2022/04/13/new-toolkit-safety-planning-and-intimate-partner-violence/](https://survivedandpunished.org/2022/04/13/new-toolkit-safety-planning-and-intimate-partner-violence/).

Safety and Risk Assessment Tools.

- **Danger Assessment Tool**, Jacquelyn Campbell. This tool (with accompanying online training) helps to determine the level of danger an abused person has of being killed by their intimate partner. It is free and available to the public in a variety of languages. [https://vawnet.org/material/danger-assessment](https://vawnet.org/material/danger-assessment).

- **MOSAIC Threat Assessment (Gavin de Becker and Associates, Incorporated)**. [https://www.mosaicmethod.com/](https://www.mosaicmethod.com/).

California Partnership to End Domestic Violence.
The California Partnership to End Domestic Violence is California’s domestic violence coalition, representing over 1,000 advocates, organizations and allied groups throughout the state. Their website has tons of resources and contact info for local DV programs in your area if you live in California. [https://www.cpedv.org/](https://www.cpedv.org/).

National Domestic Violence Hotline.
The National Domestic Violence Hotline is available 24 hours a day, 365 days a year, and provides essential tools and support to IPV survivors of domestic violence. Their website has useful safety planning and other resources. [https://www.thehotline.org/](https://www.thehotline.org/)

A repository of IPV resources, training materials and information. [https://preventipv.org/](https://preventipv.org/)
Futures Without Violence.
Futures Without Violence is a health and social justice nonprofit working to heal those traumatized by violence - and create healthy communities free of violence in the future. They have produced several useful fact sheets on different IPV topics, including:

- Ways to help children and adults living with violence
- Engaging men
- Healing & prevention work focused on children
- Promoting employment opportunities for trafficking survivors
- LGBTQ IPV resources
- Anti-racism as violence prevention

More at: https://www.futureswithoutviolence.org/.

National Compadres Network.
The National Compadres Network works to strengthen, educate and heal individuals and communities through culturally-rooted practices and training.
https://www.nationalcompadresnetwork.org/training/training-curricula/.

Communities United Against Violence (CUAV).
CUAV works to build the power of LGBTQ communities to transform violence and oppression and to support the healing and leadership of survivors. They offer a range of training open to providers and community members. https://www.cuav.org/trainings-workshops.

The National Coalition of Anti-Violence Programs, Community Action Toolkit For Addressing Intimate Partner Violence Against Transgender People.

Preventing and Responding to Domestic Violence in Lesbian, Gay, Bisexual, Transgender, or Queer (LGBTQ) Communities.
A special collection of resources from the National Online Resource Center on Violence Against Women (VAWANet) addressing the issue of IPV in LGBTQ communities and relationships, with recommendations for enhancing culturally-specific practices and policies.  

Trans Lifeline.
Peer support crisis line for and by trans people with policies specifically prohibiting non-consensual active rescue -- meaning they will not call law enforcement without a caller’s explicit permission.  
https://translifeline.org/.

Transgender Gender-Variant & Intersex Justice Project (TGIJP).
TGI Justice Project support transgender, gender variant and intersex people inside and outside of prisons and jails by providing direct legal services for decarceration, housing, COVID-19 relief, Black Trans Leadership Development, and legal and legislative advocacy.  
http://www.tgijp.org/.

Safe OUTside the System (SOS) of the Audre Lorde Project.
The Safe OUTside the System (SOS) Collective is an anti-violence program by and for Lesbian, Gay, Bisexual, Two Spirit, Trans, and Gender Non Conforming people of color. They are devoted to challenging hate and police violence by using community-based strategies as alternatives to relying on the police. Their projects include the Safe Neighborhood Campaign, which organizes and educates local businesses and community organizations on how to stop violence without relying on law enforcement; and a community support referral and service network for survivors of police and hate violence in Central Brooklyn. The SOS Collective has also produced a Safe Party Planning Toolkit to help build safety in party spaces without relying on the police or state systems. The kit, available in English and Spanish, includes information about preventing and intervening in violence, making a community atmosphere where violence is not welcome, and supporting survivors of violence.  
Sovereign Bodies Institute (SBI).  
SBI focuses on generating knowledge and understanding of the impacts of gender and sexual violence on Indigenous nations and communities and opportunities for healing and freedom from such violence.  

API Chaya.  
API Chaya is a Seattle-based organization that empowers survivors of gender-based violence and human trafficking to gain safety, connection, and wellness. They build power by educating and mobilizing South Asian, Asian, Pacific Islander, and all migrant communities to end exploitation, creating a world where all people can heal and thrive. The Community Solutions program, which works outside the criminal legal system, uses principles and practices of transformative justice to increase the capacity of community members to respond to harm in ways that center the healing and dignity of survivors of sexual violence, those who have harmed them, and the community that surrounds them both.  
https://www.apichaya.org/#home-section.

Collective Healing & Transformation (CHAT) Project.  
A community-based restorative justice program in Contra Costa County for people who cause harm and survivors.  
https://chatproject.org/.

DE-ESCALATION AND CONFLICT RESOLUTION RESOURCES

Crisis Prevention Institute, Deescalation Skills and Tips,  
**ANTI-OPPRESSION AND ANTI-RACISM RESOURCES**

The Anti-Oppression Network.  
A coalition dedicated to liberation grounded in the principles of decolonization, anti-oppression and intersectionality.  

Anti-Oppression Resource & Training Alliance (AORTA).  
A coop with anti-oppression resources and training opportunities.  

Catalyst Project.  
Resources and trainings on anti-racism and collective liberation.  
[https://collectiveliberation.org/](https://collectiveliberation.org/).

**COPWATCH, KNOW YOUR RIGHTS, BYSTANDER INTERVENTION**

Berkeley Copwatch.  
[https://www.berkeleycopwatch.org/know-your-rights](https://www.berkeleycopwatch.org/know-your-rights).

Copwatch Handbook.  
[https://9a46f9d7-48d3-4fb9-8191-4c83ccb5c68f.filesusr.com/ugd/9faa72_802af2739a7c42c8a06c7f23f456215f.pdf](https://9a46f9d7-48d3-4fb9-8191-4c83ccb5c68f.filesusr.com/ugd/9faa72_802af2739a7c42c8a06c7f23f456215f.pdf).

Here’s How to Cop Watch, The Nation.  

Assata’s Daughters.  
[https://www.assatasdaughters.org/copwatch-2](https://www.assatasdaughters.org/copwatch-2).

People’s Response Team Chicago, Bystander Intervention Training Guide.  

People’s Response Team Chicago, Cop Watch 101 Training Guide.  
Healing Together Campaign, Alliance for Boys and Men of Color.

Alliance for Boys and Men of Color (ABMoC) has convened dozens of organizations to explore alternatives to criminalization for intimate partner violence. In 2019 they released a comprehensive policy paper on the need for a range of new policies to prevent IPV, some of which we explore in the next section. These policy recommendations include:

- Investing in and scaling up community-based prevention and response programs;
- Shifting responsibility for IPV intervention programs from probation to public health departments;
- Invest in and expand restorative responses to IPV;
- Decrease contact with law enforcement;
- Protect survivors and their parental rights by offering supports instead of separating families; and
- Removing mandatory sentencing.

JTN is proud to be a Healing Together partner.

Join the Healing Together campaign: [https://allianceforbmoc.org/campaigns/healing-together](https://allianceforbmoc.org/campaigns/healing-together).

Read the policy paper, Healing Together: Shifting Approaches to End Intimate Partner Violence: [https://www.policylink.org/resources-tools/ht-shifting-approaches-summary](https://www.policylink.org/resources-tools/ht-shifting-approaches-summary)
Survived & Punished, Criminalizing Survival.
This curriculum guide for political education on the intersections of racialized gender-based violence and criminalization is intended for activists, advocates, organizers, and community members to learn more about the criminalization of intimate partner violence survivors.
https://survivedandpunished.org/criminalizing-survival-curricula/.

Defending Self-Defense: A Call to Action by Survived & Punished.
A community-based, survivor-centered research report about the criminalization of self-defense, survivor defense campaigns, and how to transform the systemic conditions of criminalized survival.

For many more survivor defense resources, visit: https://survivedandpunished.org/.

#DefundPrisonsDefendSurvivors, Letter Writing and Petitioning to Free Criminalized Survivors.
This website hosts a collection of actions that you can take to help survivors behind bars, including Survived and Punished Letter Writing Action Center, where you can send personalized messages to survivors, offering your solidarity and support.
https://www.defendsurvivorsnow.org/defend-survivors.html

Leigh Goodmark, Decriminalizing Domestic Violence:
Acknowledgements

Thank you to our community partners who so generously shared their time and wisdom with us in the course of writing this guide. In particular, we are grateful for the insights of Colsaria Henderson, Jacquie Marroquin, and Krista Colón of the California Partnership to End Domestic Violence; Kate Vander Tuig, Graciela Olguin, and Virginia Duplessis at Futures Without Violence; Reina Sandoval-Beverly and Lisa Osborne at STAND for Families Free of Violence; Maestro Jerry Tello of the National Compadres Network; Mimi Kim of Creative Interventions; Mia Mingus with the Bay Area Transformative Justice Collective; and Erin Scott, Marissa Seko, and Undrea Barnes of the Family Violence Law Center.

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About the Justice Teams Network

The Justice Teams Network is a project of the Anti Police-Terror Project. The JTN statewide coalition is comprised of rapid response organizations across California that build infrastructure to support victims and survivors of state violence and mass criminalization.

https://justiceteams.org/

About the Anti Police-Terror Project

The Anti Police-Terror Project is a Black-led, multi-racial, intergenerational coalition that seeks to build a replicable and sustainable model to eradicate police terror in communities of color. We support families surviving police terror in their fight for justice, documenting police abuses and connecting impacted families and community members with resources, legal referrals, and opportunities for healing.

www.antipoliceterrorproject.org.
Endnotes


4 Emory University, https://psychiatry.emory.edu/niaproject/resources/dv-facts.html (“IPV results in nearly 1300 deaths and 2 million injuries every year in the United States.”)


7 Ibid p. 11.

8 Ibid p.5.
9 Ibid p. 4.

10 National Domestic Violence Hotline, Who Will Help Me? Domestic Violence Survivors Speak Out About Law Enforcement Responses. Washington, DC (2015), pp. 1-6. http://www.thehotline.org/resources/law-enforcement-responses (finding that among survivors who have had law enforcement interactions, 50% stated that it did not assist them in their safety, and one-third felt that it actually made things worse. Overall, 1 in 4 survivors reported that they would not call the police in the future; more than half said calling the police would make things worse; and two-thirds or more said they were afraid the police would not believe them or do nothing.)


14 See Goodmark, National Domestic Violence Hotline (2022) p. 10; National Domestic Violence Hotline (2015), pp. 4, 8. See also, Avon Foundation for Women for Casa de Esperanza: National Latin@ Network and NO MORE, The NO MÁS Study: Domestic Violence and Sexual Assault in the U.S. Latin@ Community, Washington, DC (2015), pp. 9-13. https://www.issuelab.org/resources/21706/21706.pdf (survey of 800+ latinx respondents noting that 41% of respondents viewed deportation as a reason “why victims may not come forward”, while 39% said “fear of children being taken away” was a big reason someone wouldn’t ask for help.)

15 There are troubling reports that some agencies require survivors to agree to prosecute before receiving services, although this would be illegal and against best practices. See for example, City of Oakland Department of Violence Prevention, Town Hall on Gender Based Violence (April 2021).


17 Goodmark, National Domestic Violence Hotline (2022) p. 5.
Five years ago, a woman only being referred to as Jane Doe went to the San Francisco Police Department for help. She had been raped. A rape kit was conducted and her DNA was collected. She had no idea that that DNA would later be used to arrest her in connection with an unrelated property crime. Now, she has filed a federal lawsuit against the city. See Eduardo Medina, “Woman Sues San Francisco Over Arrest Based on DNA From Her Rape Kit,” New York Times, September 13, 2022, https://www.nytimes.com/2022/09/13/us/rape-kit-dna-san-francisco.html.


26 Interview with Reina Beverly-Sandoval and Lisa Osborne, STAND for Families Free of Violence, Contra Costa, July 2020.

27 Goodmark, National Domestic Violence Hotline (2022) p. 11.


35 Slater and Zurz LLP, “‘Dual arrests’ in domestic violence may hurt victims; New laws help with possible consequences.”


38 Interview with Colsaria Henderson, Board President of California Partnership to End Domestic Violence (formerly executive director of Communities Overcoming Relationship Abuse (CORA)), May 2020.

39 Interview with Reina Beverly-Sandoval and Lisa Osborne, STAND for Families Free of Violence, Contra Costa, July 2020.


41 Ibid.

42 Ibid.

43 Interview with Reina Beverly-Sandoval and Lisa Osborne, STAND for Families Free from Violence.


46 As noted earlier, child welfare involvement can result in a survivor losing custody of their children, and immigration can lead to deportation. This discussion comes from Justice Teams Network, “We Take Care of Us: Community Crisis Response Webinar,” featuring Jacquie Marroquin and Colsaria Henderson, July 17, 2020, https://justiceteams.org/wetakecareofus-webinar-series.


Definition by Cara Page and Kindred.


Anti Police-Terror Project, “Mental Health First.” https://www.antipoliceterrorproject.org/mh-first-1. @mhfirst.


It's important to note that community responder teams would not likely enjoy any privilege protection from subpoena, whereas formal DV organizations do have these protections in California Evidence Code and under federal law.

Email communication Krista Colón, Public Policy Director, California Partnership to End Domestic Violence, CPEDV, October 22, 2020.


62 Fumbling Towards Repair, p. 7


65 Colsaria Henderson, Understanding Violence and Abuse in Intimate Relationships, A Training for Mental Health First, June 2021.

66 Fumbling Towards Repair p. 4


71 For example, https://bonitahouse.org/catt/.

72 This is an excerpt of a training by Colsaria Henderson for the Anti Police-Terror Project’s Mental Health First program.


75 Ibid pp. 5-6.


While restorative justice has been gaining popularity (and receiving more funding), advocates caution that law enforcement may use restorative justice to continue to exert control and prop up the carceral system.


While programs are prohibited from doing this, advocates state that it still occurs.


See for example, Blue Shield Foundation of California, https://www.letsenddv.org/healable (“70% of people who cause harm through domestic violence have also experienced it themselves, as survivors or witnesses”); and “Boyhood violence victims are more likely to commit similar acts on intimate partners,” Science Daily, 2017, https://www.sciencedaily.com/releases/2017/06/170620093133.htm (summarizing Laura A. Voith, et al., “Extending the ACEs Framework: Examining the Relations Between Childhood Abuse and Later Victimization and Perpetration With College Men,” Journal of Interpersonal Violence, 2017; which found that 60% of college-aged men who
committed IPV had been victims of violence as children, concluding that “Men violent with their intimate partners were very likely victims of violence in childhood who developed trauma and poor coping behaviors as a result.”

85 Email correspondence with Kate Vander Tuig, Graciela Olguin, and Virginia Duplessis of Futures Without Violence, May 26, 2020.

86 Ibid.

87 See for example, these existing hotlines for people who cause IPV, sexual violence, and child sexual abuse: https://respectphoneline.org.uk/; and https://www.stopitnow.org/get-immediate-help.


89 Drawn from Barnard College. Building Accountable Communities video series, featuring brilliant discussion by adrienne marie brown, Stas Schmiedt, Lea Roth, Mimi Kim, RJ Maccani, Priya Rai, Mia Mingus, Martina Kartman, Elliott Fukui, Sonya Shah, Rachel Herzing, Shira Hassan, and Ann Russo. See also Creative Interventions Toolkit, Section 4F.


92 Family Violence Law Center, training for Mental Health First, June 2021.


96 Shira Hassan and Beth Richie, https://nnedv.zoom.us/rec/play/lR6hyv5qq-2YsxLpdzYqGWt1Pb98n9b8mDLlvqVhbK6ss31hfZFjHODnuRBTK6JhUXdfbApVcMdVVjt.Qq5SOPKQtpP6o3a7.


100 See for example, Data For Progress, 2020, https://www.dataforprogress.org/blog/2020/6/6/voters-support-reforms-have-lost-trust-in-police (finding roughly two-thirds of voters support creating a new, non-police first responder agency to handle mental health and other crises, and the same percentage also support training community leaders to de-escalate potentially violent situations; Ipsos Reuters, “Americans supportive of peaceful protests and bipartisan support for police reform,” June 2020, https://www.ipsos.com/en-us/news-polls/reuters-ipsos-data-police-reform-george-floyd-2020-06-12 (“Of those who are familiar with proposals to move some money currently going to police budgets into better officer training, local programs for homelessness, mental health assistance, and domestic violence, 76% support it.”); Oakland Chamber of Commerce/FM3 Research, Pulse of Oakland 2020, https://www.oaklandchamber.com/wp-content/uploads/2020/11/Pulse-of-Oakland-2020-Attendee-Deck-Read-Only-1.pdf (finding 86% of Oakland residents surveyed agreeing with statement “Do you support shifting responsibility for some of the tasks currently assigned to the Oakland Police Department – like homelessness response, mental health response, domestic disturbances, special events security, traffic enforcement, or abandoned auto removal – to other City departments, private companies, or community-based organizations?”)
APTP, JTN and its anchor organizations BLM-LA and STOP Coalition co-sponsored AB 118 and fought for its passage. The new law reads, “(a) The complexities of emergency issues surrounding crises in mental health, intimate partner violence, community violence, substance abuse, and natural disasters can, at times, be addressed more safely, with greater impact, and more cost effectively and efficiently by community-based organizations, which often have deeper knowledge and understanding of the issues, trusted relationships with the people and communities involved, and specific knowledge and relationships surrounding the emergency.” See https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB118.

Email correspondence with Kate Vander Tuig, Graciela Olguin, and Virginia Duplessis of Futures without Violence, May 26, 2020.

Interview with Erin Scott, Marissa Seko, Undrea Barnes of the Family Violence Law Center, April 22, 2020.

See also “Experiences with COVID-19, Equity, and Domestic Violence,” PerryUndem for Blue Shield of California Foundation, March 2020, https://blueshieldcafoundation.org/resources/collections/perryundem-survey-californians-experiences-covid-19-equity-and-domestic (finding 9 in 10 Californians support childcare (93%), food (93%), housing (93%), and transportation (91%) assistance to help those who have experienced domestic violence. Another 8 in 10 support paid leave from work (83%) and cash assistance (83%).”


Interviews with Erin Scott, Marissa Seko and Undrea Barnes, Family Violence Law Center, April 22, 2020; and with Reina Beverly-Sandoval and Lisa Osborne, STAND for Families Free of Violence, Contra Costa, July 2020.

Interview with Reina Beverly-Sandoval and Lisa Osborne, STAND for Families Free of Violence, Contra Costa, July 2020.


10 Marc Philpart, Sybil Grant, and Jesús Guzmán, Healing Together: Shifting Approaches to End Intimate Partner Violence, Alliance for Boys and Men of Color, 2019, p. 37. 

11 See for example, Survived and Punished, and the work of Beth Ritchie, Mimi Kim and many others.


15 Moment of Truth: Statement of Commitment to Black Lives 