Domestic violence, and specifically, violence against intimate partners, has generated a large research literature in the last few decades, particularly in the area of policy and community response and intervention. However, less attention has been given to the use of more innovative approaches in such situations, namely the use of restorative justice (RJ) interventions for intimate partner violence (IPV). The aim of this review is to provide a general overview of how RJ approaches have been utilized in the context of IPV, systematically examine the available literature on RJ approaches to IPV, describe the interventions that have been developed and empirically tested, and synthesize the findings. This review summarizes existing empirical research and literature on RJ interventions for IPV. APA PsychNet, CINAHL, Criminal Justice Abstracts, Embase, Medline PubMed, PsychInfo, PTSD Publications, SCOPUS, Social Services Abstracts, Social Work Reference Center, SociINDEX, Sociological Abstracts, and Web of Science were systematically searched for English-language publications with no restrictions on the year of publication. As a result, 14 articles and 5 book chapters (empirical studies and reviews) on interventions were included in this review. Synthesized findings highlight the awareness and meaning of RJ, significance of community, goals and outcomes of RJ, timing of program implementation, and what types of IPV cases are best suited for RJ. Additionally, the review describes current research gaps as well as the challenges and barriers of implementing RJ interventions.
INTRODUCTION

Domestic violence (DV) is a crime as well as a serious public health problem, affecting individuals, families, and communities in the United States. In its broadest definition, DV includes both intimate partner violence (IPV) and family violence (e.g., adult child and parent); the focus in this article is on IPV. Approximately a third of women (37.3%) and men (30.9%) have experienced sexual violence, physical violence, or stalking by an intimate partner in their lifetime while 23.2% of women and 13.9% of men have experienced severe physical violence by an intimate partner (Smith et al., 2017). Additionally, nearly half of women (47.1%) and men (48.8%) have experienced psychological aggression, which includes verbal abuse (e.g., name-calling) as well as coercive tactics such as gaslighting, monitoring, and threatening, by an intimate partner during their lifetime (Black et al., 2011). Research over a period of several decades has revealed the short- and long-term effects of violence on the physical and mental health and social well-being of affected persons and their children (Miller & McCaw, 2019). State policymakers and legislators’ work, as well as social activists’ long struggle, has led to some firm actions against DV. However, the efficiency of these traditional responses to DV, including mandatory arrests, incarceration, probation, and intervention programs for DV crimes, are questioned once and again over the past decades (Dickson-Gilmore, 2014; Grauwiler & Mills, 2004; Sherman, 2018), paving the way for new and innovative approaches to DV (Chisnell, Peter, Merchant, Luscombe, & Tua, 2019; Grauwiler & Mills, 2004; Mills, Barocas, Butters, & Ariel, 2019). The aim of the present article is to review the trends in restorative justice (RJ) interventions for DV, and for IPV in particular, using a critical analysis of the literature.

Intervention Programs for IPV

The United States leads the way in formulating theories, court practices, and treatments to combat the epidemic of DV including IPV and family violence (Barocas, Emery, & Mills, 2016). Despite these efforts and the encompassing definition, violence against intimate partners and family members in the United States remains widespread (Mills et al., 2019). Community coordinated responses to IPV include a multilevel family intervention: perpetrator intervention (e.g., batterer interventions programs [BIPs]), victim counseling and support (e.g., safe houses, and victims therapy), and child counseling and support (e.g., establishing the role of the child protection worker) (Belknap & Grant, 2018; Pennington-Zoellner, 2009). However, the hallmark of DV intervention policies are focused on providing services for victims, coupled with a vigorous law enforcement response for perpetrators, including
mandatory participation in psychoeducational treatment programs commonly known as batterer intervention programs, or BIPs.

The most influential BIP program was established in Duluth, Minnesota and designed to address IPV by holding perpetrators accountable and keeping victims safe. Today, BIPs, based on the Duluth model, are a key component of the criminal justice system’s response to DV (Cheng et al., 2019; Gondolf, 2002; Morrison et al., 2018) and is the intervention of choice for individuals who assault their partners (Cox & Rivolta, 2019; Prochaska & Prochaska, 2008). Examinations of offenders’ clinical outcomes generally conclude that BIPs increase the perpetrators’ personal control and responsibility for their actions (Broady, Gray, & Gaffney, 2014; Tutty, Bidgood, Rothery, & Bidgood, 2001), decrease depression and anger (Huss & Ralston, 2008), reduce stress and trauma symptoms (Bennett, Stoops, Call, & Flett, 2007; Buttell & Pike, 2003; Tutty et al., 2001), and improve self-perception/esteem (Broady, Gray, & Gaffney, 2014; Cunha & Gonçalves, 2015; Lee, Uken, & Sebold, 2004). However, many studies challenge the efficacy of BIPs in preventing recidivism (Aaron & Beaulaurier, 2017; Babcock, Green, & Robie, 2004), and question their ability to create real, long-lasting changes in the couple’s relationship (Van Wormer & Bednar, 2002). In particular, quasi-experimental studies, randomized controlled trials (RCTs), and meta-analyses designed to assess the efficacy of BIPs have shown mostly mixed results, with little to no evidence of decreased recidivism or re-assault rates for perpetrators (Alexander, Morris, Tracy, & Frye, 2010; Babcock, Green, Webb, & Graham, 2004; Brannen & Rubin, 1996; Feder & Wilson, 2005; Gondolf, 2009; Mills, Barocas, & Ariel, 2013; Morrel, Elliott, Murphy, & Taft, 2003; Rempel, Labriola, & Davis, 2008). Moreover, concerns have been raised regarding the heterogeneity of the approach, and its heavy reliance on the power and control paradigm as its main currency (Curwood, DeGeer, Hymmen, & Lehmann, 2011; Goodman & Epstein, 2005; Klein & Tobin, 2008).

Thus, since DV figures have remained high despite the use of BIP and other interventions applied over the years (e.g., restraining orders, probation, and incarceration), practitioners who criticize the existing legal system, have been calling for the exploration of new and innovative ways of approaching and treating IPV (Ptacek & Frederick, 2009; Zehr, 2015), one of which is RJ (Mills et al., 2013; Sackett, 2017; Westmarland, McGlynn, & Humphreys, 2018).

The Promise of RJ Interventions for DV

“Restorative justice is a fast-growing state, national, and international social movement and set of practices that aim to redirect society’s retributive response to crime” (Armour, 2012, p. 25). RJ views crime not as a depersonalized breaking of the law but as a wrong against another person as well as the community. It attends to the broken relationships between three parties: the perpetrator (the person who has caused harm), the victim (the person who had been harmed), and the community (Bletzer & Koss, 2012). Accordingly, RJ seeks to elevate the role of crime victims and community members (Hayden, Gelsthorne, Kingi, & Morris, 2014; Presser & Gaarder, 2000), hold
perpetrators directly accountable to the people they have harmed, and restore, to the extent possible, the emotional and material losses of victims by providing a range of opportunities for dialogue, negotiation, and problem solving (Grauwiler & Mills, 2004; Ptacek, 2017). RJ practices offer opportunities to impact victims, perpetrators, and communities affected by DV, since it holds the premise to bring all stakeholders into the process, whether in person or by proxy, and provides a forum for the connection necessary for a genuine transformation to take place (Behrens, 2005; Proietti-Scifoni & Daly, 2011).

Restorative initiatives also significantly impact DV because they build on community support by acknowledging the genuineness of the victim’s plight and by offering practical and concrete steps toward positive change for the future (Condon, 2010). Informal networks in the community can also serve to regulate the behavior of DV perpetrators: not only is the perpetrator expected to cease the abusive behavior, community support exists to see that this occurs (Presser & Gaarder, 2000). Thus, while many victims and victim advocates argue that the criminal justice system remains far too adversarial, and the victim is often feeling revictimized by the system itself (Behrens, 2005), RJ practices concerning DV attempt to hold perpetrators accountable, empower those who are victimized, allow for the expression of feelings, clarify facts about the crime, provide an opportunity to address the impact of the crime on the survivors and those around them, and come to an agreement about how the perpetrator can make amends (Hayden et al. 2014).

**RJ Methods, Programs, and Models**

To date, RJ interventions for DV have been implemented worldwide, including New Zealand (Proietti-Scifoni & Daly, 2011), Thailand (Boonsit, Claasen, & Piemyat, 2004); Greece (Wasileski, 2017) and South Africa (Dissel & Ngubeni, 2003), by various populations (Islam, Suzuki, Mazumder, & Ibrahim, 2018; Jankowski, 2015) and by various agencies such as police (Alarid & Montemayor, 2012) and court personnel (Li & Liu, 2019).

Three main methods of RJ have been used around the world to address IPV, namely victim-perpetrator mediation, family group conferencing, and peacemaking and sentencing circles, all of which are similar in principle but differ in the way they function (Ptacek, 2017; Van Wormer, 2009). Victim-perpetrator mediation is a process that provides interested victims an opportunity to meet their perpetrator, in a safe and structured setting, and engage in a mediated discussion of the incident/crime (Moran, 2017). Family group conferencing brings many more people into a facilitated dialog about the incident/crime. Family members, friends, justice officials, school officials, and service providers can be involved in the process. Support people are included both for those who are victimized and those who perpetrate. The power of this practice lies in the moral authority of supporters, relatives, and community members therein; since this includes supporters for both parties, the perpetrators should have a stake in the process, and thus should be affected by the dialog with the survivor (Pranis, 2017). Peacemaking and sentencing circles are adaptations of traditional justice
practices in indigenous communities such as First Nations communities in Canada and Native American communities in the United States. A “circle” is a community meeting, arranged in a circle, that is organized and led by a “keeper,” or facilitator. The goal of the circle is to address conflict through a consensual process that restores family and community responsibilities (Ptacek, 2017). All three basic RJ models can be applied differently to fit the needs of cultural minorities or otherwise marginalized communities that may often feel mistreated by the criminal justice system (Condon, 2010). Additionally, victim participation can vary. Victims might participate in a RJ process with their perpetrator, victim surrogates may be used instead, or victims may not participate at all. There can also be a separate RJ process for victims.

Research examining interventions implementing victim–perpetrator mediation, family group conferencing, and peacemaking circles models in the context of DV, including IPV, are limited (Gang, Loff, Naylor, & Kirkman, 2019). In the United States, the Center for Court Innovation recently published a report mapping RJ programs for IPV, thereby illustrating the current landscape and nature of existing programs (Cissner et al., 2019). Thirty-four programs were surveyed nationwide, five of which were extensively explored and can serve as examples of RJ programs being used as interventions to address intimate partner abuse. We highlight three programs and describe one of the models.

**Family Conferencing—EPIC’ Ohana (HI).** ‘Ohana is a Native Hawaiian term meaning “family” and EPIC ‘Ohana is a collaborative effort that brings together kinships networks to resolve family issues in a strengths-based, solution-focused environment. The program, based on the family group conferencing model (Walker, 2005), has been in operation since 1996 (Godinet, Arnsberger, & Kreif, 2010). The facilitated conference contains ten specific phases. It includes an introduction to provide an opportunity for those involved to become familiarized with each other. Then the purpose of the gathering is set and families reflect on their strengths through discussion of family members’ hopes, worries, and legal concerns. The families are then given private time so that they can strategize and address their needs discreetly on their own as a family unit. When the family finalizes their plan, it is reviewed and negotiated with the service providers (Adams & Chandler, 2002; Cissner, et al., 2019; Walker, 2005)

**Family Group Decision Making—Family Service Rochester (MN).** This program, which is operational in the state of Minnesota for the past 20 years, offers “Family Group Decision Making” based on the family group conferencing model to families involved in violence. A major objective of the program is to engage parents in conversations about how their abusive behavior is impacting their children. The conferencing process starts with an explanation of its goals and steps that will be taken and a clear purpose for the process is determined before it moves forward. The exact format of the sessions is designed according to the aim of the process. For example, for matters of daily routine and those requiring speedy decision-making, the team developed flexible approaches. However, the model is best suited for making long-range plans rather than decisions that require quick turnaround. Regardless of
the program-specific structure, it maintains some key principles, including targeting families as leaders in decision-making process, utilizing validated lethality assessment scores in the case management process (Campbell, 1985), focusing on child safety through the safety of the non-offending parent while holding the offending parent accountable, and seeking ongoing consent from the victim on their participation and the offender’s participation in the Family Group Decision Making process (Cissner, et al., 2019).

**Transition and Support Circles—Men as Peacemakers (Duluth, MN).** The Men As Peacemakers’ Domestic Violence Restorative Circles (DVRC) program is based on restorative justice principles and aims to erode the effects and presence of domestic violence. The program, founded in 1996 in Duluth, Minnesota, invites perpetrators of DV to take part in transition circles designed to help people who have used DV, begin to repair the harm their violence has caused, and build sustainable plans for living in non-violent way. The program also offers support circles, including voluntary, individualized one on one advocacy to victims. Perpetrators and victims do not come together during the circle process.

Transition Circles include the perpetrator, circle keepers, trained community members, and victim advocates. The circle advances through four phases: introductions, deepening relationships, addressing harm, and repairing harm. It is essential that the process is finalized with an individualized contract which includes steps the perpetrator will take to ensure the safety and well-being of himself, others, and the community as a whole. This contract is later incorporated into court and probation orders. (Cissner et al., 2019).

**Circles of Peace—New York University’s Center on Violence and Recovery.**

The Circles of Peace (CP) model was the first of its kind in the United States to apply RJ principles and practices to treat those arrested for DV crimes. The model was developed as a response to an emerging interest in alternative approaches that allow for victim participation (Mills, 2008; Mills et al., 2013; Mills et al., 2019). CP is an approach to DV that uses peacemaking circle techniques and RJ practices to bring together individuals who have been abusive with willing partners/family members (victims can choose to participate), support persons, a trained professional facilitator, and community volunteers to address the violence that has happened.

Circles carefully monitor the safety of the partners/family, encourage dialogue about the incident(s), explore gender dynamics, and uncover the histories of violence—all with the goal of creating meaningful and lasting change. The CP model is flexible, culturally sensitive, and works with the criminal justice system to bring about healing and transformation in individuals, families, and communities. The model can be used to address the various types of DV cases that come into contact with the criminal justice system including IPV cases involving men abusing women, female offenders, and same-sex and transgender intimate partners. The model has been implemented in Nogales, Arizona (in 2004); Salt Lake City, Utah (in 2012); and Windsor County, Vermont (in 2019), and adapted to the local context and state standards for DV offender treatment.
Debates About the Use of RJ Practices in the Context of DV

Despite its promising potential, and the successful application to other areas of criminal justice, including sexual assault (Bletzer & Koss, 2012) and other serious crimes (Rugge & Cormier, 2013), the application of RJ-based interventions to DV, specifically, IPV situations, has been controversial. Feminist advocates have been known to raise concerns regarding the compatibility of RJ to IPV cases. Some feminist scholars consider applying RJ to DV a step backward, as pulling the DV issue out of the courthouses seems to undermine the importance of the issue after years of feminist lobbying to get the public and the courts attention to them. This school of thought raised some concerns regarding the danger of physical or psychological harm to victims (Augusta-Scott, Harrison, & Singer, 2018; Van Wormer, 2009), concerns regarding decriminalization of violence against intimate partners, failing to communicate antiviolence norms to the public, and becoming focused on rehabilitation of the person who caused harm without addressing the needs of survivors (Hooper & Busch, 1996; Lewis, Dobash, Dobash, & Cavanagh, 2001; Stubbs, 2002). However, it has also been noted that, although they originate from different concerns about crime, the feminist antiviolence movement and the RJ movement make a number of similar criticisms of the criminal legal system; they both argue that existing remedies provided by the law fail both victims and perpetrators, that the justice system neglects the needs of victims, and both seek to create victim-centered justice. They both criticize the perpetrator orientation of the system, stress the need for perpetrator accountability, and are concerned with the impact of crime on communities (Das Gupta, 2003; Zehr, 2015). Both movements seek social justice in the broadest sense, and both are increasingly aligned with the global human rights movement.

Indeed, some argue that the principles of RJ are entirely compatible with feminist principles (Gaarder & Presser, 2006; Pranis, 2002). To answer feminist concerns, RJ advocates suggest that RJ interventions in IPV cases should focus on empowering the victims and hold the perpetrator liable for their violence (Grauwiler & Mills, 2004; Zehr, 2015). They also claim that RJ programs ensure participant’s safety in various ways and that if a safety concern is present, an RJ process can take place effectively without the participation of both parties (Augusta-Scott, Goodmark, & Pennell, 2017; Augusta-Scott et al., 2018). To address these concerns, victim participation in court-mandated treatment for a DV crime, was made illegal or strongly discouraged in many U.S. states (Maiuro & Eberle, 2008; Tomsich, Tunstall, & Gover, 2016), or it may be permitted only after a period of perpetrator-only treatment (e.g., Utah). These statutory variations, together with the controversial use of couples counseling for IPV cases (Bennett et al., 2020), have influenced both the limited likelihood of using RJ for DV and how RJ interventions/treatment for DV crimes has developed programmatically. Despite those historical reservations, recent developments in the field indicate that both couples counseling and RJ may be promising interventions for IPV (Bennett et al., 2020; Mills et al., 2019). This sociohistoric background of the fundamental debate surrounding the topic of RJ and DV is essential to the understanding of the current review.
as both the number of intervention programs and their design is affected by this discourse.

OVERVIEW OF PURPOSE

Considering the controversy and variation in the application of RJ practices as a response to violence in intimate partner relationships, the purpose of this review is to present a general overview of how RJ approaches have been utilized in the context of DV, and more specifically, IPV. We aim to (a) systematically examine the available empirical research and literature on RJ approaches to IPV, (b) synthesize the findings to describe the interventions that have been developed and empirically tested, (c) synthesize the findings to describe the current state of the field of RJ in addressing IPV and gaps in research that can be addressed in future studies, and (d) discuss challenges and barriers to RJ intervention implementation.

METHODS

To begin with, eligibility criteria were predetermined in order to systematically identify pertinent literature for this review. Any empirical studies or theoretical/conceptual discussions, reviews, or book chapters that focus on intervention program description, development, efficacy, or implementation were included. All publications were in English and there were no restrictions on the year of publication. There were also no limitations on publication type to account for publication bias. The review was therefore inclusive of gray literature. However, if there were peer-reviewed journal articles that overlapped or were very similar to the gray literature, the peer-reviewed articles were examined more closely to avoid redundancy.

Domestic Violence

The issue or topic of focus, DV was defined broadly to include any type of violence that occurs in a household among family members and intimate partners. While we applied “domestic violence,” an encompassing term in our search strategy and eligibility criteria, we paid particular attention to intervention programs that address IPV, namely violence between romantic partners which includes married, unmarried, cohabitating partners, and partners that live separately. While some publications focused on the broader conceptualization of DV, most publications focused on IPV. Additionally, in the literature, DV and IPV are terms that are often used interchangeably in reference to IPV. Thus, we use “DV/IPV” in this review of the literature to reflect the publications that were included. 2 We did not include publications that focused specifically on child abuse or sexual assault as often these cases are identified and treated separately, and while they can be an aspect of DV, they can also have different legal and social ramifications.
Interventions/Programs
All publications focused on RJ approaches or methods to address DV/IPV. The review was inclusive of interventions that were court-mandated or related to judicial systems as well as private and community-based programs.

Information Sources and Search
The search was conducted on APA PsychNet, CINAHL, Criminal Justice Abstracts, Embase, Medline PubMed, PsychInfo, PTSD Publications, SCOPUS, Social Services Abstracts, Social Work Reference Center, SocINDEX, Sociological Abstracts, and Web of Science. Collectively these databases cover records from the early 1900s to the present day. A wide-net search strategy was used, combining a comprehensive list of keywords synonymous with “restorative justice” and “domestic violence.” Medical subject headings [MeSH] or exploded terms were included in the search syntax when it was available. Filters were applied according to each unique database structure. The last search was conducted on February 10, 2020. Each syntax was developed and narrowed using an iterative approach. Examples of syntax for CINAHL, APA PsychNet with PsychInfo, and SocINDEX can be found in Appendix. Backward and forward searches were also conducted using previously published reviews or reports on RJ approaches to DV.

Publication Selection
A title and abstract screening and a full-text review for eligibility were performed by the three authors who served as reviewers. Publications with abstracts and titles that did not meet eligibility criteria were removed at screening. Then, a full-text review was performed of the remaining publications to examine whether these met the eligibility criteria. The reviewers each read the literature that was identified in the review. The reviewers then collectively discussed and compiled and synthesized the findings with aims to provide an overview of RJ interventions for IPV.

RESULTS
Overall, 14 articles and 5 book chapters were included in this review (empirical studies and reviews) on interventions. Close attention was paid to book chapters that specifically examined RJ interventions for DV/IPV. From this process, 5 relevant book chapters were identified. This resulted in a total of 19 publications (4 reviews, 4 RCTs, and 12 qualitative studies), of which 5 were book chapters and 14 were articles. The years of publication ranged from 2005 to 2019.

Several tables are presented to represent the findings. Table 1 describes the year, country, and publication type (qualitative, RCT, or review). For the qualitative studies and RCTs, the samples are also identified. Table 2 focuses specifically on the qualitative studies and the RCTs and describes the type of RJ intervention each study
TABLE 1. Literature Description—Author, Year, Country, Method, and Sample Population

<table>
<thead>
<tr>
<th>Year</th>
<th>Country</th>
<th>Empirical Research/Review</th>
<th>Study Type</th>
<th>Sample*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Augusta-Scott</td>
<td>2017</td>
<td>CA</td>
<td>Research</td>
<td>Qual</td>
</tr>
<tr>
<td>Bellknaps and McDonald Cheon and Regehr</td>
<td>2006</td>
<td>Multicountry</td>
<td>Review</td>
<td>–</td>
</tr>
<tr>
<td>Coker</td>
<td>2006</td>
<td>USA</td>
<td>Review</td>
<td>–</td>
</tr>
<tr>
<td>Curtis-Fawley and Daly</td>
<td>2005</td>
<td>AUS</td>
<td>Research</td>
<td>Qual</td>
</tr>
<tr>
<td>Davis</td>
<td>2009</td>
<td>USA</td>
<td>Research</td>
<td>RCT</td>
</tr>
<tr>
<td>Gavrielides</td>
<td>2015</td>
<td>UK</td>
<td>Research</td>
<td>Qual</td>
</tr>
<tr>
<td>Hampton, LaTaillade, Dacey, and Marghi</td>
<td>2008</td>
<td>USA</td>
<td>Review</td>
<td>–</td>
</tr>
<tr>
<td>Hargovan</td>
<td>2010</td>
<td>SA</td>
<td>Research</td>
<td>Qual</td>
</tr>
<tr>
<td>Hayden</td>
<td>2014</td>
<td>NZ</td>
<td>Research</td>
<td>Qual</td>
</tr>
<tr>
<td>Kingi</td>
<td>2014</td>
<td>NZ</td>
<td>Research</td>
<td>Qual</td>
</tr>
<tr>
<td>Miller and Iovanni</td>
<td>2013</td>
<td>USA</td>
<td>Research</td>
<td>Qual</td>
</tr>
<tr>
<td>Mills et al.</td>
<td>2019</td>
<td>USA</td>
<td>Research</td>
<td>RCT</td>
</tr>
<tr>
<td>Mills et al.</td>
<td>2013</td>
<td>USA</td>
<td>Research</td>
<td>RCT</td>
</tr>
<tr>
<td>Nelund</td>
<td>2015</td>
<td>CA</td>
<td>Research</td>
<td>Qual</td>
</tr>
<tr>
<td>Ptacek</td>
<td>2017</td>
<td>Multicountry</td>
<td>Review</td>
<td>–</td>
</tr>
<tr>
<td>Rubin</td>
<td>2010</td>
<td>CA</td>
<td>Research</td>
<td>Qual</td>
</tr>
<tr>
<td>Zakheim</td>
<td>2011</td>
<td>USA</td>
<td>Research</td>
<td>Qual</td>
</tr>
<tr>
<td>Zosky</td>
<td>2018</td>
<td>USA</td>
<td>Research</td>
<td>Qual</td>
</tr>
</tbody>
</table>

Note. aCountry = CA (Canada), AUS (Australia), SA (South Africa), NZ (New Zealand). bSample = V (Victims), O (Offenders), VA (Victim advocates). c"Experts" = referred to as "victim advocates," individuals from local DV practice, policy, and research organizations. d"Experts" = people involved in RJ or DV practice, policy, and research. e"Experts" = government + criminal justice stakeholders and stakeholders from local women's organizations.

examined, any organizations that were specified, and the timing at which the RJ interventions were implemented (pre- or postconviction or whether it was diversionary). There are also three tables that list the findings from the empirical studies and authors’ conclusion in the reviews, which are categorized into three types; (a) unique characteristics of RJ interventions for DV/IPV (Table 3), (b) limitations of these interventions (Table 4), as well as (c) prerequisites for program implementation and or needs for future research (Table 5).

The results tables (Tables 3–5) therefore, capture what was reported in each publication’s results section, rather than what was described within their explanations of RJ. For example, while all 19 publications acknowledged the importance of victim safety, it was not a topic that necessarily emerged as a result in all of the publications. After collectively considering the results from the publications, a synthesis of the findings is presented to describe the current landscape of RJ interventions for DV/IPV.
<table>
<thead>
<tr>
<th>RJ Interventionsa</th>
<th>Organizations/Service Providers</th>
<th>Pre-, Postconviction, or Diversionary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Augusta-Scott (2017)</td>
<td>Unspecified</td>
<td>New Start Counselling</td>
</tr>
<tr>
<td>Belknap and McDonald (2010)</td>
<td>SC</td>
<td>Courts</td>
</tr>
<tr>
<td>Curtis-Fawley and Daly (2005)</td>
<td>Prospective</td>
<td>Multiple non-RJ organizationsb</td>
</tr>
<tr>
<td>Davis (2009)</td>
<td>Mediation</td>
<td>Brooklyn Dispute Center</td>
</tr>
<tr>
<td>Gavrielides (2015)</td>
<td>Unspecified</td>
<td>RJ for All, International Institute</td>
</tr>
<tr>
<td>Hayden (2014)</td>
<td>Prospective</td>
<td>Courts</td>
</tr>
<tr>
<td>Kingi (2014)</td>
<td>COP + Mediation</td>
<td>Unspecified</td>
</tr>
<tr>
<td>Miller and Iovann (2013)</td>
<td>PCD</td>
<td>Unspecified</td>
</tr>
<tr>
<td>Mills et al. (2019)</td>
<td>CP + BIP</td>
<td>Unspecified</td>
</tr>
<tr>
<td>Mills et al. (2013)</td>
<td>CP</td>
<td>Unspecified</td>
</tr>
<tr>
<td>Rubin (2010)</td>
<td>Prospective</td>
<td>NSRJI</td>
</tr>
<tr>
<td>Zosky (2018)</td>
<td>VIP</td>
<td>Unspecified</td>
</tr>
</tbody>
</table>

Note. aInterventions = SC (sentencing circles), COP (community panels), PCD (postconviction dialogue), CP (Circles of Peace), BIP (batterer intervention programs), CC (community conferencing), HC (Healing Circles), VIP (victim impact panels), prospective (none of the participants had or were required to have firsthand experience of RJ but were interviewed about RJ). bA list of all the organizations named in the Appendix section of Curtis-Fawley and Daly (2005). c NSRJI = Nova Scotia Restorative Justice Initiative.
### TABLE 3. Results Reported in the 19 Publications—Unique Characteristics of RJ

<table>
<thead>
<tr>
<th></th>
<th>Community Responsibility</th>
<th>Accountability</th>
<th>Empathy</th>
<th>Self-Awareness/Acknowledge Harm</th>
<th>In-Depth Discussion/Communication</th>
<th>Repair/-Victims</th>
<th>Alt. to Incarc./Deterrence</th>
<th>Participant Satisfaction</th>
<th>Resources (social + material)</th>
<th>Reduce recidivism</th>
<th>Reduce harm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Exercise</td>
<td>Voices</td>
<td>Heard</td>
<td></td>
<td></td>
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### TABLE 4. Results Reported in the 19 Publications—Limitations

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<tr>
<th>Resource + Time Consuming</th>
<th>Effective/ Appropriate Only for Some</th>
<th>Unequal Support Bias in Favor of Defendants</th>
<th>Shame</th>
<th>Safety Issues/ Revictimization</th>
<th>Empty Promises</th>
<th>Coercive Antidivorce/ Separation</th>
<th>Criminal Justice System as Inadequate</th>
<th>Unclear What RJ Is/Lack of RJ Awareness</th>
<th>Reluctant Offender Participation</th>
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### TABLE 5. Results of the 19 Publications—Prerequisites/Needs

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<th>Consent/Noncoercive</th>
<th>Preparation of Offender Pre-RJ w/Victim</th>
<th>Assess Offender/Victim Readiness</th>
<th>Community Responsiveness/Readiness/Awareness</th>
<th>More Support for Victims</th>
<th>Extensive Training for Facilitators</th>
<th>Safety</th>
<th>Additional Services (RJ +)</th>
<th>Victim/Advocate Involvement in Implementation/Program Planning</th>
<th>CJ Reform (Change in Policy)</th>
<th>Cost-Benefit Analysis</th>
<th>Efficacy Research/Program Evaluation</th>
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Description of Publication Characteristics

Countries. Most of the qualitative studies and RCTs were conducted in the United States (Curtis-Fawley & Daly, 2005; Davis, 2009; Hampton et al., 2008; Miller & Iovanni, 2003; Mills et al., 2013; Mills et al., 2019; Zakheim, 2011; Zosky, 2018). Four studies were from Canada (Augusta-Scott, 2017; Belknap & McDonald, 2010; Nelund, 2015; Rubin, 2010). Others were conducted in Australia (Curtis-Fawley & Daly, 2005), South Africa (Hargovan, 2010), New Zealand (Hayden, 2014; Kingi, 2014), and the United Kingdom (Gavrielides, 2015).

There were four review publications, two which concentrated on the United States. One focused on RJ programs for DV/IPV in the Navajo Nation (Coker, 2006) and the other on African American women and community (Hampton et al., 2008). The other two review publications identified interventions from multiple countries (Cheon & Regehr, 2006; Ptacek, 2017). Specifically, Ptacek (2017), in addition to the countries represented in this review, cited a report by Liebmann and Wootton (2010) which identified RJ programs that accept IPV cases in Austria, Belgium, Colombia, Finland, Gambia, Germany, Greece, Jamaica, Romania, and Thailand.

Sample. A majority of the publications (12 out of 19) utilized qualitative methods such as interviews, focus groups, and case studies to examine experiences of RJ and RJ intervention programs in relation to DV/IPV. Various “voices” were represented in these qualitative studies. They interviewed judges (Belknap & McDonald, 2010), victim advocates of gender-based violence from direct service providers and policy organizations (Curtis-Fawley & Daly, 2005), as well as Orthodox Jewish families that have completed a culturally tailored RJ program (Zakheim, 2011). Most studies interviewed victims and offenders (Augusta-Scott, 2017; Hargovan, 2010; Hayden, 2014; Miller & Iovanni, 2013), while one interviewed only offenders (Zosky, 2018).

Other qualitative studies interviewed expert panels (Gavrielides, 2015; Nelund, 2015). For example, Nelund (2015) interviewed a panel of government experts (stakeholders from the criminal justice system, government and nongovernment personnel involved in RJ programming, etc.) as well as community-level experts (providers from community women’s organizations that serve women survivors). Gavrielides (2015) interviewed a panel of RJ or DV practitioners and experts involved in policy and research, in addition to a panel of victims.

Four of the qualitative studies did not require that their participants have previous experience participating in an RJ program. Three studies captured the prospective attitudes toward RJ in the field of DV/IPV from victims, offenders, and experts, who did not have firsthand RJ knowledge or experience (Curtis-Fawley & Daly, 2005; Hayden, 2014; Rubin, 2010). These studies shed light on RJ awareness and the acceptability of RJ.

Three of the empirical studies were RCTs. Therefore, they did not necessarily represent a narrative or a “voice” but evaluated the efficacy of the RJ interventions using quantitative methods (Davis, 2009; Mills et al., 2013; Mills et al., 2019). Davis (2009) found that victim participants who’s defendants were sent to a mediation process after the prosecution, felt greater satisfaction in comparison to those who’s
defendants only participated in being prosecuted in court. However, recidivism rates did not differ between groups of participants who participated in RJ and those who did not (Davis, 2009).

Mills et al. (2013) compared a traditional BIP to the CP model at postconviction for offenders mandated to treatment for DV misdemeanor crimes. CP participants experienced less recidivism than BIP participants during all follow-up comparisons over a 24-month period. However, statistically significant differences were detected only for the 12-month follow-up comparisons for non-DV rearrests, and no statistically significant differences were detected for the DV rearrests. This indicated that CP is a viable alternative to BIP, even though CP did not outperform BIP as it performed just as well. The study suggests that CP may be more effective in reducing non-DV arrests and falsifies the claim that it is dangerous to use RJ for DV (since it brings together an offender and a voluntary victim). Mills et al. (2019) then compared a standard BIP to a hybrid model, a BIP with a component informed by RJ, CP, (BIP+CP), and found statistically significant differences between the two models over a 2-year period. Specifically, BIP+CP resulted in statistically significant reductions in rearrests and severity of crimes for all offences, including DV (Mills et al., 2019).

Intervention. All of the publications introduced various types of RJ interventions as part of their explanation of RJ, such as circles, mediation, conferencing, panels, and group decision-making. A variety of circles were discussed such as peacemaking circles or CP (Gavrielides, 2015; Mills et al., 2013; Mills et al., 2019; Ptacek, 2017), healing circles (Zakheim, 2011), sentencing circles (Belknap & McDonald, 2010), and intimate abuse circles (Hampton et al., 2008). Coker (2006) specifically conducted a review focusing on Navajo Peacemaking and DV/IPV within the Navajo Nation. Mediation was discussed (Cheon & Regehr, 2006; Davis, 2009, Gavrielides, 2015), and some specifically discussed victim–offender mediation (Hampton et al., 2008; Hargovan, 2010; Ptacek, 2017). Conferencing was also introduced (Gavrielides, 2015; Ptacek, 2017), while others also discussed panels (Kingi, 2014; Zosky, 2018), family-group decision-making (Ptacek, 2017) and postconviction dialogues (Miller & Iovanni, 2013).

Table 2 describes the specific interventions that the qualitative and quantitative studies examined, that is, the sample in their studies participated in these specific RJ interventions unless they were prospective studies, in which case they were asked to think about a specific RJ intervention. All four postconviction models were court-mandated programs. Not all preconviction models were diversionary and the most commonly used RJ intervention in this review was mediation.

Nelund (2015) is omitted from Table 2, even though it is related to the Nova Scotia Restorative Justice Initiative (NSRJI) as it does not study the effectiveness of NSRJI, but rather the policy development of a moratorium on referring DV/IPV cases to NSRJI. NSRJI is also at the heart of the qualitative study by Rubin (2010) which provides prospective opinions about the NSRJI program goals, objectives, and protocols. Nelund (2015) interviews stakeholders who were a part of the decision-making process of the moratorium, who were presented with findings from Rubin (2010) by a body of women’s organizations as a case against RJ for DV/IPV.
Unique Characteristics of RJ. Table 3 describes the unique characteristics of RJ interventions in addressing DV/IPV, that were reported as a finding in each of the publications. There were 14 unique characteristics of RJ in IPV that were reported as results/findings, which were the programs’ ability to (a) involve community, (b) to address responsibility, (c) accountability, (d) empathy, and (e) raise self-awareness/acknowledgement of harms. Publications also found that RJ programs were able (f) to facilitate in-depth discussion/improve communication, (g) provide closure and or provide an opportunity to repair relationships (not necessarily reconcile). RJ programs were also able to (h) provide an opportunity for victims to exercise choice, (i) incorporate victim’s voices, (j) provide an alternative to incarceration, (k) increase satisfaction, (l) provide additional social and material resources, (m) reduce recidivism, and (n) reduce harm.

Many of these unique characteristics are central tenants of RJ such as its ability to involve community, promote empathy, and accountability, and so on, and these are RJ principles that are important and applicable to various types of violence (Braithwaite, 2003). However, some of these findings, such as the ability of RJ intervention programs to (f) facilitate in-depth discussion/improve communication, (g) provide closure and or provide an opportunity to repair relationships (not necessarily reconcile), and the ability of the program to (i) incorporate victim’s voices, are particularly pertinent as they address concerns specific to DV/IPV. Previous studies have established that victims’ narratives and overall involvement are missing in traditional criminal justice proceedings, even though victim involvement in the judiciary process is a component of “justice” as defined by DV/IPV victims (Holder, 2016). Therefore, RJ programs in providing a platform for victims to be involved in the judiciary process, allows them to attain a form of “justice” that is closer to their expectations of a just process for DV/IPV.

Furthermore, it is also well-documented that some victims are obliged to have contact with their offender due to co-parenting, cultural norms against separation or divorce, financial restrictions, living in a small community, among other real-life considerations (Coker, 2006; Davis, 2009; Hampton et al., 2008). Additionally, not all relationships that experience a violent incident are a violent relationship. Therefore, it is not surprising that 71% of the sample in Hargovan (2010) were still in the relationship with their offender after the incident that led them to become involved in the RJ program for DV/IPV. The ability of RJ, therefore, to facilitate in-depth discussion, improve communication and provide closure or repair the relationship, is beneficial for many victims who decide to reconcile with their partners as well as those who need to continue relationships with their offenders. Furthermore, some victims may be seeking to end their relationship amicably and could benefit from RJ as well.

Limitations. Table 4 summarizes the limitations of RJ intervention programs for DV/IPV. There were 13 limitations reported in the results. They were (a) the resource and time-consuming nature of RJ, (b) RJ as partially effective to only some/particular kinds of cases, (c) RJ potentially providing unequal or biased support to defendants, and (d) the possibility of shaming offenders. There were also (e) concerns for victim safety/revictimization, (f) empty promises or apologies, (g) coercive participation, and
h) the possibility of pressuring couples to reconcile relationships (antidivorce/separation). Limitations also included the (i) inadequacy of the criminal justice system, (j) the criminal justice system as a barrier to RJ, (k) lack of understanding regarding what RJ is, (l) RJ as a form of “soft justice,” and (m) the reluctance of offender participation in the RJ program or research.

Similar to the unique characteristics of RJ, several findings regarding limitations are crucial considerations especially in the field of DV/IPV. They are (a) the resource and time-consuming nature of RJ, (e) concern for victim safety/revictimization, (i) inadequacy of the criminal justice system, and (h) the possibility of pressuring couples to reconcile relationships.

One of the major concerns of RJ in DV/IPV is victim safety. Many publications described moments in a RJ program, even when the guiding principle was voluntary victim participation, where victim participants felt like safety was not addressed enough, felt rushed, or had anxiety about retribution post-program. (Davis, 2009; Kingi, 2014). There were also concerns for safety as participants may be exposed to pressures towards reconciling relationships or coercion to participate. This was articulated in most detail by Coker (2006), as certain communities and leaders may represent cultural values such as antidivorce or antiseparation. Some participants interviewed by Kingi (2014) also reported feeling pressure to participate as they were “put on the spot” in the RJ process (p. 177).

In order to address safety and model fidelity issues, it is therefore, imperative that RJ intervention programs provide extensive training. The need for extensive training is also relevant to the limitation that RJ is a resource and time-consuming program. Extensive training can increase costs and RJ program designs can create circumstances that require longer times to complete. For example, while a traditional BIP group may be able to provide services for 10 offenders at a time, depending on how the RJ program is structured, this may not be possible in RJ. For example, it is challenging in a family group conferencing model, to have one facilitator cater to more than one family/case at a time. Therefore, as Mills et al. (2019) recommends, cost-benefit analyses may be necessary to inform ways to devise cost-efficient, time-saving RJ program delivery.

While the limitation regarding inadequacies of the criminal justice system is not about RJ interventions, it greatly affects RJ program implementation. Nine publications out of 19 found the criminal justice system to be inadequate at efficaciously responding to DV/IPV. Such conditions can exacerbate hopelessness for a victim, especially when they do not have other alternatives such as a RJ programs that are accessible to them. Additionally, such conditions beg the question of whether those involved realistically have a choice in how to address DV/IPV (Hampton et al., 2008).

It is also common for individuals and organizations to develop distrust in the system when the system repeatedly fails to satisfy expectations of justice. Such dynamics were evident in conversations between the government-initiated implementation of an RJ program (the NSRJI) for DV/IPV and the pushback it received from organizations and leaders who are advocates for women survivors (Nelund, 2015; Rubin 2010).
One of the major sentiments expressed by the stakeholders was a deep sense of power inequality and distrust between the government and women’s organizations. Such tensions amplified the resistance from the women’s organizations toward the NSRJI. The tense dynamic was also contextualized by the women’s organizations’ constant fight for government funding and the government’s decision to design NSRJI without consulting the experts from the women’s organizations (Nelund, 2015; Rubin, 2010). Consequently, the pushback was powerful enough for the moratorium to be instated to exempt DV/IPV from the NSRJI. The general sentiment surrounding inadequacies of the criminal justice system, particularly in regard to DV/IPV, therefore, can affect political relationships and greatly hinder RJ initiatives and implementation.

Needs. Table 5 summarizes prerequisites needed for RJ program implementation for DV/IPV and the need for future research. These were the need to (a) be noncoercive, (b) have prepared offenders before starting RJ with the victim to prevent more harm, (c) assess the readiness of victims and offenders pre-RJ, and (d) the need for community responsiveness, readiness, and awareness. Publications also identified the (e) need to provide more support to victims, (f) the need for RJ to be implemented with facilitators who receive extensive training, (g) address safety issues, and (h) the need to provide RJ with additional or continued services. Importantly, publications also emphasized the (i) the need for victim and or advocate involvement in program design, implementation, and the evaluation process, (j) the need to reform DV/IPV-related criminal justice policy, (k) the need for cost–benefit analyses, and (l) the need for RJ efficacy research and program evaluations.

The prerequisites/needs particularly pertinent to DV/IPV were (d) community responsiveness, readiness, and awareness, (g) the need to address safety, (j) the need for change in DV/IPV-related criminal justice policy, and (k) as well as (l) noted above which address research needs. Addressing victim safety and the need for DV/IPV-related criminal justice policy reform, aligns with findings related to limitations of RJ interventions discussed previously.

Community responsiveness, readiness, and awareness is also an essential component of RJ implementation for DV/IPV as many programs rely on community volunteers. However, a committed, responsive, community that recognizes the complexities and dynamics of DV/IPV as a community issue, is necessary. Without such a community, the RJ process risks exposing victims to harm such as revictimization, victim-blaming, and on the other hand, fail to hold the offenders accountable or responsible.

Finally, the publications uniformly recognized the scarcity of research studies that examine RJ specifically for DV/IPV. Ptacek (2017) provided an eloquent discussion of the need for research with robust methods as many empirical studies that examined RJ intervention programs lacked solid sampling strategies, research designs, and reporting. Out of 19 publications, only 3 were RCTs (Davis, 2009; Mills et al., 2013; Mills et al., 2019), and Davis (2009) reports on an RCT conducted in the 1970s. Therefore, while it is established that RJ is a viable option for DV/IPV, more evidence is needed to establish feasibility and efficacy, as well as determine for whom such interventions are best suited.
Synthesis

Given these findings reported by the 19 publications included in this review, the results were synthesized to provide a landscape of RJ in the field of DV/IPV. Five major themes summarize the current state of RJ programs for DV/IPV which are (a) awareness and meaning of RJ (b) meaning and significance of community (c) process, goals, and outcomes of RJ (d) need to examine the timing of program implementation, and (e) who/which DV/IPV cases RJ is best for.

**Awareness and Meaning of RJ.** Publications found that participants were unclear about what RJ is or were not knowledgeable about the different types of RJ interventions (Curtis-Fawley & Daly, 2005; Gavrielides, 2015; Nelund, 2015). Increasing public awareness of RJ is essential as it can pose a barrier to RJ advocacy and implementation. For example, if victim and offenders do not know about RJ, they cannot request it, nor are they as willing to participate when they do not know what they are getting involved in (Gavrielides, 2015). Additionally, especially in qualitative studies that included prospective opinions about RJ for DV/IPV, they found that those with firsthand experience with RJ were more likely to be in favor of it (Belknap & McDonald, 2010; Cheon & Regehr, 2006; Curtis-Fawley & Daly, 2005). RJ is a complex, multilayered concept that can be difficult to convey and hard to understand. Therefore, innovative ways to explain and promote RJ in digestible ways that emphasize the various benefits in implementing it for DV/IPV, may help to recruit more advocates for RJ for DV/IPV and reduce resistance to those who are new to it.

**Meaning and Significance of Community.** Community involvement is a central tenant of RJ. It is a unique feature that separates it from retributive practices that deem DV/IPV as a crime against the state or a compartmentalized personal issue within a relationship or household. Rather RJ allows DV/IPV to be recognized as an issue that affects the entire community (Mills, Maley & Shy, 2009). However, results of these publications have raised the issue of what community means in RJ and how harmful community dynamics are mitigated in RJ. For example, in RJ intervention programs with participants from the community, many publications questioned whether and if mechanisms are in place to prevent systemic dynamics engrained in communities, such as various biases, stigma, financial inequalities, and other systemic issues, from entering the RJ space. Such issues were raised, especially in interventions that are intermeshed with the courts, police, or other government agencies where participants already feel power inequalities and distrust toward these authorities, or in programs that may be influenced by cultural norms that are anti-separation, antidivorce, or patriarchal in nature (Coker, 2006; Hayden, 2014; Rubin, 2010).

Community can also be defined by geographical location, but this can also pose challenges if community values do not align with the victim. Prospective studies and theoretical discussions also raise potential issues around confidentiality, especially in small communities (Hampton et al., 2008; Rubin, 2010). Additionally, it is possible that the community of supporters are composed of individuals who align with the offender because they are the offenders’ family members or friends, and so on.
While these concerns are valid, many publications also identified community involvement as a unique characteristic of the RJ interventions that participants and stakeholders found beneficial. Additionally, in RJ processes that use a circle approach which includes members from the community, the circle itself can become a community of support and may also connect people more to the communities they live in. Considering these findings, it may be beneficial for proponents of RJ in the future to clarify what community means for RJ in the field of DV/IPV and to conduct research on how victims of partner abuse and perpetrators define community.

**Process, Goals, and Outcomes of RJ.** The publications in this review have identified the need for more robust research to create an evidence base for implementing RJ in DV/IPV. Feasibility and efficacy studies are powerful as it can enhance stakeholder support, advocacy efforts, applications for grants/funding, and boost public awareness. One of the first steps in research, however, is to identify the outcome of interest or dependent variable, which is usually standardized or established within a field. For example, a possible established outcome of interest for interventions that address depression is a decline in depression symptoms, or improvement in depression management.

Upon reviewing the 19 publications, it is apparent that the field of RJ for DV/IPV is still in the primary stages of establishing or defining what a successful outcome is, which Ptacek (2017) and Kingi (2014) also identify. For example, the publications in this review examined participant satisfaction (Kingi, 2014), recidivism (Davis, 2009; Mills et al., 2013; Mills et al., 2019), severity of crimes (Mills et al., 2019), offender and victims’ reports of changed behavior postintervention (Kingi, 2014), as well as victim reported levels of empowerment and repaired harm (Miller & Iovanni, 2013), which are all possible measures of RJ program outcomes for DV/IPV. A few empirical studies explained the rationale of choosing one outcome over the other. For example, Mills et al. (2013) and Mills et al. (2019) explain their rationale for using arrest data postintervention as the outcome of interest, as recidivism and severity of crimes are more objective, in comparison to subjective concepts such as satisfaction that are harder to measure and compare. However, without a uniform conceptualization of outcome measures, comparisons between interventions are harder to make and data is harder to synthesize.

Inconsistency in measures of RJ outcomes also pose challenges to RJ practitioners, particularly in clinical settings. Many clinical behavioral service providers are required to write case notes indicating that they have reached certain goals in stages with specifically defined indicators as outcomes, in order to show successful programming. However, this structure poses difficulties for RJ practitioners because RJ is process-oriented, where outcomes for one case may not be the same for the other. Furthermore, goal achievement in process-oriented interventions like RJ do not occur in predetermined stages and certainly are not linear, thus making it harder to provide tangible proof of progress (Gavrielides, 2015). Hence, without an established outcome measure of successful RJ programing, the evaluation of programs, facilitators, and participant progress/gains can be challenging and disparate from what is required by the service provider systems.
Timing of Program Implementation. Another area of research that is needed in RJ for DV/IPV is identifying the effective timing of RJ implementation. Six publications found that RJ in comparison to the traditional judiciary process, may minimize the DV/IPV as a crime as RJ is considered a form of “soft justice.” While such an argument is applicable to diversionary cases, participation in postconviction and pretrial (sentencing circles) models do not necessarily preclude the offenders from receiving a conviction in the traditional sense. Additionally, as many publications identified the need for victim-centered approaches, nondiversionary pretrial models such as sentencing circles provides a platform for victims to be involved in the sentencing process. Literature in the future, therefore, may benefit from conducting RCTs that examine RJ programs implemented at different times pre- and postconviction, as well as diversionary and nondiversionary models to assess differences in outcomes, processes, and victim experiences.

Who/Which DV/IPV Cases Is RJ Best for—“Best Fit.” Lastly, none of the publications were able to answer for whom and/or for which DV/IPV cases RJ practice is best for. Eight of the 19 publications found that RJ interventions were not suitable for all cases. Results regarding satisfaction post-RJ interventions were also mixed. Publications also reported that, whether it is a BIP or RJ program, a one-size-fits-all approach is inefficient and can cause harm to victims of partner abuse and perpetrators. It is also evident in the publications that there is variability in how RJ interventions are experienced by DV/IPV perpetrators and victims. This variability can be due to differences in the type of RJ intervention, but also model fidelity, facilitator training, cultural factors, severity of DV/IPV cases, and other external factors. Furthermore, as mentioned previously, RJ interventions usually cannot cater to a high number of cases per session in comparison to traditional BIPs. Therefore, obtaining a large enough sample necessary to conduct meaningful statistical analyses for efficacy studies can be time consuming.

Considering these circumstances, creative, innovative, and robust research designs, grounded in previous research and theory are therefore necessary in order to identify “best-fit.” Being able to identify the most appropriate interventions for certain cases, could increase RJ program efficiency, but also potentially reduce harm, recidivism, and violence overall.

CONCLUSION

Within the field of DV, and specifically, IPV, interventions in partner abuse is an area primed for innovation. Additionally, interest in using RJ to address a variety of crimes and social issues is growing (Zinsstag, Aertsen, Walgrave, Fonseca Rosenblatt, & Parmentier, 2018). The use of RJ-based intervention programs to address IPV is increasingly acknowledged (Miller, Hefner, & Iovanni, 2020; Singer, 2019) with a number of programs around the world aiming to integrate at least some RJ components into IPV interventions (Cisner et al., 2019; Singer, 2019). This can be considered a step forward in the field of RJ, yet it is important to note that the application of RJ models to address IPV is evolving, based on the needs of victims of partner abuse and
perpetrators, and on the ecologies of communities that take part in these programs. An example of such evolution can be seen with the CP model developed by New York University's Center on Violence and Recovery.

The Center on Violence and Recovery has collaborated with local judges and other court personnel, treatment providers (including social service agencies and a justice center), victim advocates, and community members in implementing and studying the CP model in the criminal justice systems in Nogales, Arizona and Salt Lake City, Utah, and more recently, Windsor County, Vermont. The results from the Arizona and Utah studies show promising findings and other states like Vermont are looking to replicate the model based on these results (Mills et al., 2013; Mills et al., 2019). Additionally, a number of states now allow alternative approaches to DV crimes in an attempt to address the shortcoming of traditional BIPs (Barocas et al., 2016; Price & Rosenbaum, 2009). However, as some publications in this review have also identified (Belknap & McDonald, 2010; Gavrielides, 2015), intervention programs for DV crimes are guided by state standards and this influences how the CP model is implemented (Barocas et al., 2016). Some states allow these alternative options to be offered instead of BIP treatment (e.g., Arizona); other states require that conjoint or alternative programs be offered after a period of offender only treatment (e.g., Utah). Furthermore, recently, there is new evidence to suggest that combining BIPs with other treatment elements can improve overall effectiveness (see, e.g., Lila, Gracia, & Catalá-Miñana, 2018; Romero-Martínez, Lila, Garcia, & Moya-Albiol, 2018). Thus, one example of the evolution of RJ models for addressing DV/IPV can be seen in the hybrid approach-based intervention program, containing both traditional intervention tools, such as BIP, and an RJ component, such as CP.

At the time of the Mills et al. (2019) study, Utah required that offenders complete 12 weeks of offender only group treatment before any type of conjoint treatment could be provided. Thus, in that study, offenders completed 12 weeks of BIP before moving onto six individual circle sessions in which the victim could choose to participate. While the Arizona study by Mills et al. (2013) dispelled the popular belief that RJ should not be used to treat DV (since it brings together an offender and voluntary victim); the Utah study showed that a court-mandated treatment using RJ, together with BIP treatment, is more effective than the traditional BIP-only program by a significant degree (53% reduction in crime and 52% reduction in severity of crime) (Mills et al., 2019). Thus, interventions to address IPV should consider combining RJ with other approaches.

Additional considerations for RJ approaches, which are also emphasized in the publications that were reviewed, include the point in time a RJ approach should be used, the type of RJ-based model (victim–offender mediation, family group conferencing, and peacemaking and sentencing circles), state standards for DV intervention programs (including the ability to offer conjoint treatment) and other legal considerations, facilitator background (e.g., licensed social service provider) and training, bringing together offenders and victims, the financial reality and costs or RJ, and attitudinal issues. More research is needed to explore these considerations as well as the outcomes of RJ approaches to DV broadly and IPV specifically. Finally,
the COVID-19 pandemic may bring forth some new challenges. The sharp rise in IPV cases with the shelter-in-place orders along with ongoing stressors related to the pandemic such as the economic impact that will continue once the orders have been lifted and the possibility of an increase in relationship separations (a period of increased risk for serious DV incidents and homicides), may require addressing intimate partner abuse more vigilantly (United Nations Population Fund, 2020). With these realities, the need for more innovative thought regarding developing, teaching, implementing, and researching RJ and IPV may become crucial. Additionally, with a shift towards using technology (e.g., video platforms) during the pandemic, more consideration should be given to how technology should be incorporated into interventions, including RJ, and how it affects intervention delivery. A range of innovative approaches are necessary to meet the needs of both victims and perpetrators in addressing IPV and should include RJ options to address the violence and to promote healing.

NOTES

1. Perpetrator and victim are terms which are not commonly used in restorative justice literature or practice. However, in the context of the terminology used in this special issue, they are incorporated into this article.
2. DV is used to reflect the publications that use the broader conceptualization (e.g., Mills et al., 2013; Mills et al., 2019) and IPV is used to reflect the publications that focus specifically on IPV (e.g., Zosky, 2018).

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APPENDIX. EXAMPLES OF SEARCH SYNTAX

CINAHL Search Syntax


APA PsycNet with PsychInfo

{Restorative Justice} AND Index Terms: {Intimate Partner Violence} OR {Physical Abuse} OR {Sexual Abuse} OR {Marital Conflict} OR {Family Relations} OR {Family Conflict} OR {Exposure to Violence} OR {Emotional Abuse} OR {Domestic Violence}

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