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**Associations between Restorative Justice Policies and Mental Health among
Women Survivors of Intimate Partner Violence**

By

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ABSTRACT

Introduction: Intimate partner violence (IPV) can impact the mental health of survivors; however, little is known about the role of state-level restorative justice policies. Restorative justice policies are survivor-centered justice approaches focused on repairing harm between the survivor and perpetrator while ensuring perpetrator accountability, which may buffer the mental health outcomes among IPV survivors. Furthermore, the impact of restorative justice policies on mental health may be influenced by the degree of state-level support for policy implementation through administrative guidelines or program funding. This study examined: (1) the relationship between IPV exposure and women's perceived mental health and assessed state restorative justice policies as an effect modifier; and (2) the relationship between restorative justice policy implementation support and mental health among IPV survivors. **Methods:** State-level data on restorative justice policies were drawn from The Restorative Justice Legislative Directory, a database containing restorative justice legislation in the United States. Individual-level data on adult women who reported physical, sexual or psychological IPV were collected from the 2010 National Intimate Partner and Sexual Violence Survey (NISVS), a nationally representative study of noninstitutionalized adult women and men. Generalized estimating equation (GEE) models, with individuals nested within states, were conducted to examine associations between IPV, state-level restorative justice policies, and perceived mental health (N=5104). GEE was used to examine the association between restorative justice policy implementation support and perceived mental health among IPV survivors (n=1164). **Results:** Women who experienced IPV had worse perceived mental health compared to women without these experiences (B [95% CI] = -0.13 [-0.15, -0.11], $p < 0.01$). The inverse relationship between IPV and survivor's perceived mental health was attenuated in states with a restorative justice policy vs. states with no

restorative justice policy (B [95% CI] = 0.05 [0.00, 0.09], p=0.04). Stronger support for restorative justice policy implementation was associated with better mental health among IPV survivors (B [95% CI] = 0.02 [0.00, 0.04], p=0.04). **Conclusion:** Restorative justice policies may serve as a scalable tool to reduce the negative mental health sequelae of experiencing IPV and an approach to strengthening the current justice response for IPV survivors. Further, ensuring implementation support for restorative justice policies may enhance their impact on the mental health of women IPV survivors.

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Introduction

Intimate partner violence (IPV) is a pervasive public health issue that is associated with significant mental health burden among women (Campbell, 2002; Coker et al., 2002; Mertin & Mohr, 2001; Stewart et al., 2016). For example, it is estimated that 31% to 84% of women who experience IPV have posttraumatic stress disorder (PTSD) (Golding, 1999). A meta-analysis found that women who experience IPV were two times as likely to develop depressive symptoms and three times as likely to develop major depression (Beydoun et al., 2012). Further, women who experience IPV are at an increased risk for anxiety-related disorders, substance use disorders (Afifi et al., 2009), and suicide (Pico-Alfonso et al., 2006). Existing research has focused on individualized clinical treatments to address adverse mental health outcomes among women, with trauma-focused cognitive behavioral therapy being the most common form (Tirado-Muñoz et al., 2014). Although person-centered clinical treatment can impact the mental health of women who experience IPV, individual-level interventions are insufficient to address the structural determinants that can also influence well-being (Brown et al., 2019). Burgeoning research has elucidated the importance of assessing structural level interventions to address mental health among this population (Bourey et al., 2015). In particular, IPV-related policies, such as state-level restorative justice policies, are positioned to address contextual factors through restorative justice programs and practices that may uniquely influence mental well-being; however, little is known about the role that state-level restorative justice policies play in shaping mental health among IPV survivors.

The current justice policy framework in the United States relies on a reactive response that produces multiple barriers for IPV survivors that may further strain women's mental health.

The Violence Against Women Act (VAWA) of 1994, a landmark piece of legislation that has been revised and reauthorized in 2000, 2005 and 2013, endorses the current justice system as the primary response to IPV with allocating the majority of their funds towards strengthening the current justice system (Goodmark, 2021). However, women often lose agency over future events in the justice process when relying on the current justice system (Anderson, 2015). For example, some IPV survivors may depend on the perpetrator financially and lack economic stability once the current justice system is involved (Goodmark, 2018). Women may also witness their children being removed from the home once IPV survivors engage with the current justice system (Goodmark, 2018). Further, women who experience IPV can potentially be incarcerated in response to reporting abuse to the current justice system (Dichter, 2013). Some states require an individual to be arrested during reports of IPV, and depending on the circumstances, this can be the survivor (Li et al., 2015). Historically, IPV survivors move from a perpetrator's control to the state's control when relying on the current justice system, which disempowers women (Goodmark, 2018). Therefore, the current justice response to IPV can be counterproductive, resulting in exacerbation of mental health outcomes caused by IPV (Parsons & Bergin, 2010). Moreover, racial inequities, stemming from embedded structural racism, are also entrenched in the treatment of IPV survivors by the current justice system with many barriers disproportionately affecting Black women and other women of color (Harris, 2011; Jacobs, 2017; Kim, 2018). Thus, there is a clear need for research that examines the impact of protective policies on women's mental health.

Restorative justice has emerged as an alternative or supplementary response to the current justice system, which may create conditions to buffer mental health outcomes among IPV survivors. Restorative justice policies are survivor-centered justice approaches focused on

repairing harm between the survivor and perpetrator while ensuring perpetrator accountability (Nettleton & Strang, 2018). These approaches bring the survivor and perpetrator together in a safe space for narrative closure and denunciation of harm (Goodmark, 2015). A goal of restorative justice is for IPV perpetrators to acknowledge the harm and trauma they caused the survivor and work to remedy those harms (Nettleton & Strang, 2018). Further, community members, family members and friends of the survivor can be involved in restorative justice practices, providing women with support and reintegration within support systems (Strang & Braithwaite, 2001). Overall, survivors are agents of the restorative justice process (Harris, 2011), which allows women to communicate their justice preferences in response to experiencing IPV.

To date, the role of restorative justice policies on mental health outcomes among women who experience IPV remains largely unexplored. A recent study by Decker et al. found that IPV survivors' preferences for justice aligned with restorative justice policy aims (2020). Further, restorative justice approaches have been shown to reduce feelings of shame and fear among IPV survivors in addition to increasing survivor satisfaction, which was primarily driven by perceived equity in the justice process (Cheon & Regehr, 2006). Lastly, women with IPV experiences have reported feeling safer and able to initiate healing with the use of restorative justice practices (Pennell et al., 2020). Restorative justice policies may serve as a scalable tool to lessen the impact and susceptibility of mental health outcomes among IPV survivors.

Support for state-level restorative justice policy implementation may also play a role in shaping IPV survivor mental health. Restorative justice policies often vary in structure and requirement of the response, which can limit application of the policy in actuality (Sliva & Lambert, 2015). For example, some restorative justice policies provide minimal administrative restorative justice program guidelines and fiscal support in addition to simply suggesting

restorative justice be used in certain contexts. By contrast, some states contain restorative justice policies that mandate the use of restorative justice along with including comprehensive instructions for application (Sliva, 2018). The heterogeneity in state-level restorative justice policy support may affect the extent to which restorative justice programs can assist IPV survivors. In order to be optimally practiced, restorative justice policies should contain concrete implementation support instead of merely being enacted (Northway et al., 2007). State-level restorative justice policy support can strengthen the implementation of restorative justice policies into real-world practice so that these policies can reach IPV survivors and help them meet their justice preferences.

This study aimed to 1) examine the relationship between IPV exposure and women's perceived mental health and assess state restorative justice policies as an effect modifier; and 2) examine the relationship between restorative justice policy support and women's perceived mental health among IPV survivors. We hypothesized that women who experience IPV would have poor perceived mental health compared to women without IPV experiences. We hypothesized that residing in a state with a restorative justice policy would modify this association, such that the negative relationship between IPV and perceived mental health would be weakened. We predicted that higher support for restorative justice policy implementation would be associated with better perceived mental health among IPV survivors. Finally, we conducted exploratory stratified regressions based on race and ethnicity for both study aims.

Methods

Study Sample

Individual-level data were collected from the National Intimate Partner and Sexual Violence Survey (NISVS), a nationally representative, cross-sectional study of English and

Spanish-speaking noninstitutionalized adult women and men in the United States who were 18 or older (Black et al., 2011). The study conducted 18,049 interviews in the 50 United States and District of Columbia through random digit dialing from January 2010 to December 2010. Specifically, the telephone survey was conducted using landline telephones and participants' cell phones to assess various types of interpersonal violence, which included IPV, sexual violence, and stalking among women and men. The protocol for the NISVS study received approval by the Office of Management and Budget (OMB# 0920-0822) and the Institutional Review Board of the Research Triangle Institute, International. Additional information about the development and implementation of the NISVS study are published by Black et al. (2011). The present study gained IRB exemption from Yale Human Investigation Committee due to the secondary nature of the data used for analyses.

Measures

State-Level Restorative Justice Policy. A restorative justice policy was described as a statute to use “the practice of bringing together those who have a stake in a particular offense to repair the harms caused by crime and promote restoration and reconciliation, to the extent possible, between victim, offender, and community” (Sliva & Lambert, 2015). State-level data on restorative justice policies were drawn from a restorative justice legislative database (Sliva, 2019) and restricted to policies up to and including 2010 to align with the timespan of NISVS data used. A binary variable was generated to categorize states with and without a restorative justice policy enacted [1 (present) or 0 (absent)]. Further details of the restorative justice legislative database can be found elsewhere (Sliva & Lambert, 2015).

State-Level Restorative Justice Policy Support. The restorative justice legislative database also included data on state-level restorative justice policy support. Consistent with previous

research (Sliva, 2018), the data were made into an ordinal variable based on implementation support strength. Specifically, states with no restorative justice policy were coded as 0, states that contained minimal detail on implementation guidelines of a restorative justice policy were coded as 1, and states that contained a restorative justice policy with the strongest implementation structure were coded as 2. The restorative justice policy with the most strength for implementation was selected to represent the state. If states had more than one policy with the same level of support, then the most recent policy was used because of its stronger application in current U.S. policy practice. In the current data, two states, Iowa and New Hampshire, did not contain restorative justice policy support details prior to 2010. Thus, they were treated as missing for the support analysis. More information about the collection and assessment of state-level restorative justice policy support has been described elsewhere (Sliva, 2018).

State-Level Control Variables. State-level control variables included the GINI index of income inequality, violent crime rate and property crime rate. These variables were included to control for possible effects of income inequality of a state on mental health (Ribeiro et al., 2017) and to control for effects of overall crime rates as opposed to justice policies (Stafford et al., 2007).

GINI index “is a measure of income dispersion across the distribution of all household incomes” (Population Reference Bureau). The violent crime rate represents the number of crimes that entails direct force or threat of force per 100,000 population, and the property crime rate represents crimes such as theft or destruction of property per 100,000 population. These estimates were extracted from the Uniform Crime Reporting (UCR) Program based in 2010, a standardized reporting system for municipal systems. The three variables were treated as continuous variables.

Individual-Level IPV. Individual-level IPV was represented using a composite variable that included lifetime contact sexual violence, physical violence, and/or stalking. This variable was dichotomized to Yes = 1 (any reported IPV) and No = 0 (no reported IPV) (Kim et al., 2020; Showalter et al., 2017). The data for IPV were collected from the NISVS. The NISVS study describes contact sexual violence as “a combined measure including rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact”; stalking as “a pattern of harassing or threatening tactics used by a perpetrator that is both unwanted and causes fear or safety concerns in the victim”; and physical violence as “a range of behaviors from slapping, pushing or shoving to severe acts that include hit with a fist or something hard, kicked, hurt by pulling hair, slammed against something, tried to hurt by choking or suffocating, beaten, burned on purpose, and used a knife or gun.” (Smith et al., 2017).

Individual-Level Perceived Mental Health. The NISVS also reported on individual-level perceived mental health among participants. Specifically, the NISVS estimated participants’ mental health status (e.g., “Would you say in general your mental health is ...”). Participants could answer Excellent, Very good, Good, Fair, Poor or I don’t know. The data were used to create a count response variable ranging from 1, which represents poor perceived mental health, to 5, which represents excellent mental health among participants (Fleishman & Zuvekas, 2007; Zuvekas & Fleishman, 2008). “I don’t know” responses were treated as missing while coding and were excluded during the final analyses.

Individual-Level Sociodemographic Characteristics. The NISVS asked participants to self-report their sociodemographic characteristics. Participants could respond that their age was Less than 10, 11-17, 18-24, 25-34, 35-44, 45-54 and 55 and older. Choices for participant education included no schooling, 1st-8th grade, Some high school, High school graduate, Technical or

vocational school (attended or graduated), Some college, 4-year college degree and Postgraduate. Lastly, participants could answer that their race and ethnicity was Black or African American, White, Hispanic, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaskan Native and Other.

Analysis

Because data is nested, individuals nested within states, we controlled for the nesting of states using generalized estimating equations (GEE) (Ziegler, 2011). Sociodemographic frequencies were calculated for the overall sample in addition to women with and without IPV experiences. Using GEE, unadjusted associations were examined between IPV, state-level restorative justice policies, and mental health. Additionally, GEE was used to examine the relationship between IPV and perceived mental health. Next, we examined state-level restorative justice policies as an effect modifier by including an IPV X restorative justice policy interaction term in the model. The interaction measured whether the relationship between IPV and perceived mental health differed depending on if a state contained a restorative justice policy or not. Consistent with the approach indicated by Aiken & West (1991), significant interactions were followed up by simple slopes to determine the nature of the significance. For Aim 2, among the sample of women who experienced IPV, GEE was used to examine the association between restorative justice policy implementation support and perceived mental health. Finally, to explore possible differences between racial and ethnic groups, results from Aims 1 and 2 were stratified by race using GEE. Analyses were conducted using SAS statistical software. All models adjusted for age, race and ethnicity, education level, GINI index, property crime rate, and violent crime rate.

We did not adjust for restorative justice policy duration because we were unable to compute duration for restorative justice policy implementation support since a policy could be enacted but then shifted to add more support. Further, sampling weights were not included in the models because (a) assessing population prevalence was not the goal of the current study; and (b) to ensure consistency between Aim 1 and Aim 2 since sampling weights were unable to be calculated for Aim 2. Model coefficients, denoted as B, 95% confidence intervals, and p -value <0.05 were used to determine significance.

Results

Figure 1 presents the state-level distribution of restorative justice policy status in the United States. 49% of states possessed a restorative justice policy to assist IPV survivors with the accountability process, and 51% of states did not contain a restorative justice policy.

Table 1 displays the sociodemographic characteristics of 5104 women who participated in NISVS. Of these women, 1164 women reported ever experiencing physical, sexual or psychological IPV, and 3940 reported no IPV exposure. In the overall sample, more than half of the women were over 45 years old (62.9%). The majority of women self-identified as non-Hispanic White, followed by Non-Hispanic Black (8.4%), Hispanic (7.2%) and non-Hispanic other racial groups (6.0%), which included Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaskan Native and Other race. Most of the women reported completing high school education or more (92.8%).

Table 2 displays unadjusted and adjusted associations among the overall sample. Women with IPV experiences was associated with worse perceived mental health compared to those without experiencing IPV (B [95% CI] = -0.14 [-0.16, -0.11], $p<0.01$), and that association remained significant after adjusting for covariates (B [95% CI] = -0.13 [-0.15, -0.11], $p<0.01$).

Interaction Model with Restorative Justice Policy

An IPV X restorative justice policy interaction term was entered into the model to examine how residing in a state with a restorative justice policy modified the association between IPV and women's perceived mental health. The IPV X restorative justice policy interaction was significantly associated with women's perceived mental health (B [95% CI] = 0.05 [0.00, 0.09], $p=0.04$). When examining the simple slopes, the inverse relationship between IPV and survivor's perceived mental health was attenuated in states with a restorative justice policy (B [95% CI] = -0.16 [-0.19, -0.12], $p<0.01$) vs. states with no restorative justice policy (B [95% CI] = -0.11 [-0.14, -0.08], $p<0.01$).

Figure 2 serves as a graphical representation of the regression lines between IPV and women's perceived mental health when there is a restorative justice policy present or absent.

Table 3 displays unadjusted and adjusted associations among women who have experienced IPV. Stronger support for restorative justice policy implementation was associated with better mental health among IPV survivors (B [95% CI] = 0.03 [0.00, 0.04], $p=0.03$), and that association remained significant after adjusting for covariates (B [95% CI] = 0.02 [0.00, 0.04], $p=0.04$).

Exploratory Analyses

We explored how Aims 1 and 2 differed between racial and ethnic groups. For Aim 1, among non-Hispanic Black women IPV survivors, residing in a state with a restorative justice policy was not associated with perceived mental health (B [95% CI]= -0.02 [-0.12, 0.08], $p=0.73$). Similarly, residing in a state with a restorative justice policy was not associated with perceived mental health for Hispanic survivors (B [95% CI]= 0.06 [-0.08, 0.20], $p=0.42$). Whereas, residing in a state with a restorative justice policy was associated with better perceived

mental health among non-Hispanic White survivors (B [95% CI]= 0.05 [0.01, 0.10], p=0.02), and non-Hispanic IPV survivors of another race (B [95% CI]= 0.10 [0.01, 0.19], p=0.03) than residing in a state without a restorative justice policy. For Aim 2, restorative justice policy implementation support was not associated with perceived mental health among non-Hispanic Black (B [95% CI]= 0.00 [-0.05, 0.05], p=0.99) or Hispanic survivors (B [95% CI]= 0.03 [-0.04, 0.09], p=0.42). Whereas, residing in a state with restorative justice policy implementation support was associated with better mental health for non-Hispanic White (B [95% CI]= 0.02 [0.00, 0.05], p=0.04) and non-Hispanic IPV survivors of another race (B [95% CI]= 0.05 [0.01, 0.10], p=0.03).

Discussion

This is one of the first studies to look at the effects of restorative justice policies and their implementation on mental health specific to IPV. Our results suggest that residing in a state with a restorative justice policy moderates the relationship between IPV and women's mental health, such that the link between IPV and poor mental health is diminished. We also found that stronger restorative justice policy implementation support was associated with better perceived mental health among women with IPV experiences. Our findings add to a nascent body of research underscoring the promise of restorative justice policies as solution-based approaches to foster IPV survivor mental well-being.

One possible explanation for the attenuating effect of restorative justice policies on women's mental health is due to restorative justice approaches having an empowering effect on IPV survivors (Braithwaite et al., 2010; Harris, 2011; McDowell et al., 2012). With restorative justice, women are able to assemble agency and use it throughout the accountability process. These unique conditions for agency create space for IPV survivors to exercise power where

women can advocate for their preferences for justice (Pennell et al., 2020). For example, women's autonomy can range from deciding if or how she wants to engage with the perpetrator to stipulating her preference to continue the relationship but with ceased abuse (Harris, 2011). Further, women can narrate experiences to the extent desired and choose which participants will be involved at various stages of the restorative justice process (Pennell et al., 2020). Empowering IPV survivors through state-level restorative justice policies could protect women's mental well-being by constructing a survivor-centric environment where survivor preferences will be met.

The buffering effect of state-level restorative justice policies on IPV survivor mental health may also be due to social support embedded in restorative justice approaches. Particularly, restorative justice approaches generally include family and friends of the survivor in addition to invested community members, which, conceptually, may serve as a potential source of social support to improve survivor mental wellbeing. For example, community participants who identify as IPV survivors can support women's perception of harm, which may help survivors feel validated when disclosing IPV experiences (Kerrigan & Mankowski, 2021). Further, women's social networks can better comprehend the nuances of IPV through restorative justice approaches (Goodmark, 2021), which may underpin trauma-informed relationships that shape survivor mental health. In fact, one study found that IPV survivors and family members reported feeling closer to one another after the use of restorative justice practices (Gaarder, 2015). A common tactic that IPV perpetrators use consists of isolating survivors from their social networks (Goodman & Smyth, 2011), so restorative justice approaches may contribute to reparation of these relationships. This might help IPV survivors reintegrate into their families and communities, so that they can move forward. Notably, social reactions to IPV disclosure can be negative, even among family and friends (e.g., victim blaming, minimization) (Overstreet et

al., 2019; Schackner et al., 2017). Therefore, restorative justice approaches may be most effective on mental health for women whose network members do not react to this process in a socially negative way. Nevertheless, state-level restorative justice policies may be conducive to sustained social support for IPV survivors, which may benefit perceived mental health.

An additional goal of the current study was to examine the association between restorative justice policy implementation support and perceived mental health among IPV survivors. Our findings suggest more restorative justice policy support for implementation is protective of mental health among women who experience IPV. Having state-level restorative justice policies in place does not directly translate to sufficient implementation practice (Northway et al., 2007), which is primarily due to inconsistent and insufficient policy structure, program guidelines and funding allocation (Sliva, 2018). With proper structural implementation, IPV survivors can more readily receive restorative justice approaches to facilitate improved mental wellbeing. Our findings add to a growing body of literature that supports a shift towards restorative justice approaches for IPV survivors. With this evidence, the VAWA could promote state-level restorative justice policies and prioritize funding diversion towards state-level restorative justice policy implementation (Goodmark, 2021). Further, our findings support the need for legislators to take measures to reform state-level restorative justice policies to ensure adequate structure and monetary support for restorative justice approaches (Pavelka, 2016).

Finally, our exploratory analyses suggest that restorative justice policies might be less effective on mental health among Black and Hispanic women IPV survivors compared to White women and women from other racial and ethnic identities. More research is needed to explicate these findings, but structural racist systems in place may impact access of these programs for Black and Hispanic women. This may reflect the inequities that exist in the current justice

system that affect Black and Hispanic women IPV survivors (Harris, 2011), which can exacerbate mental health. For example, police are gatekeepers of the current justice system with which IPV survivors encounter (Xie & Lynch, 2017). When seeking help from law enforcement for IPV, Black women are disproportionately subjected to brutality that juxtaposes the inherent responsibility of police officers (Jacobs, 2017; Richie, 2012). This group of women are distinctly demoralized with an oppressive justice response that trivializes Black women's IPV experiences and practices victim-blaming (Decker et al., 2019; Richie, 2012). These findings warrant further research to explore how state-level restorative justice policies may disparately affect Black and Hispanic women IPV survivor mental health and ways to increase the impact and implementation of restorative justice policies for Black and Hispanic survivors.

It is worth noting that state-level restorative justice policies are pertinent for IPV survivors who actually engage with the current justice system. However, nearly half of women who experience IPV do not report abuse to the police in the United States (Langton et al., 2012). Therefore, future research should focus on transformative justice, which is a community-based approach positioned outside of the current justice system where survivors, perpetrators and communities work together to repair harm using restorative justice principles as a viable option for those women who do not report IPV and would prefer community-based justice responses that are fully independent of the current justice system (Kim, 2018).

This study has limitations that should be considered. The National Intimate Partner and Sexual Violence Survey (NISVS) remains in progress. The current study used the first wave of NISVS data collected in 2010. However, the second wave of NISVS data, which was collected in 2015, is also available for public use. The presence of state-level restorative justice policies in addition to implementation support have evolved throughout the United States from 2010-2015.

Therefore, it may be helpful for future research to replicate the present study using the second wave of NISVS data. The study examined general mental health ratings among women who experienced IPV, which doesn't fully capture the range of mental health conditions that should be studied. Additionally, race and ethnicity was not examined as a confounder due to the lack of ability for individual-level race and ethnicity to directly influence policies. Instead, racial and ethnic groups were included in multilevel models due to their relationships with perceived mental health and capacity to elucidate structural and systemic racism (Ward et al., 2019). The current study also included state-level control variables in multilevel models. However, the analyses may not have controlled for all potential state-level confounders. The present study was cross-sectional, so we cannot infer causality with our study findings. Further, our results are only generalizable to the United States and may not depict experiences among IPV survivors who reside in other countries.

Conclusions

Restorative justice policies may serve as a scalable tool to reduce the negative mental health sequelae of experiencing IPV and an approach to strengthening the current justice response for IPV survivors. Further, ensuring implementation support for restorative justice policies may enhance their impact on the mental health of women IPV survivors.

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Table 1 Sociodemographic Characteristics of 5104 Women who Participated in 2010 NISVS

Characteristic	IPV	No IPV	Total
	N (%)	N (%)	N (%)
<hr/>			
Age			
18-24	87 (1.7)	311(6.1)	398 (7.8)
25-44	372 (7.3)	1112 (21.8)	1484 (29.1)
45+	704 (13.8)	2503 (49.0)	3210 (62.9)
Race and Ethnicity			
Non-Hispanic Black	127 (2.5)	303 (5.9)	431 (8.4)
Hispanic	94 (1.8)	272 (5.3)	366 (7.2)
Non-Hispanic White	840 (16.5)	3148 (61.7)	3990 (78.2)
Non-Hispanic Another Race	98 (1.9)	208 (4.1)	306 (6.0)
Education			
Less than High School	102 (2.0)	260 (5.1)	362 (7.1)
Finished High School	291 (5.7)	936 (18.3)	1227 (24.0)
High School +	771 (15.1)	2735 (53.6)	3509 (68.8)

*Column percentages rounded to the nearest tenth and may not equal 100.

Table 2 Associations between IPV, State-Level Restorative Justice Policies, and Perceived Mental Health among Women

	Perceived Mental Health					
	Unadjusted			Adjusted		
	B	95% CI	<i>p</i> -value	B	95% CI	<i>p</i> -value
IPV	-0.14	(-0.16, -0.11)	<0.01	-0.13	(-0.15, -0.11)	<0.01
Restorative Justice Policy	0.00	(-0.01, 0.01)	0.78	0.01	(-0.00, 0.02)	0.24
Age						
18-24	0.02	(-0.02, 0.05)	0.29	0.04	(0.01, 0.08)	0.01
25-44	0.01	(-0.01, 0.03)	0.57	0.01	(-0.01, 0.03)	0.23
45+	Ref					
Race and Ethnicity						
Non-Hispanic Black	-0.03	(-0.06, 0.01)	0.10	-0.02	(-0.05, 0.02)	0.29
Non-Hispanic Another Race	-0.06	(-0.09, -0.02)	0.01	-0.05	(-0.08, -0.02)	0.00
Hispanic	-0.06	(-0.08, -0.03)	0.00	-0.02	(-0.04, 0.02)	0.26

Non-Hispanic White	Ref					
Education						
Less than High School	-0.19	(-0.23, -0.15)	<0.01	-0.19	(-0.23, -0.16)	<0.01
Finished High School	-0.05	(-0.07, -0.03)	<0.01	-0.07	(-0.08, -0.05)	<0.01
High School +	Ref					
GINI	-0.08	(-0.41, 0.25)	0.63	0.10	(-0.23, 0.43)	0.55
Violence Crime	0.00	(-0.00, 0.00)	0.96	0.00	(-0.00, 0.00)	0.46
Property Crime	-0.00	(-0.00, 0.00)	0.98	0.00	(-0.00, 0.00)	0.21

Table 3 Association between Restorative Justice Policy Support and Perceived Mental Health among Women IPV Survivors

	Perceived Mental Health					
	Unadjusted			Adjusted		
	B	95% CI	<i>p</i> -value	B	95% CI	<i>p</i> -value
Restorative Justice Policy Support	0.02	(0.00, 0.04)	0.03	0.02	(0.00, 0.04)	0.04
Age						
18-24	-0.02	(-0.11, 0.06)	0.58	0.02	(-0.06, 0.11)	0.61
25-44	0.01	(-0.03, 0.06)	0.55	-0.00	(-0.04, 0.04)	0.99
45+	Ref					
Race and Ethnicity						
Non-Hispanic Black	0.02	(-0.05, 0.08)	0.61	0.03	(-0.03, 0.09)	0.31
Non-Hispanic Another Race	-0.03	(-0.09, 0.04)	0.04	-0.03	(-0.10, 0.04)	0.38
Hispanic	-0.06	(-0.11, -0.02)	0.01	-0.03	(-0.09, 0.03)	0.29
Non-Hispanic White	Ref					
Education						

Less than High School	-0.21	(-0.30, -0.12)	<0.01	-0.21	(-0.31, -0.11)	<0.01
Finished High School	-0.03	(-0.07, 0.01)	0.15	-0.06	(-0.10, 0.01)	0.01
High School +	Ref					
GINI	-0.97	(-1.96, 0.02)	0.06	-0.65	(-1.77, 0.48)	0.26
Violence Crime	0.00	(-0.00, 0.00)	0.97	-0.00	(-0.00, 0.00)	0.96
Property Crime	0.00	(-0.00, 0.00)	0.42	0.00	(-0.00, 0.00)	0.14

Figure 1 State-Level Distribution of Restorative Justice Policy Status in 2010

Presence of Restorative Justice Policy
0  1

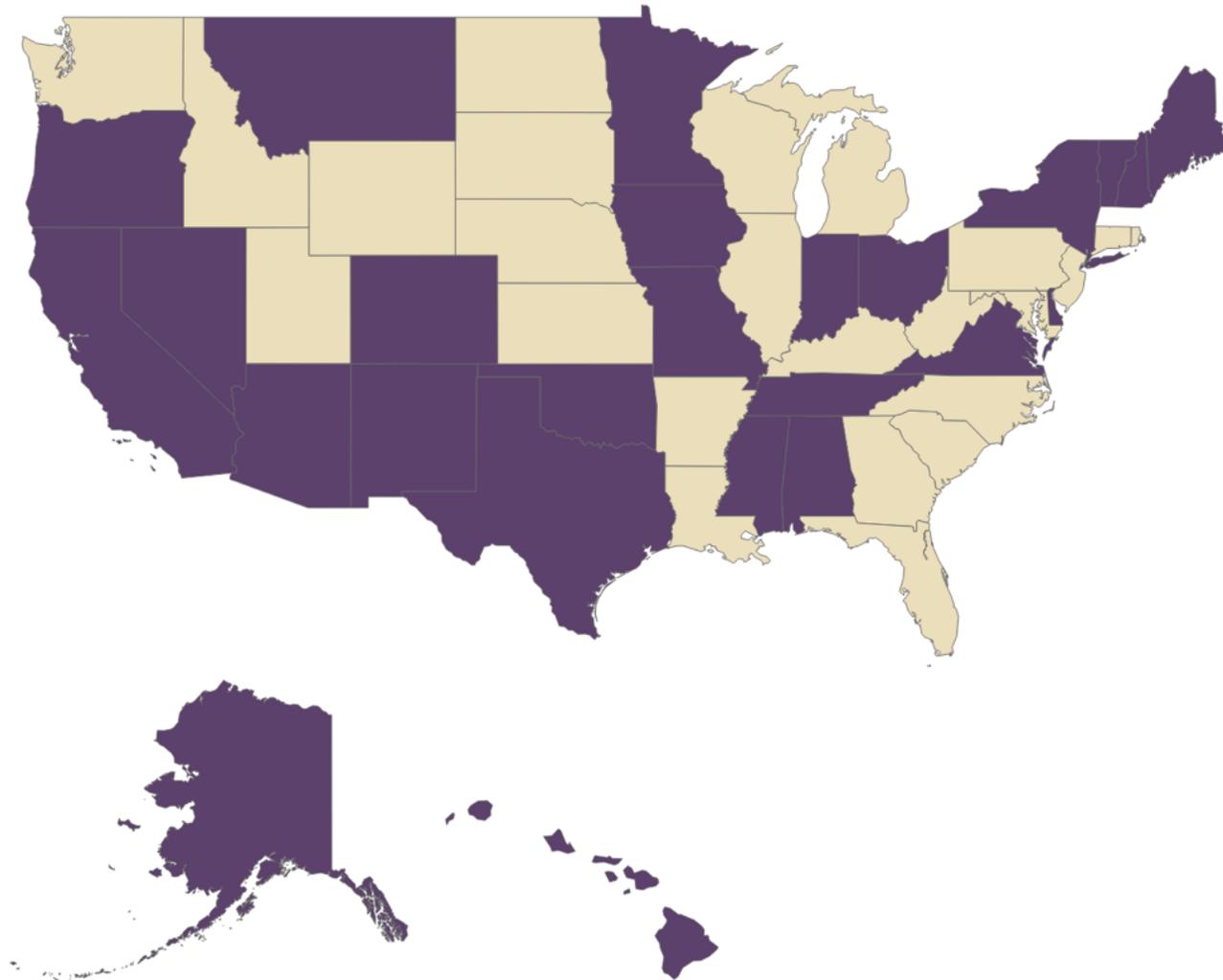


Figure 2 Interaction between IPV and Restorative Justice Policies on Women’s Mental Health

