

Welcome, everyone, to the National Criminal Justice Training Center webinar, in partnership with the Center for Court Innovation. Our topic today is the Introduction to Risk Assessment in Intimate Partner Violence Cases. Presenting today's webinar is Rebecca Thomforde Hauser and James Henderson. My name is Greg Brown, and I will be your moderator for today's webinar.

The Victim-centered Approach to Community Supervision Training and Technical Assistance Program provides grants support and specialized training and technical assistance to active Improving Criminal Justice Response and Stop Violence Against Women Program grantees, to develop community corrections strategies and enhance probation and parole officers response to sexual assault, domestic violence, dating violence, and stalking. Topics are focused on, but are not limited to, applying harm reduction strategies, implementing trauma informed approaches within respective jurisdictions, increasing leadership abilities to improve multidisciplinary responses, coordinated community response team development, safety planning for victims, and effective policies and procedures.

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We would love to know more about who is on the call, and get a better sense of which sets of agencies are represented. The question is, which of the following best describes your role? Your choices are, victim services or advocate, probation or community corrections, law enforcement, or child advocacy center, social worker or mental health professional. And then the final category would be other, if your role has not been specified.

It looks like the vast majority of attendees are victim services and victim advocates. We've got a good representation from probation and community corrections, as well as law enforcement and child advocacy center, and other. So this will be a good discussion with a lot of different perspectives, and different professions that work with the populations that we're discussing today.

Welcome to everyone joining us today. This webinar is the third in a three-part series of webinars to enhance victim-centered probation responses. Today's topic is Risk Assessment in Intimate Partner Violence Cases. Over the next 90 minutes, it's our goal to help you to research behind the risk, define validated lethality and risk factors, distinguish the use of lethality risk assessments, describe the limitations of risk assessments, apply the principles

of risk assessment to the experiences and needs of probation officers, and describe the role of risk assessment in a coordinated community response.

With that, it's my pleasure to introduce you to our presenters for today's webinar. Jim Henderson is an instructor with the National Criminal Justice Training Center. He provides training and technical assistance to criminal justice professionals and community partners, that improve systematic responses to domestic violence. He has authored several articles on issues pertaining to probation and parole, as well as created a specific assessment tools to help assess abuse, risk, and lethality. Additionally, Jim runs the batterer intervention groups out of the University of Michigan, Dearborn, for men dealing with issues pertaining to violence against women or stalking behavior.

Rebecca Thomforde Hauser is the Associate Director of Domestic Violence Programs for the Center of Court Innovation, a partner with NCJTC on this grant project. She assists jurisdictions nationally, and in New York state, to plan and implement domestic violence courts. She also has co-authored several articles relating to the topic of domestic violence. I will now turn the time over to Rebecca, first, who will be our first speaker today. Rebecca, the time is now yours.

Thank you. So I'm Rebecca from the Center for Court Innovation. It's great to be with you all today. I see some familiar names and experts, actually, in risk and lethality assessment as participants. So I'm really excited to see you all there.

I wanted to start us out by acknowledging that the reality for all of us, and for the victims that we serve most of the time, can be confusion around what information is important to gather and what information is important to share. I think as probation officers, victim advocates, other criminal or civil legal system players, we're trying to figure out what is needed. What am I missing? Is this the case that's highly lethal?

Victims are also often unsure of what they can or should ask from law enforcement, from probation, the court or other stakeholders. And so we want to lay the groundwork for you all today, and think about why it's important to take the time to assess for risk. How do we engage the victim to get information? And also, how can we share crucial information about risk and lethality to that victim, to enhance their safety?

One of the most important things to remember when thinking about risk and lethality assessment is the research from Dr. Jackie Campbell. She, in her research, found that victims don't overestimate risk, but they can underestimate risk. And we heard from her-- those of you who listened in on our last webinar, we learned a lot about her research on lethality factors. We'll be talking about those again today, as a reminder.

But remember when she found-- she found in her research, again, that victims rarely overestimate that level of risk. And so I think it's important when we're talking about tools today, what tools can help us better identify and

discuss that risk and lethality with victims, and how to use those tools to inform our decision making.

You know, Rebecca, to even add to that, as Jacqueline would say, even in absence of all other-- if all the other tools said that he was not high risk, but a victim felt that he had the potential to kill her or felt that he was going to kill that individual, that we had-- that that trumped all the other questions. So, yes, they judge you underestimate the risk. But when they do tell us that they're high risk, we absolutely need to believe them.

Yeah. That's such a great point, Jim. And I think that's hard for us, often, those of us in a criminal or a civil legal setting, to understand, and how we can use that information when we might be confined or have to work within our statutory framework to respond to that risk. So thanks for bringing that up.

Again, just to start us off, why we should care about risk and lethality-- again, in our last webinar we talked about that risk needs responsivity model. Anjali talked about that, that we want to think about reducing crime or that risk of re-offense. Right? We want to be able to help victims and promote service linkages and safety planning, especially for those victims facing high or moderate risk. We want to be able to flag for lethality.

And we're going to talk a little bit more today, and continue our discussion from the last webinar, around the differences between that risk of recidivism, which is, is this person in front of me, this defendant, respondent, probationer at risk for committing another domestic violence crime? And then lethality-- is this victim, survivor in front of me at risk for being killed by their intimate partner? So we're wanting to flag lethality, so we can initiate a multipronged response and use our coordinated community response to ensure the safety of that victim or work towards that safety.

And then we're always thinking about officer safety or probation safety. Anyone who's a first responder, as that risk increased for the victim, so too does that risk for those first responders. We've all seen on the news those cases where law enforcement is responding to a domestic violence incident, and then it becomes a homicide or an injury to that officer or to a judicial officer or probation. So we want to just make sure that we're understanding that level of risk, so that we can protect ourselves, those with whom we work, and also the victim that we serve.

So what is risk? Again, when we talked at our last webinar around about this with Anjali, she outlined a lot of this for us. So, as a summary, risk in our-- most of the research is looking at risk as a risk of re-offense. Again, is this person committing another crime?

There's many ways to think about that, like any offense. Is there a risk of any violent felony? Other types of research look specifically at that risk of future domestic violence offenses. And then, as I said, we're looking at that likelihood of lethality or future domestic violence homicide.

Most people who are assessing risk are using that to classify it somehow-- is this person in front of me at low,

moderate or high-- and then using that information to inform decision making around supervision, monitoring, programming, and for victims for safety planning. And what do we mean by risk factors? Again, just this is a refresher slide. I'm not sure how many of you were on the last webinar. But if you remember, Anjali talked a lot about those general criminogenic risk factors.

So this is your kind of the generic person who has committed a crime. And there were those central eight risk factors. And then we talked specifically about the recidivism and lethality factors again. So we're not going to spend too much time on those general criminogenic factors. But I think the reminder here is that many of our DV probationers have general criminogenic risk factors. Right? So that's why probation is using a general criminogenic risk tool to evaluate that risk of reoffence.

And then today we'll be talking about what tools are available to probation, to law enforcement, to victim advocates and other community stakeholders, to identify that specific risk of DV recidivism and lethality. So, over the years, people have been trying to assess risk. Right? And there's been three major approaches to this.

One is professional judgment. So I'm basically saying, I'm an expert in this field. I've worked with so many people. Given what this person's told me, I think that they're high risk. Then there's structured judgment, which is really using data to inform, OK, here are things that we know are high risk. So I'm using that data and that information to structure my judgment and my decision making. And then there's actuarial judgment. I'm actually using a tool that is data-driven to inform what my decision making might be.

There's lots of research that shows if we just use our own judgment alone, we're right about 50% of the time. And that's where our own biases can come in and interfere with our decision making. Our past experiences with other people-- oh, yeah, I remember someone like this, they're similar, this kind of thing. Using our professional judgment together with our knowledge about DV risk and lethality, and using a validated tool, is the best way to accurately assess for lethality and recidivism.

And, Jim, I don't know if you want to just talk. You're a probation officer, why using a tool might help you, and then where you want to insert your professional judgment, as you were saying, if a victim scores a zero except for this fear and belief that they are going to be killed, right, we want to make sure that we're responding and not using these tools to deny safety and services to victims, but really using these tools to inform what kinds of safety planning might be helpful.

But my experience from having work in substance abuse agencies, then doing the mental health probation, working with generic probation officers, and then moving to domestic violence, is the domestic violence offenders were often the most charismatic, the most engaging, and the easiest to get along with. Therefore, if I'm just using

my professional judgment, and I have this guy that may not have an atrocious criminal history, may have a decent job, comes in well-dressed, very respectful, treats me well-- it's very easy if I'm only going off a police report and his statements to really underassess that individual.

If I have a great system set up, where police did a good job of documenting other risk factors that were outside of the actual offense-- excited utterances that a victim may have had, written down about other times that they come to the home, if I've had any contact with child protection or family court-- so whether it be child custody battles, orders of protections or stay away orders-- these types of things could kind of help me pull in, and kind of figure out what are the red flags around this particular individual.

Some of us have the luxury of having advocates that we work closely with. Some of us have the luxury of being able to take the time and interview and discuss and have ongoing dialogue with the victims in the case, which can really help. Others of us do not have that luxury. A person may have been sentenced. The victim may not be talking to probation. And probably, the victims who are in the most danger and the highest risk are going to be the least likely to talk to us because they are fearful of ramifications that can happen.

So then I have a highly charismatic man, an unengaged or unparticipating victim because of her own risk, and I could be [INAUDIBLE]. So I think that's where these tools really kind of help keep me grounded and say, OK, does this offender have this history? Does you have this pattern? Where would I look for that information within the criminal records, within the civil records, within just in conversation and engagement with him--

Yeah, that's great.

--or her.

Right. And just bringing that up, you know, Jim and I are using very gendered language in these. As we talked about in the last webinar, the research, for the most part, has been very gendered. So Jackie Campbell's research on lethality factors was taken primarily from women who were killed or almost killed by their male intimate partners. And we'll talk about her tools and how she's adapted them to meet the needs and the realities of different types of populations of victims. But I did want to just clarify that, as well.

So when we're talking about what these actuarial risk tools-- or for the rest of the world, know validated risk assessments-- what are they? They really draw on large data sets, and they're there to predict future outcomes. So gathering all the data, but from multiple offenders or criminal behavior, what are those factors that we can predict that showed some kind of future criminal activity? And then there's some type of score assigned to them. And they're categorized, as I said, into some subset of low, medium, and high and there can be even more subsets in there.

These have been used for many, many years. In the 1990s, I think there was a real growth in how they were used. That's when that risk needs responsivity theory, and the research around the importance of understanding the risk and the needs and then the responsivity of the defendant, and how that can be used in combination to reduce recidivism. And tools have been developed and validated over the past 30 years. There are tools for the general criminal population to use at almost every decision making point in the criminal system.

For domestic violence cases, as we'll find, DV-specific tools are newer. Right? Because they're building on this research that was developed over these years. And when we say a validated tool, what we mean is that researchers have tested these tools to see how accurately they're assessing that level of risk. Are they giving us-- are they telling me that my probationer is high risk when they're really low risk? Are they telling me someone's low risk when they're really high? Or are they accurately telling me what's happening with this probationer or with this victim survivor? So we wanted to take some time to poll you. So do you or your agency currently use a domestic violence risk or lethality assessment?

With respect to does your agency currently use a domestic violence risk or lethality assessment, it looks about 52% of the respondents said yes, 29% said no, and about 18% were unsure.

All right. Thanks. We're going to spend some time right now talking about a specific scenario. And then we'll move into what types of lethality assessments and risk tools there are out there for domestic violence cases. OK.

Jim and I are going to talk about a police report that is about George and Charity and their child. And so we want to take some time for you-- we will be reading the actual full police report. And in a minute you're going to see some highlights from that up on your screen, just so you can follow along. We'd love it--

Yeah, I can read it.

Yeah, great.

No. Go ahead.

I guess I could read it and give your voice a little break here. George is a 28-year-old, was arrested for assault. George and Charity had been living together for three years prior to the incident. They have a two-year-old son, Jason, who was upstairs sleeping during the incident, according to the police report.

Police arrived on scene in response to a 911 call placed by Charity, where they see Charity sitting on the couch and crying. The officers take the statement from Charity. Charity is seven months pregnant, and claims that George came home later than expected after work, and was drunk. Charity says she started yelling at him

because he hadn't answered his text, and she was having what she thought were labor pains and wanted him home.

When she started yelling, George started laughing and told her she was stupid, that the baby wouldn't come early. She then yelled at him for being drunk and for not taking care of her, and went to call her mother, who is a nurse at the hospital. George became violent.

He took her cell phone, threw it against the wall. He then grabbed Charity by the wrist and pulled her over to the living room wall, where he shook her, grabbed her by the neck until she fell. She admitted to scratching him on the face and trying to make him let go of her.

The officers observed a raspy voice and bloodshot eyes, but no visible bruising to the neck. They also observed that Charity's dress was wet, and asked Charity what had happened. She said she didn't know. She is embarrassed, but it seems like she wet her pants. Charity said that she doesn't remember what happened after she fell, but that she ran and grabbed her phone, locked herself in the bedroom, and called 911.

She didn't know where George had gone, but that he may have gone to her mother's house. The officers went to George's mother's house, where George answered the door with scratches on his face and neck. George told the officers that he is the victim, that his wife is pregnant and very moody, and attacked him for coming home late. Officers smelled alcohol on George's breath. The officers arrested George for assault and attempted strangulation. George was released on bail posted by his mother, and is currently staying with his mother.

OK. So feel free, everybody, to type in some risk or lethality factors-- things that make you anxious when you are hearing this or reading the bullet points of this police report. Jim, what is it-- what are some things that would make you concerned, jumping ahead? And we'll say that George is on probation, and you're getting this police report as part of your file. What kind of things would make you scared about Charity's safety, would make you concerned about George's risk of committing another crime? Anything that you're seeing here?

There's actually a ton of things. One, we have the use of alcohol. And depending on how severe that is and how ongoing that is, that can be a red flag. Two, the assault while she is pregnant-- and she is quite far along in her pregnancy. And to still be assaulted-- most men, even battering men, do not hit their partners during pregnancy, later pregnancy, unless they are a dangerous man.

The third thing is that he did the second most lethal form of violence other than shooting her, was like strangling her. She called it held her by the throat. But we have the bloodshot eyes, which are probably petechiae. We have the raspy voice, which would be very consistent with internal damage to the throat from being strangled. We have the urination, which only happens if both blood and oxygen were cut off to the brain for a minimum of 13 seconds.

So this meant when I held that victim, even though she struggled, I had such a grasp on her that she wasn't able to break away. Because if there was any type of movement during that and they can break my hand away for just a second or two, the blood shoots up right away again. So they had cut that off for a minimum of 13 seconds.

The fact that she doesn't remember what happened is probably consistent with she may have blacked out, which often happens when people-- when they do urinate or defecate on themselves from lack of oxygen and blood to the brain. So we have all these very high risk red flags, and true great signs-- I mean, horrible for the victim, but as far as for prosecution, for the police officers, for a judge, and for probation-- for us to really look at this case, this man could have killed that woman very easily. He could have killed their baby. So those would be the biggest red flags to me right now, is the drinking, the strangulation. The strangulation, number one. Assault while pregnant, number two. A history of alcohol abuse, number three.

Yup. Great. Yup. And it looks like everybody is chiming in on the chat box there. We've got the fact that she's pregnant, the strangulation, someone mentioned that they took her phone. Right? And in many states, that can be a crime in and of itself, to interfere with a 911 call.

It would be in my state.

Yup. And I think also the fact that George wasn't there when the police arrive-- that can be a lethality and a DV risk factor. And that happens in many domestic violence cases, where the victim calls and the defendant or the person who has caused harm has taken off and gone somewhere else. So interesting there.

And if we look at his entitlement-- remember, he said he was the victim. And so we might add -- if I was going to be interviewing George, I'd really look at his whole entitlement, his privilege. How does that relate? What is his belief about women's role and men's roles? All of that would kind of play into this, as well.

Right. Right. I think Rochelle was mentioning also, along with that entitlement, is that minimization of his behavior. Well, and then we see that there was a child in the home, as well. And that child was their biological child. At least I think that it seems to be so. But I think if Jason wasn't George's child and was actually a child that Charity had had in another relationship, that's the lethality factor, as well.

What I would have liked to have seen in the police report is if they'd been called to the home before--

Right.

--even if they'd made no arrests. Some police agencies really do a good job to say they've been to this home, there's been 27 calls to this home and one arrest. Right? To see, do we have a victim who is scared to participate? And has this guy gotten away with this behavior before? Has there been an escalation? The likelihood

that this is a isolated first time offense is very, very unlikely because he strangled her to the level that he did, which is probably-- we're going to probably, if we sat down with her or if he was willing to be honest with us, we would see an escalation of violence in intensity and probably frequency, which would also be related to our risk factors or lethality.

OK. So let's see. Here are some things that our gut is telling us. And it looks like we have a very good group of folks on the call today that are really identifying some validated risk and lethality factors. So let's just talk about what tools could help us in this scenario, and at what point in the system could there have been some kind of risk assessment or lethality assessment for George and Charity.

I will just say, I think it is amazing and great, and it's so important to use a tool where possible. I think the one caveat is-- and Jim and I will be saying this over and over again-- is because of that research from Jackie Campbell around victims rarely overestimating but often underestimating their level of risk. When we are going through these tools, we are in no way saying that these tools should be used to deny safety planning and services for victims who may score in a lower lethality category. Right? Or we're not saying you shouldn't provide any supervision or services to low level probationers or defendants.

What we're saying is that these tools can help inform the decision making process for us, what is available to us in our statutory framework to put conditions on that probationer or that defendant, to put conditions in a civil protective order that would protect that victim and respond directly or correlate to these risk and lethality factors.

So this may stir up some controversy on a national webinar to bring up the Yankees. People either love or hate them, it seems. But I think regardless of how you feel about the Yankees, we can all agree that Yogi Berra had some good and funny sayings. And I think this is just a reminder that our gut instinct isn't always correct in assessing risk. And so that's why we want to be using tools.

I don't know how many of you read the research about surgeons and the importance of checklists. Even for the most experienced surgeons, they go through a checklist every single time, to make sure that they've done every possible kind of pre-surgery and post-surgery prep. And that saves lives. I think about pilots using checklists every single time, right, to ensure our safety and health.

I would be very afraid if I-- and Jim and I travel all the time. And I actually don't love flying so when I see-- when I can peer in and I see the captains and the pilots on the plane flipping switches and having their big log of things that they're checking off, that makes me feel good. I wouldn't want a pilot to be like, yeah, been there, done that, fling the book out the window and just think that they know what they're doing. Right? So having checklists-- we know the research says that it saves lives. And I think that's where, when we're thinking about domestic violence

risk and lethality, it's important for us to be using these tools.

So let's talk a little bit about the different types of validated lethality assessments and recidivism assessments. In front of you, you have a chart that outlines some of the most widely used tools in the nation. And so we wanted to just walk through them in a little more depth, and talk to you about how they're being used nationally, and give some examples. And then we'll talk with Jim a little bit about how he, when he was a probation officer, used some of these validated assessment factors, and include them on his intake with probationers or when he was talking with-- making that victim contact.

So we're going to be talking first about lethality. And here's just a reminder slide from our last webinar. These are Jackie Campbell's lethality factors here. And, again, this was based on her research when she was looking at thousands of women who were killed or almost killed by their male intimate partners.

So using these factors around the risk of lethality, Jackie Campbell created the danger assessment tool. And she originally created this back in the early 2000s, 2003, and then it was recently updated in 2019, to better capture that attempted strangulation, since this emerging research, as Jim said, really shows the importance of identifying strangulation and the lethality of strangulation attempts. And so Jackie Campbell revised the tool just to make sure that that was captured in a different way. I think she asked some different questions around it.

So the danger assessment is an instrument that helps determine the level of danger or lethality an abused woman has of being killed by her male intimate partner. Jackie Campbell developed a tool with consultation of other experts. And then she was really working with shelter workers, victims, law enforcement officials, and other clinical experts on domestic violence.

And there's two parts to the tool. There is this 20-question assessment that's like, a scoring instrument. Each of these 20 questions has a different weight attached to them. So if you answer yes to one of these, you may get five points. If you answer yes to another, you may get two points. And that's based on how lethal those different factors are.

In addition to that, Jackie had folks use a 12-month calendar. The calendar helps to assess the severity and frequency of violence during the past year. So the victim is asked to mark the approximate days when a physically abusive incident occurred, and to rank the severity of the incident from a scale of one to five on the calendar. And the calendar really was used as a way to raise the consciousness for that victim around like, wow, this looks like, to me, when I'm looking at this calendar, that there's been an increase in violence. And so let's talk about safety planning for you.

Again, as I said, it's a-- they use a weighted system to score the yes/no responses to the factors. And some of the

factors include past death threats, partner's employment status, and partners access to a gun. This may be hard to read. But, again, it's just those 20 factors that we had on the past slide.

Then, in 2008, some other researchers, together with Jackie, revised the danger assessment to create one that is for female same sex relationships. And so that's called the DA-R, revised. And what they found-- and this might be getting too in the weeds. But just so you know, what they found is that that tool was actually better at predicting re-assault than lethality in same sex relationships. And so it has some different factors in there.

And we can certainly share that with you or you can look on-- you can find all of these tools on DangerAssessment.org, and a lot of the research behind the tools. And so you can look at that, and look at that tool. And then, interestingly, they created a short four-item version that's used for some law enforcement. And then they have a five version one, called the DA-5, that's also used to kind of capture the most highly lethal factors. And then Jackie Campbell created a danger assessment for immigrant women, that has 26 questions.

When they were looking at lethality and immigrant women, they realized they needed to add some additional factors there to really be more in line with the reality of immigrant women. And so, again, all of those can be found on Jackie Campbell's-- on Jackie Campbell's website. This tool is most often used in a confidential setting, either by confidential community-based victim advocates. Some family justice centers intake staff may use the danger assessment tool, and then hospital workers. Since Jackie Campbell was a nurse, she created it to be used in a hospital setting, as well.

This tool has been used by others in non-confidential settings. But, again, that may impact what information, as Jim said, how forthright a victim may be if they know this information is going to be shared with someone else. And so it's just always important to remember the context in which the tool is being used or was created. So this was really created to be used in a confidential setting.

I would wager that most victim advocates, if they are not actually using this tool, they are using these lethality factors in their intake to kind of gauge that lethality. Right? So even if they're not scoring a tool, they're asking these questions and using those answers to inform safety planning with the victim.

And then her tool was adapted in conjunction with the Maryland Network Against Domestic Violence. As you know, Jackie Campbell, as we had said before, was working in Baltimore at the time. And when law enforcement heard about the danger assessment, they said, it would be really great if we had a tool as first responders that we could use on the scene. They felt like they didn't really have the language or a good process for gauging lethality on the scene, and connecting victims to services.

And so that's exactly what this tool is. There's a process for those first responders to separate the victim from the

alleged offender. And only when that happens will they go through this lethality assessment. They start asking the questions at different points. You can see the points highlighted in green.

The police officer will turn to the victim and say, I'm concerned for your safety. I'd love it if I could call a victim advocate and connect you with them right now. Can I do that? If the victim says no, the law enforcement officer can say, you know, just so that I can provide some safety services for you, I'm going to call the victim advocate. And they'll make that call and talk with the victim advocate about some safety planning. And, again, while they're on the phone, they'll offer to that victim the opportunity to communicate with that victim.

Other states, like Idaho and Arizona, have created similar DV-specific tools that law enforcement use on the scene. I live in Vermont. I used to live and work in New York City. And our law enforcement actually put some of these factors into their domestic incident reports. So they don't actually, on the whole, do this entire lap or lethality screen. But they will ask some of these lethality factors, so that it's captured on the intake form.

Law enforcement all around the country are using this. They've been trained to use it. And the Office on Violence Against Women has put together a Domestic Violence Homicide Prevention Initiative that's really looking at how well this tool is working in communities to reduce homicides.

Again, Jackie Campbell was asked to partner with the Jeanne Geiger Center in Massachusetts. Many of you may have heard of Jeanne Geiger as being one of the leaders on the High Risk Management Team, which is an amazing initiative to reduce domestic violence. It also consists of 11 questions, like the LAP. Eight of these ask similar questions to the LAP, and they're directly derived from the danger assessment. And the DA-LE also includes one additional item from the danger assessment around the increase in frequency and severity of abuse, and then two new questions around a partner's previous attempts to kill the survivor and multiple strangulations.

So, again, as research is emerging on how lethal these particular factors are, Jackie Campbell's been very responsive in working with communities to create tools for first responders that really reflect those lethality factors. How it's used is a little bit different. So they have kind of-- they do score it in the same way. And they just score it to indicate whether a victim is at an elevated risk of homicide or severe near lethal assault. And there's a slight difference. It's in who is getting referred to victim advocates.

The LAP was really intended to get as many victims as possible connected to victim advocates. And the DA-LE is a little more sensitive in its scoring. And so it's really only making connections in certain-- if it's like, a high or medium lethality risk to that victim. It can also be used by the court to inform criminal justice proceedings, including bail. Or it can be used kind of as a stand alone.

And so while it's similar to the LAP, it's slightly more nuanced and used in a slightly different way. But that is to

say, there are a variety of tools out there that are validated to be used for law enforcement on the scene. And, again, that information-- since law enforcement are in many ways are those first responders, it's great to capture this information, especially if this case is progressing through the criminal legal system, so that that lethality information is captured right on the onset.

So now we'll switch gears and talk about DV-specific recidivism factors. And if you recall from our last webinar, I talked about the research of Doctor Kirk Williams that was looking in Colorado to look at DV offenders and what their risk was of committing another domestic violence related crime. He then went to the state of Colorado, and worked with Colorado to create the Domestic Violence Severity Instrument Revised. And so we'll talk about that, and we'll talk about the ODARA.

We're going to talk about the ODARA. I see that Fay was on the call. I'm not sure if she's on, from the state of Maine. The ODARA is a risk tool that was created and validated in Canada. And it's widely used in the United States. You can see that it asks 13 questions.

An example of how it is used is in the state of Maine. The state of Maine-- the court system in Maine actually received an Office on Violence Against Women grant, the former court training and improvement grant to train all of their law enforcement and bailiffs on the ODARA. Maine had some recent legislative changes that required the use of a validated domestic violence risk tool to inform decisions on bail. Maine worked with the folks in Canada, and with the Domestic Violence Coalition in Maine to do that training for law enforcements and bailiffs. And so it's per statute, this tool is used to inform bail decisions.

And that was just a great example of how you can use a tool on a statewide level. ODARA is often used by folks doing pre-trial evaluations, for folks to figure out around what kind of supervision someone might need pre-trial. Probation departments around the country also are using the ODARA post-disposition, to inform decisions around programming and supervision.

The other tool that I was talking about was the Domestic Violence Severity Instrument, and the Domestic Violence Severity Instrument Revised, created by Dr. Kirk Williams. It was revised and re-validated in the state of Connecticut. And that's actually used by the court prior to arraignment, to informed decisions around how that case is going to process-- progress through their criminal justice system. Is it going to go in their DV court? Is it going to go on their regular calendar?

And then it's used, again, post-disposition, in conjunction with a general criminogenic risk tool by probation to inform decisions around supervision and programming. So those are the most widely used risk tools for domestic violence recidivism or risk re-arrest, but before a domestic violence crime. Jim, I'm talking a lot. But I want to just get through these, and then-- but feel free to jump in. I know you've worked with some jurisdictions to pilot the use

of ODARA in different ways. And so feel free to jump in at anytime, if you'd like.

Yup. You're doing amazingly well. So, great job.

Great. OK. I wanted to talk about-- and here is an example of how-- another law enforcement example.

Sometimes you may not have the capacity to do a risk assessment that is scored. Right? And so risk information can be used to inform your decision making if you're capturing that information on your tools. As I said, many community-based victim advocates are using the full danger assessment and scoring it, and using that to have conversations with victims around safety planning. But many of them have just been trained on those lethality factors, and incorporated those factors or those types of questions into their comprehensive intake.

In the same way-- and here's an example from New York State. In New York state, police have to fill out a domestic incident report when they-- on every domestic violence call that they go out on. And you can see, if you have 100% amazing eyesight, that there are some questions on this domestic incident report around lethality. Again, if your agency doesn't have the capacity to do a full lethality assessment protocol like the LAP or to use the DA-LE, which again, should always be used in combination and coordination with community-based advocates to make that soft handoff or that referral.

If law enforcement can include this information and capture it on their police reports, then it can be used by those folks further down the line in our criminal response, to make decisions around pre-trial supervision, post disposition, monitoring, and compliance. And so you can see here that there are some questions around lethality and strangulation, and prior domestic violence arrests, the threats, pregnancy related questions, and kind of has there been any increase in the violence over the years, jealousy, and this question, again-- do you think that the suspect is capable of killing you or your children?

So here is a probation example. This is something that, Jim, I believe you developed when you were a probation officer in Ann Arbor. And so I just wanted to give you some time to talk about, again, if you're not using the ODARA or DV-SIR in combination with some kind of general criminogenic risk tool, here are some strategies for how you can include risk and lethality information into your probation intake so that you're getting that information and can really respond as a probation officer to those risks.

Thank you so much, Rebecca. In an ideal system, we would have-- everybody who's communicating with the individuals in this family would be doing a risk assessment. So from the time of arrest, the police officers would be doing either that DA-LE or LAP or even like you had on that one formula, Rebecca, where you just had sometimes five or six questions that really relate to lethality. Then we have a nongovernmental victim advocate who's doing a danger assessment, where it's much more confidential.

Some people are doing the ODARA. The ODARA really was created to be used for first responders, the police, with access to the victim. Some of the questions are-- directly need to be answered by a victim. They can be left out and the tool is still validated, but it does work better if we have that access.

What we've realized is that danger is not static. Let's look at the case that we just talked about. We talked about George and Charity, I think. And if now she decided to file for divorce because of this, that's changed the lethality level. Does he have access to guns? Were we able to get those at the time of arrest or arraignment? Did they disappear and nobody knows where they're at now? Did he lose his job, maybe because of the arrest, maybe because of the drinking? He may be now unemployed.

So that can all change from that very first time when the police went to the home, and maybe did a really good assessment that was validated. But now the information is different, by the time he comes to me in probation. So what we did is-- I know our community does a danger assessment, but that's confidential. And we want that to remain confidential. We don't even want a victim to sign a release so I can have access to that. Because I feel that she needs one person that she can talk to in the system who's just on her side, and not going to talk to anybody else.

But then I kind of created this where I do an assessment with the offender, looking at some of the same things as being a danger assessment, knowing that that's no longer validated. Because Jacqueline, she validated that as being given to victims and talking to them, not being transferred or being given to offenders. But we know if I strangled you, I'm dangerous whether you told me I strangled you or I told you I had strangled you. Right?

And so we kind of just created more accountability statements, so it says, I did this. Right? And I did create it where I had the offender's answers and the victim's answers, so I could see the contrast on what people were telling me. And it was really interesting. I don't share this information with anyone. No one sees this. It gets written into my report.

But I could look and see maybe a victim's dramatically minimizing things that even the offender told me. That's kind of a little bit of a red flag to me, too. Why is she protecting him? What is she scared of? What ramifications could happen if she got honest? Right?

And, also, I could see if an offender-- even families who I think are being 100% honest, there are some discrepancies just from what people remember, how people interpreted events. But sometimes there's dramatic discrepancies. Usually it's one person or the other person who is minimizing or not feeling safe enough to talk about what's really happening, as opposed to one person being resentful and overly extrapolating it.

I didn't really experience that my 10 years of using this instrument. We read through a police report earlier, and

you guys were able to highlight what you thought were the risk factors. When I'm doing a report for the judge, it's best for me if I have a police report that has a LAP or has some of those risk factors identified. I read through the police report, and I highlight all the risk factors, right, in the police report, so it's easy for a judge to find. He or she does not have to read through tons of pages. It's just there in bright yellow.

And then I put that in my report. And then I will validate here, as well. So if I can find four or five places that this has happened, I feel very confident that that's what's going on. So I think what we want to encourage people to do is do a risk assessment as early as possible when we have contact with this family. Do another assessment prior to arraignment, if we can through pretrial services. When probation comes there, do another assessment.

And we even redo that risk assessment further on down the road in probation, if anything changes. If the victim moves out, if they move back together-- just because a victim moves back into a home doesn't mean she's safe, either. And those of you who have seen the comings and goings exercises or have worked with victims, you know there's lots of reasons why people return home other than feeling safe and that being the place that they should be.

So we'll re-pull out if life situations have changed for someone in the family. We'll re-pull out that assessment, go through it, and then determine based on what risk factors we found, what should be the court's response to that. All right? Did that change how I supervise this offender? Does it change how often I see him? Does it change what batterers intervention program I'll go to?

I can share my information with the batterer's intervention programs. Oftentimes, we send people to these programs, we don't send them to police report. We don't send them criminal history. We don't send them a victim report. They just get the offender's version. We don't think that that makes for very good intervention. So we want to have our providers to have as much information as they can legally and ethically and safely have access to.

Great. Poll you, actually, and then we'll talk about some other tools. So, let's see. Do you share information from your assessments with other agencies? And while you're talking about-- while you're filling that out, we're going to switch gears and really talk about the importance of how to, as Jim said, safely and ethically share that information around about risk, so that your other community partners can really make the most informed decision making.

And Rebecca, this is Greg. That question has also come up and questions that we can handle at the end of the presentation, as well, about how to share, what to share, what is confidential, what to be worried about, all that stuff. So I think we'll come back to this, as well.

So it looks like a majority of the respondents, at least 45%, said they do share their assessments with other agencies. About a little over 25% said they do not. And about 28%, 29% indicated that they are unsure.

OK, great. So we're going to talk about, and hopefully answer some of your questions as we move through. So the Center for Court Innovation was doing a lot of training around risk assessment with our judicial-- with judges around the country. And specifically in New York state, the judges said, this is great that we have this information. But what can we do with-- how can we act upon it? What is the statutory framework that allows us, once we know that this is a lethality factor, to respond to it?

And so we work together with the Office of Court Administration and Victim Advocates to create a series of guides and I'm just going to go through them quickly. But it's just an example of a way, again, where you can see here it's a three-columned guide. This is in the context of an emergency protective-- civil protective order hearing, where we have on the left hand column what the risk or lethality factor is, in the middle what judges should be looking for on the petition, and then the third column is the legal context.

And so we work in New York state. We looked through our Family Court Act and put in there the different things specifically that judges could include on a civil protective order that would respond to that specific risk or lethality factor. And then we also created one for self-represented litigants, which we realized is that once that petition gets in front of the judge, it's often too late. I mean, the victims or petitioners can go back in and amend those petitions. But it's really better if the judges have as much information as possible at that initial hearing.

And we know in many states that that happens-- that the decision making around whether to order or that ex parte or that emergency petition often happens without the petitioner or the victim in the room with the judge having any conversation. So it's even more important to get that information on there. So we created something in plain language. We worked with a national expert on that. I think this is at a fourth or fifth grade reading level, where again, it gives those lethality factors, what a victim could put on the petition and what they might ask the court to do.

And then the back page of that guide is to connect victims to-- to give them an overview of what the court process might look like, how they can ask for interpreter services, how they can be connected with community-based advocates, and some reminders that anything that they put on this petition is going to be shared with the respondent. And so we want to just make sure that they know that we're not recommending they put everything on there, but just kind of as a caution and a safety measure. And you can see that kind of language there.

And then we created one for civil attorneys, as well. Again, it's a combination of kind of the one for victims and for judges. But really, to help guide conversation with civil attorneys when they're talking with petitioners, to make sure that information can get on that petition, and those remedies are asked for.

So when we're talking about how to intervene in domestic violence cases and how to use risk assessment or

lethality assessments, as Jim and I have said, context is everything. For those of you who have done DV-101 trainings or have trained in DV, we're always talking about the context. What's the intent, meaning, and effect of the violence? It's the same kind of thing when we're talking about the context of risk assessment.

Why do you want to use the assessment? What's kind of the intent behind it? What does that mean for your decision making? And then, what does that mean, kind of how that information can be shared? Or what is the effect of that moving forward? Right?

So who is doing the assessment, with whom, and for what purpose? That helps drive the answer to which instrument. In my experience, if I train-- if I talk about the danger assessment, everyone wants a copy of the danger assessment. And that's part of the reason why we put it in microscopic-- just kind of gave you a screenshot of it. Right?

So each of these tools are intended to be used after specific training by the creators of that tool or people who have been trained to train on that tool. So we're not recommending that anyone take any of these tools and go out and use them. We're also not recommending that everybody use the same tool. As we said, Jackie Campbell created the tool to be used in the context of a confidential setting, right, and that's where-- and in the context of gathering lethality information. Right?

The other tools were created to be used with a defendant or a probationer, and to inform decisions around supervision and programming or intensity of programming for that probationer. And so, again, when you're thinking about who am I and who do I have contact with, what is my role in my department, what's my role in this larger coordinated community response-- those types of questions are going to help you figure out which assessment might work best for your community.

Certainly, if you have more questions about that, we can talk to you about, again, more how these tools have been used in different contexts, and connect you with the folks who are using them or created them. Risk assessments can be helpful. Right? Domestic violence cases-- there are a high volume of cases. DV calls and crimes, for many of our communities, are more than half of our caseload. Right? So it's really, how do we frame questions to get the information we need to help us respond to this high volume?

It helps us to figure out kind of you know what to report on our-- what's important information to put on our police report or our probation report or on that petition? And helps inform what kind of conversations we can have and helps increase our general safety. And it also helps us really think about targeted ways to hold that offender accountable, and support them in a change process or any kind of programming.

Can I say something here a minute?

Oh, go ahead.

Not all of us are lucky enough to have a GD Geiger Center model or a high risk model. But if I come from a community-- we didn't have that model back in Ann Arbor. But if I seen a case that had a lot of lethality indicators, I'd make it a point that I'm going to reach out to that arresting officer, find out what his gut level feeling was within this offender. And I'm going to reach out to advocates. I'm going to reach out to batterers intervention, so we can create a little micro high risk team when we have clients that are really high on that score. So that way, when I go to the court, I can even make its uni-recommendation to the judge on how I tapped into other professionals around the community to really wrap around what needs to happen for this family.

Right, exactly. And I think that's one of the great things. If you are using a tool, it can help you kind of cluster or manage folks in a similar way. It can create a more efficient response. And, again, we'll talk about this in a minute, really creating this wall of safety and accountability by understanding who in your community is using a tool, whether the information can be shared or not.

I'm not advocating that victim advocates share a confidential risk information or lethality information with Jim, as a probation officer. But it's really helpful for Jim to know, and rest assured, you know what? I can just focus on what's happening with this probationer. I know that the victim advocates in my community, if they have contact with this victim, are working and are using the lethality-- the danger assessment. I know what's on that danger assessment.

We can have general conversations around trends or themes in our community. But it's just really helpful to know what's happening and who's using what. When we're thinking about what tool you might want to use, again, we got to think about some probation departments are already using a general criminogenic risk tool, maybe that LSIR or the Compass or the ORAS. Right?

So then, in addition, you might want to be thinking about, do we have the capacity to use a DV-specific tool. Because we know that those factors are different, and we know that the research tells us that oftentimes DV offenders will score low on the compass or the ORAS or the LSIR, but actually screening higher in a DV-specific risk tool. So how could we use both of those tools to inform our decision making?

You want to also validate the tool. So I worked up with the state of Vermont. They were trained by Kirk Williams on the DV-SIR. And then it took them a few years to practice using the tool and norm it to the Vermont population. Right? Or when New York City is thinking about what tool it wants to use, it's going to need to take some time to norm it to the DV defendants in New York City who may look very different than the defendants somewhere else in terms of their criminal history or kind of how those different risk factors are playing themselves out.

I think what we have learned from Jackie Campbell's research is that there is an opportunity for us to always be doing better to understand and identify victims at most risk for lethality. What she found in her research was more than half, almost 80-- it looks like up to 83 of victims or perpetrator had some kind of contact with our system players in the year prior to the homicide. Right? So that's a challenge to us to do better.

Do we know what's happening in our community? How can we partner and collaborate more so this information is shared where it can be shared, and where we're all speaking the same language? Even if you can't share confidential information, we're all trained on these factors. We're all speaking the same language. We all kind of understand each other's roles. And that really can help us make-- help us all make more informed decisions.

So, again, some questions to be thinking and asking yourselves is, do you know who is using a risk or lethality tool in your community? What one are they using? Who does it? Is the information shared? Where are there gaps in our system?

Oftentimes, we have folks do a system map, where they're really outlining, OK, here are all the decision making points in our community. And here is where risk is being assessed by whom. And here is where it's shared or not shared. Right?

So when we're thinking about how risk assessment fits into our coordinated community response, Jeanne Geiger's High Risk Team Model is amazing. And it would be great if we all had the capacity in our communities to do something like that. But there's a vast array of community partners who may be using risk assessments. And so, again, thinking about how it can fit into our coordinated community response is important. And Jim I wanted to give you a few minutes to talk about kind of this idea of creating this wall of accountability and support, and especially in the context of gathering risk information.

Well, when I'm looking at a risk assessment, A, I'm going to try to see where is all the information going to be found found? Because my offender, his number one goal is to minimize this, make this look like an isolated issue, and really make it small. His partner may actually be motivated to do that same thing once it gets to the criminal justice court, rather to appease her offender, or abuser or just to get out of the system completely.

So I'm going to go get a copy of the 911 tape. Tremendous information there. You can hear the rage in an offender's voice if the call was made during the incident. You can hear the terror in the victim's voice. Sometimes it's a next door neighbor. But the neighbors say, I'm sick of this. This happens every single weekend. Then you know his pattern and how things go.

If it's a child and they're talking about this ongoing thing-- so there's so many things that can be captured in a 911 tape, that even a well-written police report is not going to capture that energy. Then, hopefully we have well-

trained police officers-- which I was very lucky, our police department did an excellent job. They separated the alleged victim from the alleged perpetrator. They identified different risk factors. They got guns out of the home. And they did a mini risk assessment on the front of that.

We knew our prosecutors advocate was also doing an assessment, and our victim's services were. Now when I see a victim, I'm going to go ask her a lot of the same questions. So I'll tell her, I'm going to ask you several of the same questions that may have been asked by an advocate. Let me tell you why I'm asking you again. And I'll reframe, again, that that advocate is 100% confidential. But some victims don't really believe that, and they're worried.

And I say, anything that you may have told the people over at-- for us it was the Safe House Center, it would be 100% confidential. They can't share that with me or the prosecutors. I don't have that information. But my information is not confidential. If you feel sharing information with me and your partner or ex partner perpetrator found out would cause you harm, you're not required. I'd ask you not the answer. Just say, hey, Jim, I'd rather not answer that question. And we will act like I never asked it.

But I really encourage you to go back and talk to-- if you feel you need to do that, go back and talk to one of the confidential advocates at the other agency. And in the end, so now I got-- I'm reaching out to defense bar, talking to them about different things that are concerning to me or issues that may come up. We're going to reach out to Batterers Intervention, talk about the severity of this guy.

Should treatment only be once a week? Should he go in a generic program? Should he go in an enhanced program? What would an enhanced program look like for his characteristics and issues? If I do this correctly, I think we're all sharing information with one another, it's legal and ethical. The left hand's going to know what the right hand is doing. We're building on the evidence that was already created by other community partners. And now we're making informed decisions to the judge.

When I make a recommendation to the judge, it's going to be, your honor, I had an opportunity to talk to so-and-so at Victim's Services. I talked to so-and-so at the police department, the prosecutor, and Batterer's Intervention. The community thinks this would be the best outcome for George, in our case. Right? Or this would be the way to provide Charity and her children the largest amount of safety.

For a victim sitting in court during sentencing, which he hears that we put all this effort in and reached out to all these people and look at the safety of her and her children, that means something to her. And we have to do that at the very minor cases. Because sometimes we only get one chance to prove we take this seriously.

If what we do harms that victim, sets that victim back or justifies his behavior, the likelihood they're going to

engage with us in the future dramatically drops down. So I want to create a wall of support around the person who's been victimized. I want to look for evidence that their partner may be dangerous outside of just her report. Right? All the other types of places where I can pull this in-- prior orders of protection with other women, prior police reports from other states, all these things can be used and pulled together to help us send a more consistent message to the offender and to her.

Great. Thanks so much, Jim. So, again, as I said, it's really important to work within the context of your coordinated community response to figure out, identify where risk information is being captured, how it's being shared, if at all, and how it's informing decision making. None of these tools were created to be used in a silo. They're really best used when they're used in the context of a coordinated community response, so that you can be sure that each agency is doing the best that it can to respond to the seriousness and the potential lethality of these domestic violence cases.

So, in our experience really thinking and examining the current practice, deciding what information you already get and how a risk assessment tool could help inform that decision, and examine your statutory framework-- what does the law require you to do? And what information about risk is already on your required forms? And then, as we said, partnerships are really key when you're implementing anything. And as part of this grant, we can help support you in thinking through these issues more. We can connect you to folks who are using the various tools. And we can provide some more targeted training and assistance on how these tools-- or how including risk assessment in your court-- your current coordinated community response can really support and increase safety for victims.

Thank you to both Rebecca and Jim for excellent presentations today, and sharing their insights with us. We've now reached the question and answer portion of the webinar. We will also display the contact information for our presenters during this time. So if you're interested in contacting them outside of this webinar, you will have their information.

So I pulled a couple of questions from the comments, and I'll go ahead and pose those to you guys. One of the questions was, what are the issues with self-reports?

Jim, do you want to take that? I mean, I think the tools help structure those conversations with a defendant who may be self-reporting about things, and just help provide a lens through which to see and hear that information. But, Jim, I don't know if you want to talk about leaving it up to [INAUDIBLE].

Let's pretend I'm an offender and you're the supervisor, Rebecca. And you're going to be supervising me. Whether you're a police officer or probation officer, either one of those, you have the power to lock me up, right, to take away my freedom, to hold me accountable for my actions. I am going to do everything in my power to

present myself in the best light to you.

If I can buddy up with you, I'm going to buddy up with you. If I can tell you how crazy my life is because she's drinking or in this scenario she's pregnant, right, she's emotionally ill-- whatever it is that I think that I can do. So we know that at least the men I've worked with have been great at orchestrating and minimizing and denying what they've done. So if I am able to have concrete evidence-- if I've got pictures, if I have things that I can bring out there and confront them with, they're going to have a lot less wiggle room. They're going to come forward.

I think the questions just kind of, like you say, guide me. They also guide me on where to look for evidence or has this happened, looking for in the police report, oh, this is right. This is how dangerous that is. A lot of times, by the time you see the person-- let's say strangulation. Many of us never took that nearly as seriously as we should have because the victim's clearly alive. She calls it choked. and a lot of times-- in our police report she said, he held me against the wall by my throat. Right? She didn't say, he strangled me, he choked me. Her verbiage was very minor. And then we just go along with that.

But knowing kind of what to look for, and having that guided roadmap to be able to figure out how do I ask my questions in an engaging way with this perpetrator or an engaging way with the victim-- I ask victims questions that'll break down crying and won't answer the question. But then I know I need to kind of make that right referral so she's connected with someone that's confidential. So I just think if it's just self-report, these guys are going to be really, really clever. And they're not going to get held accountable nearly at the same level.

Thanks a lot, Jim. Another question, which I think is probably for you, is should victim advocates have access to assessments that are completed by pre-trial services, in court, or by probation?

Well, personally, I say yes. Now most people don't do this. What I do-- I meet with the offenders. And we sign a release form for that. Now some jurisdictions won't let us release pre-sentence reports. They're confidential. Now they're confidential. But if a person signs that away, they can do that.

With some defense counsel-- our defense threw a fit with telling clients not to sign it. Because there was no guarantee that their victims even wanted to participate with Victim Services. So there's lots of roadblocks to that. One of the things that we ended up doing is there is a pretty extensive assessment done by the Batterer's Intervention Program. It's not nearly as good as the pre-sentence investigation that was being done by probation. Because we put so much effort into doing all these risk assessments.

And so we gave the client an option. He could pay the \$150 and do the assessment at the Batterer's Intervention Agency. Or if he was willing to have this additional information provided to them, which we thought would help reduce the likelihood of him ever coming back to probation again, he could sign a release form. But it was totally

up to him. It wasn't a coerced action. He would not get in trouble or sanctioned if he didn't do it.

The majority of my clients had no problem signing that. They wanted to convince me that they were a good guy, that they were a safe guy, they were going to do the right thing. And so I think if we can share information with victim advocates, we absolutely should. If we're going to share that, we have to be honest and forthcoming with both the offender and the victim, who that information is going to be shared with and why, and what's the purpose, and how to opt out. I don't know. Rebecca, would you agree?

Yeah. I agree with that.

OK. Thank you, guys. So another question is, we're asking pretty intimate questions about an intimate relationship, and for the offender, some pretty shameful behavior, hopefully. How important is it to create a relationship with a victim or offender to improve risk assessment information gathering?

All right. So I actually wanted to answer this. So, thank you. Great question. One, I think the sooner I have contact with the victim, the sooner I engage that individual, the more likely they're going to be honest and forthcoming with that. Now I don't go in-- I'm at arraignment. So victims are often at arraignments wanting a no-contact order lifted or wanting to know what's going on. I make sure that I introduce myself to them.

I let them know that if that individual gets convicted or decides to go on probation or whatever, I'm going to be reaching out and talk to them so they know my face. They know I'm asking about their concerns at that point. I'm asking what do they need from us. I'm explaining the system. But I'm not asking them a lot of personal questions, yet. And then the next time I see them, or down the road, I can open that door.

When I talk to an offender or a victim, I always let them know I'm going to ask a lot of very deep, personal, embarrassing questions. And it's really none of my business, other than I want to make sure that we make the right recommendations that aren't going to be harmful to your family and to your safety. Right? If I ask the question is too personal or you don't feel safe in answering, you have the right to say, Jim, I don't want to answer that question. Can we go on to the next one?

And I tell them I won't document what they refuse to answer. So I'll give you an answer. We ask questions about sexual abuse. Well, I've had a woman cry profusely when I asked her these questions and then didn't want to answer them. So at the end of the interview, I told her-- I go back through, thank her for her courage, thank her for her honesty coming in, apologize for some of the tough questions, and acknowledge that there were some parts that she didn't feel safe talking to, but that I would feel so much more comfortable if I knew she had a 100% confidential person to talk to outside of the court system. Would she be willing to talk to someone like that?

And then we do a warm hand-off with Victim Services, where we call, help make that connection, and pass that

on, and just trust that they're going to receive the services and the counseling or support and traumatic sensitive support that they would need. Anything else you want to add, Rebecca?

Yeah. I would agree with that. I think for the recidivism risk factors, some of that information on the ODARA and the DV-SIR can just be captured from prior criminal history and things like that, things that are already on DV-- like, a police report. But I think, again, being respectful, using the elements of procedural justice and things like that, when you are doing a tool with a defendant, is important. And then, again, the connection with the community-based advocates who are really trained to be that confidential support person for the victim to conduct that, the danger assessment, is important.

So one of the questions was, what if the partner is with the-- the partner is with the victim in a health appointment and you're trying to gather this information? Suggestions around how to handle a scenario like that.

Right. That's a great question. I'm not going to make a stab in the dark about that. But I think that Jackie Campbell, on her website, again, DangerAssessment.org, has some good tips around that. It's certainly pertinent now, when we're thinking about doing risk assessment in the context of COVID, as well, where people might be together. So I guess I would just say for that particular question around a health care setting, training for the doctors on doing it is important. Because I know that Jackie Campbell provides those types of tips of like, how to do those things and how to separate parties.

Great. Thank you, Rebecca. OK. So that concludes our question and answer period for today's webinar. Additionally, if you register with us, you will receive information on new webinars that we will be delivering in the coming months, and regional trainings that will be scheduled when appropriate. Topics include developing effective working relationships with victims and offenders, a model comprehensive approach, introduction and advanced motivational interviewing, trauma informed interactions, evidence-based practices and corrections, developing effective multidisciplinary teams, and strategies to address victim-survivor harm and offender accountability, just to name a few.

One of the topics that we're considering is, how do you do this work either as a victim services person or a corrections professional, in a COVID-19 kind of environment? And what are some strategies and practices that people are using to keep victims safe and hold offenders accountable? Finally, we want to thank our presenters, again, for their time and expertise. And thank you so much for attending our webinar. And have a great day. Stay safe, everyone. Thank you.

Bye. Thanks so much.

Bye. Yup. Thank you, everyone.

