NCJTC | Ask the Expert - Attending to Risk and Needs in Treatment - Webinar Transcript

Welcome to the National Criminal Justice Training Center Webinar, Ask the Experts-- Attending to Risk and Needs in Treatment. My name is Greg Brown, and I will be moderating for you today.

Before we begin the presentation, there are some items I need to go over. This project was supported by a grant awarded by the Office of Violence Against Women, US Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this program are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

So for today's webinar, we're going to address the following learning objectives. We're going to talk about the research that supports risk/need/responsivity factors. The second objective is to describe the practices that can attend to risk/need/responsivity with victim/survivor service providers.

And then third, discuss and share best practices in this Ask the Expert session. And we have another webinar on our on-demand library, and it is entitled Introduction to Risk Assessment for Intimate Partner and Domestic Violence Offenders. So that is one that would supplement this webinar on more information on that first learning objective.

I'm pleased to introduce you to our presenters today. Robyn Mazur is the director of Gender and Family Justice Initiatives at the Center for Court Innovation. Robyn provides assistance and strategic planning advice to courts and communities who are interested in enhancing their response to gender-based violence by sharing research and best practices, reviewing policies and protocols, and conducting needs assessment and providing ongoing consultation.

Rebecca is the associate director of the Gender and Violence Justice Programs at the Center for Court Innovation. Working from the perspective of social justice and grounded in collaboration, Rebecca assists jurisdictions nationally to enhance their court and community response to domestic and sexual violence.

Dr. Anjali Nandi is an associate with the National Criminal Justice Training Center of Fox Valley Technical College. She is also the chief probation officer for the 20th Judicial District in the state of Colorado. Additionally, Dr. Nandi is a published author, having co-authored nine books.

My name's Greg Brown, and I will be moderating today's webinar. I'm a program manager for NCJTC, and prior to being a program manager at NCJTC, I worked in corrections, probation specifically, for a little over 30 years, managing specifically domestic violence offenders, sex offenders, and other high-risk populations.

As I said, our presenters will provide a brief overview of risk and needs for offenders today to kind of get the conversation started. If you want more information on risk/needs, please go to our on-demand library and watch our session on Introduction to Risk Assessment and Intimate Partner and Domestic Violence. At this point in time, I'm going to turn it over to Anjali, Robyn, and Rebecca.

Thank you so much, Greg, and welcome, everyone. Like Greg said, the focus of this particular Ask the Expert session is really you. Our goal is to answer questions that you have about this particular topic, and what I'm going to start by doing is just framing it a little bit so we're all on the same page about what we're talking about. Rebecca and Robyn will help me with this, and then we'll really open it up for questions from you. So as I cover these slides, I really want you to be thinking about questions that you either have always had or clarifications that you're needing.

And the place that I will start is just by touching really quickly on risk, need, responsivity principles because these are the principles that we use in criminal justice to make some decisions about what do we do with the people that we serve, and how do we make decisions that are responsive to victims and survivors of crime as well? So the first is the risk principle, and the risk principle quite simply states that the level of risk drives the level of supervision. So if you're low risk, you receive low levels of supervision. If you're high risk, you receive high levels of supervision.

The need principle states that there are several criminogenic needs that are really important to pay attention to and that we strategically pay attention to these over other things that the client might be bringing in. And I'll talk about needs a little bit further in a minute.

The responsivity principle states that it's really important to individualize our services, meaning it's important to pay attention to what are the individual issues that this person is coming to us with, and how do we address those so that whatever services we're providing lands in the best way and reduces harm down the road? So the responsivity principle includes language, trauma, TBIs-- Traumatic Brain Injuries-- cultural issues, a whole host of things that are really important to be paying attention to if we are to reduce further harm.

So those are the risk, need, and responsivity principles that we really pay attention to, and think about questions in these arenas. So maybe your question is, how do we manage to attend to responsivity while also balancing accountability, for example? So maybe that might be a question that you have. So just think about your questions and hold them for just a little while longer.

So we just covered risk/need/responsivity, and the way we figure out what people's risks are or needs are is we conduct something called a risk-needs assessment. And in this assessment, we gather information about future harms, future domestic violence, likelihood of engaging in additional criminal behavior.

We also use assessments to really understand what are the needs that this particular individual is presenting, and how do we match those needs with appropriate services? So cognitive behavioral services are one of the evidence-based practices in our field, and so that's why we highlighted that. But it could be a whole lot of other things like trauma-informed treatment, or it could be some specialized programs that people need in order to really support whatever their individual trajectories are.

So I mentioned our risk factors and our needs, and I used the term "criminogenic needs." These are eight criminogenic needs that we need to pay attention to, and we actually pay attention to these over and above some of the other things that people might present with. Of course, if they have stability issues, we attend to those initially, but then we cannot miss these central eight criminogenic needs. And again, for additional information on these and how to address them, you can go to the webinar that Greg mentioned earlier. And then there are some DV-- Domestic Violence-- specific risk factors like the likelihood for DV-specific recidivism and lethality of the kinds of recidivism.

So when we're trying to make a plan to decide what to do with the individual sitting in front of us, there are a lot of different ways to prioritize, so you might have questions in this area. Sometimes, clients present with a variety of different needs. How do we prioritize? How do we sort of take the first step that might have the highest impact?

So here are some suggestions regarding ways to prioritize, and again, we spent quite a lot of time explaining this. But I want to use that as well to answer some of the questions that you may have. Rebecca and Robyn, would you like to jump in and kind of frame attention to abusive partners and intimate partner violence?

Sure, so thanks, Anjali. As Anjali mentioned, risk assessments look at those general criminogenic needs, but also in DV cases, we're thinking about, is this victim or survivor at increased risk of being killed by their intimate partner? That would be a lethality assessment. And then we're looking at, is this probationer or is this client that's referred to us for programming at increased risk of committing another domestic-violence-related crime?

As Anjali said, that's really looking at those risks and needs, but responsivity is something that's really important, too. What kind of programming and interventions are going to be able to maybe change behavior, create safety within a relationship, and create safer communities for survivors and families to live in?

And so nationally, some of the things that we're looking at is, how do we incorporate risk/needs/responsivity into comprehensive assessments when folks are referred to abusive partner intervention programming or batterer intervention programming? What about past experiences of trauma, right? Is it important to think about those types of things and how that might impact someone's ability to participate in programming or respond to intervention?

And the importance of hope-- there's new research there that really talks about lack of hope being the greatest indicator for intimate partner violence. And then how do we center voices from the margins? If you listen to the webinar that Anjali and I did last year, we talk about intersectionality and racial bias and tools and how to think through those things when you are thinking about intervention and engagement and safety planning.

Well, thanks, everyone, so let's go ahead and kick off some of the questions. So the first question-- and I think we'll start with Anjali and then maybe go down the line. How can risk/need/responsivity practices be helpful to victim/survivor service professionals?

Yeah, that's a great question. So attending to risk and need helps us know how best to supervise somebody, meaning it informs us about the best steps to take, the strategies to engage with in order to prevent future problematic behavior. And by preventing future problematic behavior, we are directly supporting the victims, survivors, and we're increasing community safety.

This sometimes can get a little difficult because somebody who survived a crime might expect certain things to happen because they're looking at the situation from a particular lens, and so their expectation might be for some severe response, for example. And yet what the assessments are saying is actually, a severe response would probably make things worse. What really is needed is maybe treatment in this area or additional services in another area.

So sometimes, I think sitting in a victim's seat or somebody who has survived crime-- it can be an unsatisfying experience when what the risk and needs assessments are saying doesn't fit emotionally what I want, and yet it informs our practice in a way that actually keeps our community safer. Rebecca and Robyn, what would you add to that?

Hi. This is Robyn. I totally agree with what Anjali just said, but I would also add to that that an important component when handling intimate partner violence cases in the community is also making sure that there's a strong coordinated community response so that while somebody working in probation or community corrections is doing the exact practices that Anjali just described, you know that simultaneously there has been outreach by an independent nonprofit domestic violence and/or sexual assault agency in your community that is working directly with that survivor and helping with any safety planning and any other kinds of needs that that individual may have.

So it's important to always sort of think globally about all of what's happening in the community with both sides involved in this situation. I don't know if Rebecca has anything she'd like to add to that.

No, and I think what we've found-- and it's probably your experience, too, Anjali-- is that folks in your community, the victim advocates, may be using a lethality assessment that's actually gathering additional information to that that probation has. And so that's where it's important to have those strong relationships so that probation can reach out to those victim advocates.

There can still be confidentiality, but you're understanding-- how are folks gathering risk information? What's the difference between lethality information and recidivism information? What's happening? What are the additional safety concerns the survivor might have, and how can we work together to address those?

Thanks, guys. Here's another question. How do we prioritize what to treat first with an individual who has multiple criminogenic needs?

Yes, excellent question. So it's actually really an interesting process to prioritize because there is no one right way. knowing what somebody's criminogenic need profile is is extremely helpful, but sometimes there are competing criminogenic needs. And knowing what first step to take can be a little bit difficult and a little bit tricky.

So what I'm about to say is not a perfect answer, but it hopefully will help you start to think about how to prioritize. So you might want to start with the criminogenic need that seems to be the highest or the biggest driver of crime, so let's say it is antisocial thinking, for example. And yes, they're hanging out with peers, with problematic peers, and yes, they're also using substances. And all of these things are happening.

But if you notice that it's really their inability to manage their impulses or manage their automatic thoughts that's getting them into trouble, that's where we start, so think about that. What is the criminogenic need that's driving the rest of the behavior or driving problematic behavior?

Another way to think about it is, what is the client most motivated to change? Is there an area that they are so motivated to change that you could get quick success if you start with that area? Or maybe it's not paying attention to criminogenic needs for a minute, and it's paying attention to stability factors like housing, food, employment, their financial situation, their safety. Maybe it's starting there.

Maybe it's starting with their strengths or their protective factors and kind of increasing those and enhancing those. Maybe you're taking into account trauma and, sort of through a trauma-informed lens, understanding that you might have to start there to just build safety first before you can address some of these needs. So those are some of the ways to think about kind of prioritizing what to focus on.

One thing I might just add to this is this is where really understanding systemic oppression and intersectionality, I think, is important because you can see the stability factor there. What we found nationally in terms of abusive partner intervention and engagement is it's really hard to enter a room and think about changing behavior if you don't have stable housing, if you have a history of trauma, if you have experienced hate crimes or a violent arrest that seems racist in how it played itself out.

What we're hearing from those folks who are in groups and facilitators is really understanding what those stability factors are. When you think of Maslow's hierarchy of needs, those things need to be addressed in some way before programming and change can be most effective, and that's where, again, that coordinated community response can be very critical in making communities safer.

Thanks to both of you. How about, when the perpetrator is a woman, does the male victim get the same services that a woman would get? Perhaps Rebecca and Robyn, you want to take the lead on this one?

Sure. This is Robyn. We really believe in gender responsivity across all the different kinds of work that we do, but we often really want people to think about specialized programming for women who use force.

Research has shown that very often, women who have used force in their intimate partner relationships also have very high levels of victimization, are often the actual victim of the domestic and/or sexual violence in that relationship. And so therefore, the programming that should be offered to that individual needs to be specialized with that framework and with that lens.

And there are some real national leaders in the field doing work specifically for women who use force, people like Lisa Larance and Melissa Scaia. We could probably put into the chat some of their work on that issue.

I would just say-- and probably, Anjali, this is your experience. I'd be curious to hear your response, just knowing that there may be different types of risk/needs/responsivity assessments that would be appropriate to use if you are dealing with a probationer who identifies as female or someone has been referred to programming, and then there are additional and different things to be thinking about in terms of safety for that survivor if that survivor identifies as male. Or something we haven't talked about is LGBTQ community.

Yes, absolutely. These are huge responsivity issues for us to be really aware of and to watch our own biases. I think part of responsivity is attending to our own implicit, unconscious biases when we make certain assumptions, or perhaps we think we know what might be best or how the person identifies or, sort of in our minds, some of the decisions we make or pathways we go down without really stopping, pausing, and asking the questions, like being brave and courageous and asking the question.

Thanks to all of you for the answers to that. I think I have a kind of a two-part question here. So the question is, how do you help a victim that does not believe that they are a victim? And kind of a companion to that that comes up-- because we have a pretty mixed audience today of professionals that work with clients or offenders and the professionals that work with victims, and this question comes up fairly regularly.

Is it appropriate to utilize EBPs with victims like motivational interviewing and stages of change as you're interacting with them and trying to help them navigate where they're at in this relationship or being a victim of a crime and those kinds of things? And I guess, start that with maybe Robyn.

Sure, so a key component always through this work is offering services at multiple intercept points for victim/survivors in intimate-partner-violence cases. Sort of in the general sense, as we're talking today, those victim/survivors are not usually part of the case on a criminal case.

We're talking about criminal-justice responses today, and so therefore, never mandating a victim/survivor to any kinds of services. So that's really, really important. Rebecca and I spend a lot of our time also training judges and attorneys and making them understand that someone who is a victim of a crime and intimate-partner-violence crime cannot be mandated to services.

But having a community that at all points, like I said, of the system, there are offers of services and people understanding the full options that they have as a victim/survivor of crime and making sure that those are culturally and linguistically responsive is critical. And in terms of evidence-based practices, I mean, many, many domestic-violence and sexual-violence agencies use a variety of different interventions and therapies and sort of counseling and support, and it really depends on that particular agency's internal policies and how they're approaching and certainly recognizing that different communities are sort of wanting to respond to survivors in different ways.

So that area is-- once again, we do not want to re-victimize a victim. That's not the point of this at all, so I just hope everybody takes that as one of the big takeaways in today's conversation. I'll certainly let Rebecca and Anjali jump in on this as well.

Yeah, I think from my perspective, the evidence-based practices that you listed, Greg-- motivational interviewing and stages of change-- those are human-being practices, right? They're not limited to folks in the criminal justice world, meaning motivational interviewing has been researched in a whole variety of different realms across a variety of different behaviors, including behaviors that you and I and all of us engage in.

It's really about developing relationships and supporting long-term behavior change, whether that's in terms of health or any behavior-- flossing my teeth, going to the gym, I mean, any of those, and stages of change, too, right? It applies to any behavior that I'm thinking about changing. And so in that way, it's really important, I think, to view some of these EBPs from a much broader lens.

They're not just criminal justice EBPs. They inform practice with people, any human being. So motivational interviewing, for example, is used not only in the criminal justice world but outside of the criminal justice world as well in treatment, in the medical profession, in the dental professions, with children, with teenagers, at schools. So it's more of a broader issue as opposed to just EBPs specific to criminal justice.

And I would just add-- I know we're talking specifically about the evidence-based best practice of risk/needs/responsivity, but there are other, quote unquote, "pillars" of evidence-based best practice, which include procedural justice, making sure that the survivor's voice is heard, that they understand what the process is, that they feel like things are fair. Those are other elements of evidence-based best practice that we're not talking about today because our focus is on risk, and that is going to fill up our hour. But there are other evidence-based best practices that I think, also, as Anjali said, are human-centered approaches.

Thank you all. Next question is, if the offender is not forthcoming concerning past trauma, what other avenues do we have to gather information that we could use to establish a viable assessment?

So it is completely fine to walk in with the assumption that most people in the criminal justice world have experienced trauma. In fact, we're looking at some numbers, and upwards of 80% to 90% of all folks who come into the criminal justice system endorse some kind of traumatic experience in their lives.

And now as Robyn mentioned and Rebecca did, too, we're getting more clear about the impact of adverse childhood experiences and kind of the long-term impact of that trauma that leads well into adulthood. And so it is OK for you to have a lens, a trauma-informed lens with everybody you work with, not just people who you know or who are forthcoming about their trauma histories, and by that, I mean that when people engage in certain behaviors that ordinarily would bother us, that we would term defensive, lying, manipulating, adding a trauma lens allows us to see these behaviors a little bit differently, that maybe they're not lying, manipulating, and being defensive.

Maybe they're actually just surviving the moment. Maybe they're just holding on to whatever they can in order to keep their feet on the ground in the conversation with you. So it gives us a little bit of a different lens to be able to look at people with. It provides us a little more compassion and empathy, and allows us not to get into a power struggle and yet come back to the really important things like safety, the relationship, and things like that.

Yeah, this is Rebecca. I would totally agree, and I think what we're seeing nationally around programming or interventions with people who cause harm through intimate partner violence or abusive partners is really that a movement towards trauma-informed programming, allowing whole human beings into the room to talk about their experiences, but also trauma-responsive programming that also is targeting coercive control and intimate partner violence relationships. And I think those two things are really important.

Additionally, some programs are, as I said, using the ACES-- the Adverse Child Experience Score. In addition to that, they're using the expanded ACEs, that is, looking at community-based violence, bullying, other types of traumatic experiences that are impacting their ability to respond to programming and interventions. And so I think that's really an emerging field, is to think about the whole person. They may have been arrested for one particular thing, but they are whole human beings coming into our probation, coming into our programming. And how can we address those things in an effort to really create change and safety, a safer community for survivors and children to live in?

Thank you. I think you may have already answered this, but I want to put it out there because it popped up in the questions. Can you speak more about the research on the impact of adverse childhood experiences, or ACEs, and hope? And Anjali, I know that you just did a webinar on this, so maybe you could start us off with the ACEs piece of it. And everyone could kind of talk about both of those things as well as the comment around hope.

Yes, most definitely. So adverse childhood experiences are experiences when people are young that have an impact on the developing brain. And as I explain this-- we've done a 90-minute webinar on this issue. So it impacts the developing brain in that it reinforces the development of the limbic system, which is the reactionary part of our brain, at the detriment of the development of the frontal cortex, which is the decision making, executive functioning, cognitive functioning part of our brain, meaning that we tend to have an overdeveloped reaction and impulse system and an underdeveloped kind of stop system or a brake system.

And this happens because when people are experiencing certain events, they are in this fight-flight mode. Examples of events are what Rebecca and Robyn already shared in terms of community but also some individualized things like growing up in a chaotic, unstable environment, the impact of growing up with somebody who has maybe an untreated mental health issue or people who are abusing substances or in and out of jail, et cetera. So those are some examples of adverse childhood experiences.

But if people on the call are thinking, oh my gosh, that's like 99% of us as human beings, it's not just the experience of these adverse events. It's what happens next. So the goal is not to completely eliminate all of these events because sometimes they're unavoidable.

What happens next is really important. So do we continue to really support a stable, nurturing household or stable, nurturing relationships, even if it's not primary relationships with my primary caregiver? Maybe it's with my teacher at school or a mentor or something like that.

So there are lots of ways in which we can buffer people against the impact of ACEs, but these impacts have-- or at least in the research, what we're noticing is that ACEs are linked to substance use in teenage years, substance use continuing through adulthood, lower academic achievement that also continues to adulthood, increased engagement in problematic behavioral health issues, impact on wellness, impact on stress resilience. So we're seeing huge negative, detrimental impacts in a variety of different arenas, and so it becomes really important for us to be able to pay attention to this and not only talk about how do we prevent these, but how do we buffer our kids against the impact of ACEs? Rebecca and Robyn, please add to that.

Sure, I'll hop in, and then Robyn, feel free to chime in. What we've been finding in the work with people who cause harm through IPV is-- there was a recent study in Kansas that really looked at ACEs and program participants. And as Anjali said earlier, the assumption that the vast majority of folks have some type of past adverse childhood experience played itself out and revealed itself in the statistics there.

Also, someone asked about hope, and so how that's being addressed in programming is thinking about, OK, so how is that impacting your parenting? You had this experience as a child. How is that impacting your parenting? Where do you need to heal that past trauma so that you can be a responsible parent? Many folks in programming want to be good parents, and so thinking about the impact of the abuse that they experienced or trauma they experienced and then thinking about what they're doing now that is continuing those harmful experiences.

The new research around hope and the science of hope is really exciting. As I mentioned before, Dr. Charvonne Holliday in 2018 did some concept mapping in Baltimore, and what she found was that men in an abusive partner intervention program there, the no hope for the future was the greatest contributor to intimate partner violence perpetration for those men. There have been over 2,000 studies published on the psychology of hope, and they all show that hope is the single best predictor of well-being.

And so there's a lot around the hope theory that you can-- and again, that's playing itself out in programming across the country now, that you help folks set goals and understand what the barriers are to achieving those goals, coming up with strategies to create pathways for roadmaps in folks' minds that allows them to meet their goals and having the willpower, the agency, and the capacity and the mental energy to pursue those goals. So some programs are using the hope scale and seeing if hope increases over time and creating specific modalities and strategies and structures and exercises in their curricula to address both ACEs and hope in programming.

And this is Robyn. I would just add that it's so critical for programs to understand, as we were talking about, that full human and the ACEs and the hope but also remembering in intimate partner violence and sexual violence cases that we're also still talking about accountability. So it's really working with folks and meeting their needs and really trying to support them in that process and in a trauma-informed way but recognizing the accountability focus in this and the needs, obviously, to support the safety of survivors.

Thank you all. I think this is for Rebecca and Robyn to start off with. The attendee said, you mentioned a national movement towards incorporating RNR into risk assessments to those who are referred to intimate partner batterers programs. Are there specific assessments that you would recommend people use? And I know you all do a lot of consulting around the country, so I wanted to throw it to you first to see if you have specific assessments that you recommend or a place to send people where they can see. I know that there's probably 70-plus assessments out there that are moving towards the fourth-generation risk and needs and those dynamic factors, but throw it to you guys to answer that.

Yeah, Robyn, do you want to talk globally about those assessments or whatever? And I can talk specifically just about how programs are incorporating them.

Sure, why don't you start? And then I'll come in. Go for it.

Sure. Yeah, so I think Rachel just posted-- we have a national clearinghouse with resources for abusive partner intervention and engagement, and there's actually a webinar on there around comprehensive assessment in programming that highlights what's happening in Colorado as an example. They use a specific tool, but they don't use it in a vacuum.

So I guess I'm hesitant to talk about specific tools. I can say there are certain states that have really been thinking about comprehensive assessments, so thinking about all of these things that we're talking about-- hope, trauma, risk, responsivity, other types of criminogenic needs. And Kansas is one example of where they have a very robust intake assessment-- Massachusetts, Colorado, where they're looking not only at risk, but they're also looking at needs and assessing for responsivity so that the facilitators have a very holistic picture of who the people are who are in their groups. And Robyn, I'll turn it over to you.

Sure, thanks. So the issue of understanding domestic violence or intimate partner violence risk and lethality is a huge one, and when most people in the field are talking about that, they're often talking, not always as Rebecca was just describing, more narrowly in the area of programs and trying to understand the RNR components of those participants. But often, the conversation is sort of more upstream often around what law enforcement and other folks are doing around trying to assess for the risk of recidivism and/or lethality in intimate partner violence cases.

And there are an alphabet soup of all of them. On these webinars, we try not to talk in acronyms, but to be more succinct today, I mean, there's some of the famous ones that are the Lethality Assessment Program, the LAP, which is done often by law enforcement. We've been talking today about what domestic violence agencies are doing specifically with victim/survivors there that's a danger assessment.

And then obviously, there's ODARA. There's SARA. There's DVSI and DVSI-R.

There's the appraise. I mean, as I said, I'm listing. There's a million of them, and they all have acronyms.

But those are all intimate partner violence specific risk and/or lethality tools, and the big takeaway here is that risk and/or lethality is dynamic. And those tools have been validated in different ways around asking different professionals and asking the different parties in these cases some of these questions.

So it would be foolhardy and foolish of me to take a two-minute answer to this question to describe them all, but I will plug that Rebecca and I do lots of training and have a new Office of Violence Against Women-sponsored domestic violence risk and lethality resource center that's going to be launching that's really going to have much more information about these kinds of tools. So happy to have anybody send us emails if you want more information on those.

Thanks, guys. I think the next one, we'll start with Anjali. How/where does mental health fit in assessing criminogenic needs? Would it fit in stability factors, and how can this be addressed through a probation sentence?

Really, really important question. So mental health issues in general are not a criminogenic need, meaning that just because I have a mental health issue doesn't increase my likelihood to engage in crime. Mental health issues span a whole variety of different things, but there are certain mental health issues that tend to be more connected to criminal behavior. Antisocial personality disorder is an example of that.

However, in our criminal justice world, we do see an overlap of certain mental health issues very commonly in our population, but again, it doesn't mean that people who experience these mental health issues have a greater likelihood for crime. There's just a correlation there.

So mental health issues are, yes, stability factors that we need to attend to, and by that, I mean a stability issue could be medication or medication management, medication adherence. It could be getting somebody connected to treatment. It could be making sure that whatever services that we are providing them are attending to those mental health issues and supporting them in a way that really is informed by their mental health issues.

So it absolutely is a stability factor. It's also a responsivity issue, so I keep it out of sort of the criminogenic needs space and really put it into a responsivity factor.

Next question is, do we need to add COVID into our assessments? I've seen a study that shows a dramatic increase of up to 25% in some states in DV due to isolation and closures. How do we keep victims safe during COVID when both the offender and the victim are more isolated than ever?

Well, this is Robyn. And that's really a hard question, and advocates around the country and the world have been grappling with this because of COVID restrictions. Certainly, hotlines and people have been trying to share widely in different forms, on the computer and on other ads, to get people to know more about ways that they can potentially reach out.

Obviously, being isolated with the person that uses harm against you in your home makes that even more challenging. But also, I know there's been national sort of campaigns in different localities around sort of trying to check in with people, especially if they're going for a COVID test or other kinds of ways where they are interacting with perhaps medical professionals.

The other piece that we've worked a lot on is working with courts around the country and advocates, quite frankly, in coordinating community responses to try to encourage the use of virtual platforms to at least let people know that they can get help through courts or other justice system partners during this time. And our sort of anecdotal findings on that have been that communities that kind of went into the pandemic with strong coordinated community responses already kind of under their belt did better, quite frankly, in terms of trying to get those resources out to people, even in a virtual world.

So that just always makes me kind of go back to those-- I think we were talking about pillars, or Rebecca mentioned pillars before. But still, a pillar in all of this work is really having a coordinated community response and getting to know all of the different players within your community working on intimate partner and sexual violence. I don't know if others have anything to add.

I would just say-- this is Rebecca-- for programming for abusive partners, many of them have transitioned fully to online where they are asking additional questions around safety in the home. And what many of them have found is that many, several programs, I should say, offered an additional drop-in support group for the person who is what's causing harm through IPV because there were so many compounding issues going on with COVID that it was difficult for those participants to kind of engage in programming as they had in person at the beginning, just when everything was emerging with COVID, especially where COVID is disproportionately impacting communities of color. And so they had additional drop-in groups to just talk about those types of specific issues and then continued with online change work, and I think that has been helpful.

But what we have heard anecdotally is that online programming, men, those participants-- once we addressed or once they were able to address technological issues-- and again, that was disproportionately impacting marginalized communities. If those issues could be addressed, then the participants were able to engage and really had high levels of participation in programming. And Anjali, I don't know what your experience is with COVID. Do you have anything to add?

Yeah, I think you both covered that so beautifully. I mean, it isn't COVID necessarily. It's what COVID has done that has highlighted some things for us, right? Some of the intersectionality issues that you're talking about have really been exacerbated as a result of COVID. When you force a whole bunch of us to be in our homes together, it exacerbates some of the problems that perhaps were inherently in our relationships, and it highlights the inability to manage certain stressors.

So I think it's really important to pay attention and be sensitive to the spike that we're seeing across everywhere, the spike in intimate partner violence. It's important to pay attention to it, and it's important to know that regardless, even as things kind of settle down and perhaps slowly, we move back to how things used to be, if I can use that term, that the actual issues have not gone away. They are still there, and so the gaps in support and skills and the ability to manage stress-- those still exist. They just haven't been under a microscope the way they have been in the past year.

Thanks to all three of you. Great answers and really challenging times that we're in that really have kind of highlighted or exacerbated some of the risk factors that we know about. How can risk-need assessments help in safety planning with victims and survivors?

Robyn, do you want to talk about the danger assessment and Jackie Campbell and lethality and safety?

I can talk about that. I guess I was also going to jump in and say-- and I think it was you, Rebecca, but maybe it was Anjali, too, who talked about it earlier in our session around communication, safe communication between probation and/or community corrections with victim advocates in order to help them do that sort of safety planning. So that's one sort of angle on it.

And then the flip side, as I was mentioning earlier in my alphabet soup of different risk-related tools, is the danger assessment that was developed by Dr. Jackie Campbell that primarily was developed to be used by advocates when sort of working with their clients and talking to them about the situation that they were in and really trying to assess for the risk of lethality in their case. And the original danger assessment is actually quite long, and it's intensive. It asks a lot of different questions but also has that survivor work with a calendar to try to pinpoint the different sort of history of the intimate partner, the domestic and sexual violence that they may have experienced as a way for them to kind of highlight some of the ongoing patterns and coercive control in the situation.

And with that information, the advocate can work with that particular individual to help craft a personalized safety plan for them. And if they have children, often the safety plan can sometimes also be inclusive of the kids and things like if you're going to stay in your home, how you could do that safely or more safely and have things ready to go if you need to, having a potential word that the kids know if you're in danger and how they can call the police or get help. So it's an important tool in terms of safety planning that's been used now for, my gosh, 20-plus years.

Anjali, I'd be curious, but from a probation perspective, are there ways that you engage or would recommend probation officers engaging around safety, say, if a survivor were to call a probation officer whose client is the intimate partner of the survivor? You know what I mean?

I do know what you mean, and in our department, we're really lucky because we have a fantastic victim assistance coordinator. And she not only reaches out to survivors, victims, but she also coordinates services with the probation officer. So let's say the victim/survivor has called the victim assistance coordinator to express certain concerns. She filters that and includes the probation officer in that communication so that that information, if it's helpful, can inform how the probation officer is working with the client.

And so in that way, I think the information flow is so incredibly helpful because we're so lucky to be able to have a position like that. Frequently, our probation officers will get calls from victims as well, and it can be tough because there are so many different perspectives for a particular situation. We take safety quite seriously, and so any time a victim does call the probation office, we engage the victim assistance coordinator pretty quickly.

Thanks, you guys. I would just say in my work on probation, one of the things that's important when you look at these interdisciplinary teams is to get really clear on what you all would call a critical incident or some kind of mandatory reporting. For instance, in your jurisdiction, if a person had a long history of substance abuse or alcohol abuse and it was very closely tied to their abusive behavior, is that information you would be allowed to share with your victim services people or that victim?

But getting your multidisciplinary teams together, having the administrators and legal counsel and all of that look at those questions and help you identify where there are these critical incidences that you could share in some jurisdictions that would be considered HIPAA-protected information-- how do you handle those? Because they will come up in your case load, so really important to have the right people at the table being able to play out some of these scenarios.

Thank you all. So I think we have one more question. Are you all aware of any restorative practices being utilized effectively with victim/survivors and offenders or clients? And what are the challenges to incorporating restorative practices? And I'll throw that out to probably Robyn and Rebecca first. You work with a lot of different jurisdictions around the country, so if you could comment on that and then throw it back to us, and we can talk a little bit more.

Well, restorative practices in intimate partner violence cases in terms of system-based work are still somewhat rare across the country. Now, there are a bunch of different types of restorative practices that people are using in kind of support or healing-related groups that are not necessarily always bringing the parties together, and those have been utilized quite successfully by a variety of different community groups.

We do know, obviously, that we have folks that have worked in the sex offence field for many years and also in child welfare and juvenile justice world where a lot of restorative practices between the person who was harmed and the person who used harm are brought together with community and with support and have been done quite successfully. And there are a lot of communities across the country, including where I live here in New York, where people are starting to think about how to do that work safely.

And the key here, which is why I think systems-based work on this is somewhat a little bit difficult, is it needs to be done in a voluntary way. And when you get our systems involved, as probably everybody on this call knows, sometimes that voluntariness is not truly voluntary, and there's a coercive component to it. So I think there is more to come on that, but it's a very exciting part of our field. And I don't know if Rebecca and/or Anjali want to add to that.

Yeah, this is Rebecca. Our office received a grant from the Office on Violence Against Women to survey programs around the country who were using restorative practices in the context of IPV. Additionally, we just finished a podcast talking about restorative practices in the context of abusive partner programming, and we will be posting that to our website soon. But as Robyn said, oftentimes, those are happening as a voluntary community-based response as opposed to a criminal legal response, and those are two different ways in which restorative practices can happen. Anjali, what's your experience with restorative practices?

Yes, for sure, you both have touched on some really important pieces. And in our department, it is an integral part of how we operate and how we function with everyone and not just in domestic violence cases. And as Robyn mentioned, restorative justice doesn't have to be necessarily the offender and the person who was harmed.

We can look at restorative practices in a really broad way, so even conversations around harm in general are really important, how to repair harm. Those kinds of conversations, I think, are exceptionally important with this population, though I would love to bring Greg into this conversation because he is definitely an expert in the RJ world. So Greg, what would you add to that?

I think you guys really touched on-- I mean, we see some very powerful outcomes when it's done correctly with trained professionals. I think that both Rebecca and Robyn touched on the voluntariness, and how do you keep fidelity to the voluntary openness of it for everyone who's involved, not just the person who's been harmed? But probably not as many face-to-face meetings when you're thinking about more traditional restorative practices, but a lot of work that's restorative that can be done leading throughout the process to get victims' questions answered, to put in safety plans that they feel safe moving around the community and know how to ask for help when they need it.

We're working with a jurisdiction right now that's using something called circles of support and accountability for high-risk offenders coming back from prison in a reentry program, and we have sex offenders and domestic violence offenders involved in that or becoming involved in that. And I currently sit on a circle with a very serious domestic violence offender, and we bring restorative practices into those weekly meetings every single week. I would say to the people who ask that question, if you want to email me, we certainly can provide more resources. And it's browngr@fvtc.edu.

So I want to honor everyone's time and great discussion today. So before we end today, I'd like to note our upcoming webinars shown here on the screen. We have several webinars and Ask the Expert sessions scheduled through August of 2021. A couple of those will integrate more of the restorative practices questions in there and how it's being utilized particularly with sex offender populations. So watch your inbox for registration details and visit www.ncjtc.org to find additional information on this series.

So this is going to conclude our webinar for today. Thank you again to our panelists, Robyn, Rebecca, and Anjali, and thank you all for attending and the excellent discussion today. We hope you can join us for future webinars, and have a wonderful day. Thank you all.