

Webinar Transcript | Evidence Based Practices in the Context of a Victim-Centered Approach

Welcome to the National Criminal Justice Training Center webinar, Evidence-Based Practices in the Context of a Victim-Centered Approach. My name is Greg Brown, and I will be moderating this webinar for you today. Before we begin the session, there are some items that we need to go over.

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Poll questions will be asked during the webinar. With that, let's try our first poll question. Which of the following best describes your role-- victim services, victim advocate, probation/community corrections, law enforcement, CAC, social worker, mental health worker, or other? So it looks like, today, the majority of our audience is victim services, victim advocates at 38%, probation or community corrections at 21%, law enforcement at 8%, social workers, certified counselors, mental health workers 16%, and about 17% other.

So now, I'm pleased to introduce you to our presenter today. Dr. Nandi is an associate with the National Criminal Justice Training Center of Fox Valley Technical College. She's also the chief probation officer for the 20th Judicial District for the state of Colorado. Additionally, Dr. Nandi is a published author, having co-authored nine books.

My name is Greg Brown, and I will be moderating today's webinar. I'm a program manager with NCJTC. And prior to that, I worked in probation in Colorado in a similar position that Anjali now enjoys as the chief probation officer as well as the supervisor and the line-staff probation officer. Thanks again for joining us today. And Anjali, the time is now yours.

Great. Thank you so much, Greg. And welcome, everyone. It is good to be here. And it's wonderful to be able to talk about this particular topic. And it's so great to see how many victims services folks are on this webinar. We have quite a few participants here. So we'll do our best to answer your questions and provide you with information that we hope will be helpful to you.

So what I'm hoping to cover with you all today-- I want to start with talking a little bit about what evidence-based practices even mean and why those are important in the context of victims and victim services. I want to talk a little bit about how do we work with relationships and work through relationships in a way that we help hold people accountable, but we also empower them and advocate them-- advocate for them towards their own path in terms of healing and moving forward. And then, how do we recognize some common biases that we all have and understand the impacts of these biases in our interactions with people? So that's really what my hope is for this particular session.

We have a good chunk of time with each other, so I'm going to slow down a little bit and talk about why this is important and why this is different from just how we work with people in general. Why are we having these conversations? What makes it so important? So one of the reasons is because, over the past 20 years, maybe even 30 years, there's been a paradigm shift in the world of criminal justice.

And the paradigm shift has been shifting away from viewing change as an event, like something happens-- we punish people, and they change-- really understanding that that's not what happened, and that change is really a process, and that punishment alone doesn't actually support behavior change. We really have to support behavior change through relationship, through skill building, through providing structure, accountability, and a lot of support and empathy. So this shift has happened away from punishment alone towards really understanding behavior change.

We also have shifted away from thinking about our role and the role of the people that we serve as just individual folks to understanding their impact on the community and understanding the community's involvement and role in supporting the change process. So it's really not that we are dealing with folks individually. We cannot rule out the context within which they are embedded. And by that, I mean we have to pay attention to their families, communities, and the people around them. That social system and social support is incredibly, incredibly important when we're looking at change.

Another piece, another paradigm shift is that change happens over a long period of time. And so we're looking less at compliance, short-term compliance. And we're looking more at this long-term behavior change. The horizon has shifted, right? Ordinarily, the horizon is immediate, whereas now the paradigm shift helps us see the horizon as this long-term piece.

And then we are moving away, hopefully, from judgment and shame, because shaming people, judging them, unfortunately, shuts them down. It doesn't support change or the change process. And what we're moving towards is really getting curious with people, helping them develop safe enough spaces where they feel that they can be vulnerable, they can share what's really going on so that we can then facilitate them changing over time.

There's also a paradigm shift-- and this is where we might need to slow down a little bit. There's a paradigm shift away from thinking about people as making choices and that they had a choice, they made the wrong choice, and now they need to be punished in the criminal justice world.

We're shifting away from that to really understanding that sometimes people's choices are limited, and that there are times where, if we have a wider lens-- for example, if we have a more trauma-informed lens, or if we have a lens of really understanding the kinds of systemic barriers that people face just by virtue of their race or by virtue of where they grew up through no fault of their own, they have much fewer choices than the rest of us do. So understanding systemic and social barriers, understanding trauma and having a trauma-informed lens helps us problematize this whole question of choice, which allows for more empathy, I think.

And then the shift is also away from thinking that people just need to learn something really quickly and they can move on to change is actually requiring people to look deep inside themselves in order for us to support change in the long term. So this paradigm shift is really big. And it's helpful for us not to take it for granted.

Because even till today, we often can get stuck in thinking about change as an event-- something bad happens; surely, you should change right now-- to thinking about change as a long process that really requires a lot of engagement from both, from the people who need to do the change and the people who are facilitating change.

So there's a comment which is a really, really good comment that somebody put in the question-and-answer box. And I'm going to read it out. The person says, it's hard as probation to find the balance between holding somebody accountable and facilitating change. Because sometimes we are dealing with people who might be manipulating their way through the system, and they don't want to change. So that's the comment.

So really, really well put, and let's piece that apart a little bit. So I want to make sure that we're not fusing facilitating change with letting people get away with whatever they want to get away with. We can do both. And my hope is that through this conversation, you start to get a feel for what that might look like. So we still hold our boundaries even though we are expressing empathy and supporting and all of that.

So the phrase that I like to use is, just because I understand why you did something, doesn't make it OK, right? Just because I understand that it's hard, doesn't make the fact that you did it OK. We're still going to have the consequences. We're still going to make sure that the person feels the consequences, et cetera. And we still have empathy. We still hear the person. So empathy doesn't mean I then change the consequences, right? And I can provide a ton of examples if that would help.

And then the person's comment also says something about-- that sometimes we're dealing with a manipulative population. So let's just piece that apart for a second. Do people manipulate their way through life? Yes, no doubt. Why do they do that is where I would get curious, right? Why are they doing it? What's happening? Because if we believe that people are inherently manipulative or inherently bad, then there's a bit of a struggle, right?

But if we believe that people learn to manipulate their way because they, for whatever reason, have found that that's the way their life works, that's the way they get their needs met, they have learned that behavior. And the cool thing about that is that they can unlearn it or learn that, right now, that behavior is not serving them.

Because believe me, there have been times where their manipulative behavior has worked in their favor. And that's why they've learned to do it, right? It's like lying. It's like any of those behaviors that we engage in. It works. It works, and now it's not working anymore. Now it's getting me into trouble. So we have to learn a different behavior.

Then, I just want to cast a little bit of doubt here. There are times-- yes, somebody put in that it becomes a survival mechanism. You're absolutely right that sometimes people-- there's always wisdom behind the darndest things that we do, even you and me, right? There are some pretty funky behaviors that we engage in, and we do them sometimes out of survival. And so we have to help people learn different behaviors.

The other alternative way of thinking about this is sometimes we view behaviors as manipulative whereas they actually might be a trauma response. So I would really recommend that we slow down. Immediately, when I feel like, oh my gosh, this person is manipulating me, or I'm being manipulated, or they're being so manipulative right now-- as soon as that happens, take a pause, slow down, and get curious.

Why are they engaging in this behavior? And let's even ask them, right? Hey, I notice you're doing this thing. How come? What are you hoping to get from it? Because if we can help them see that it's not helpful anymore, and that it's OK-- we'll help them with a different behavior-- perhaps there's some sort of progress that we can make.

So let's talk a little bit about evidence-based practices. So we talked about this paradigm shift. And the paradigm shift happened as we were getting clear, based on the research, what works to facilitate long-term behavior change out of the criminal justice system, meaning what helps to reduce recidivism, right? That's the bottom line.

I mean, in criminal justice work, we're often focused on, how do we help people not come back into the system? And sometimes that means providing skills. Sometimes it's a motivation issue. Sometimes it's a social-support issue. So we have to figure that out. But really, what we're trying to focus on is, how do we provide people, whatever the path is, to reduce recidivism?

And so based on the research on behavior change and recidivism reduction over time, there are eight principles that rose to the top. And these eight principles keep us in check around what we should be focusing on and then what we should not be focusing on. So it starts at the bottom. And you can see on the bottom tier where it says risk need and assess actuarial risk-- that's where it starts. That's what we pay attention to. And so I'm just going to dive in there for a second.

The risk principle is right at the bottom. It's the first thing we do. And what the risk principle states is that we should supervise based on risk. So risk level drives frequency of contact, and frequency of how closely I watch or supervise you. So higher risk gets a lot of attention. Low risk should get low attention.

And there are lots of different ways to assess risk. Ideally, we use actuarial instruments, so risk assessment instruments. The LSI is an example, the Compass. There are lots of different tools like that. There's a risk assessment tool from Ohio. There's one in Washington, so lots of different tools that give us an idea of what somebody's level of risk is. And then there's the need principle.

So risk is how much to supervise. Because if we supervise a high-risk person not enough, they'll recidivate. But if we supervise a low-risk person too much, we actually make them worse. And we make them worse because we expose them to other people who are in the system, perhaps. Perhaps we take them away because we're over-supervising them. We take them away from the very things that make them low risk. Perhaps we give them a different identity. You're a high-risk person, and this is what high-risk people do. So it's really important to not supervise low-risk people too much, because we do make them worse in our system.

So there are a couple of questions that are really helpful. Someone asks about specific tools for working with domestic violence offenders. Yes, there's the DVSI, SARA, S-A-R-A. DVSI is D-V-S-I. So those are a couple that are helpful with domestic violence offenders.

Though, just to answer that question, there are a few issues with the people who've committed domestic violence offenses that rise to the top. There are things like prior DV, strangulation, use of a weapon, multiple violations of protection orders. Those are some of the things that tell us that this person is a little more risky. And there's one more. It's the victim's report about how unsafe they feel. That seems to be predictive as well.

And then somebody asked, how do we stay current with evidence-based practices as things change? That is an excellent question. So for me in my role, in my dual role, I feel like, as a researcher, that is my job, right? I stay on top of what's current in the research. So what you're doing right now is exactly what you need to do, right?

Attend webinars, look at newsletters, things like that, because I would imagine that you don't have the time to delve into the research. So attending webinars is a really great way of staying on top of what the research is saying. And yes, a lethality assessment is the victim perspective. That's really helpful. Thank you for clarifying that. The victim perspective is extremely helpful.

So let's go back to the need principle, because we haven't talked about the need principle yet. And the need principle answers the question, what should we focus on? Just because somebody is high risk, it really doesn't tell me what to focus on, right? So the need principle is about targeting what is it that drives their crime. And we talk about that in terms of something called criminogenic needs.

So just hang with me for a second. There are different things that drive crime. And there are different needs as a human being that I have. So I have some basic needs-- food, clothing, shelter, transportation, medication, those kinds of basic needs. I then have one level higher than that, employment or being involved in education, relationships, those kinds of things. That's the next level.

And while those are all really important, and we need to address them, if we only address them, we actually don't reduce recidivism among high-risk people. We need to target the very drivers of crime. And those drivers of crime are called criminogenic needs. They're also dynamic or changeable risk factors. And so there are several dynamic risk factors. And we call them the central eight, or the eight criminogenic needs.

They're all important, and we need to pay attention to all of them. And so they are listed on your screen. But I want to explain a few of them, because I think sometimes they can be a little bit difficult. And ideally, these are all changeable. So even though one of them says static, I'll try and explain what's the part of it that is changeable.

These are aspects of people's either ways of being or what's happening around them that we really need to target. Because if we target these, then we reduce the likelihood of recidivism, right? So that's what the need principle is. So one of you put a comment on that. So a history of criminal behavior-- that sounds like a static issue, but really what it is somebody's ability to respond to high-risk situations in a way that's pro-social.

So I'll say that again. That first piece, history of criminal behavior, is actually a skill. And the skill is the ability to respond to high-risk situations with pro-social behavior. I'll give you a silly example, and then I'll give you a concrete example. So the silly example is if, when I'm stressed, I always reach for chocolate, that's my only way of knowing how to manage my stress, that's potentially problematic, I suppose, depending on how much chocolate I consume.

So that's a silly example. So a more pertinent example is every time I get stressed or every time I'm in a high-risk situation, I'm around friends or my boss is yelling at me, the only way I know how to manage is to punch somebody, to punch my boss, to fight, to get into a big argument. That's the problem. That's the need that we're trying to look at. That's that first piece.

Antisocial personality is really about lacking empathy. It's about not being able to take responsibility. It's about being pretty impulsive. So those are some of the things, some of the skill pieces that we'd be working on there. And these often go hand in hand, right? It's not easy to just parse them out. The top three that are listed, one, two, and three, often go together.

Criminal thinking is just antisocial or problematic ways of thinking. And then peers, hanging out with people who have a criminal lifestyle or are involved in crime or supportive of crime, current trouble with family or marital issues, problems at work or not having work or school depending on what they're involved in, what they do with their spare time, and then, of course, substance use. And then one of you asked about DV-specific stuff. It's recidivism, the likelihood for recidivism, and then the likelihood of how bad your recidivism is going to be, so the lethality of it.

So let me just catch up. We have quite a few questions here, so let me just catch up a little bit. There's a really good question here. How do we address a victim who we believe is minimizing the risk assessment? Yeah, so let's expand on that example a little bit.

So let's say you have somebody who has committed a crime, done some harm towards a victim. You are having a conversation with the client. You notice that they're pretty high risk, and you start to supervise them at that level or engage them in whatever at that level. And then you're a victim service person. You're working with the survivor of that crime. And the person says, oh, it's not that bad, right?

That is a really, really important place to pause. Because if you respond with, actually, it is that bad, that person is really high risk, you've taken one side of the argument, and they will jump to taking the other side of the argument. So be really careful not to justify the risk assessment, but to get curious right then, right?

Say more about that. How come you feel that this person is actually low risk? How do you determine risk? What are ways in which, perhaps, this person might be riskier than you think? What are things that other people around you say about this person that may be different from what you're thinking? So those are some of the ways to start to work on ambivalence.

Because the same things that we are doing with the person who committed the crime or caused harm-- the same principles apply to the people who've been victimized by the crime, the survivors of the crime, right? And they also apply to us. It's not like we don't count. These all apply to all of us as human beings, that whenever faced with an issue, we tend to be ambivalent. And if you argue with me, I will force into the other side of the argument. So to just know that a lot of this applies whether we're talking about victims or whether we're talking about people who have done harm.

And then there's another question. What is the best way to help them understand that there's a better way to get the things they feel that they need without making them feel offended? Yes, great question. And it starts with empathy, right? That's really the place that we start. It starts with really not shaming, blaming, but just getting curious. Why is it that you feel this is helpful? What's making you not want to engage in whatever this thing is, asking questions like that. And in a few slides down, we'll talk more about what that really looks and sounds like.

And then I have a question around discussing antisocial beliefs, attitudes, and peers. And there's just a request to talk about that a little bit more. It's really, really important. I'm glad you asked me to slow down right there. So our thinking is driven by our beliefs. Our beliefs are built not just on experience, but what we hear from other people, right? Maybe it could be familial. It could be what we've read in the media, those kinds of things.

So we develop our beliefs. Our beliefs drive our attitude towards whatever, positive, negative. And they drive our thinking as well. Now, for those of you who are familiar with CBT, you probably know where I'm going. But when we talk about cognitive behavioral interventions, we essentially know that our thinking-- if we're not careful, our thinking drives our action.

And so paying attention to our thinking is really, really important, questioning our thinking. Why is it that I'm doing that particular thing? So if I had to summarize how we work with people around their thinking, it's three steps. And I'm oversimplifying, so please hang with me. But really, we're talking about three steps.

We're talking about, be aware of it. So increase your awareness of your thinking. Be aware of it. The second piece is question it. Hang out with it, right? Sit with it. Question it. Get curious about it. And then get perspective around it to see if you need to change it or if you see a need to do anything differently. And that's true about our emotions as well. It's true about our thinking.

I'll give you an example. If, let's say, every time I'm driving down the highway, somebody cuts me off, I immediately have a really negative response, like some bad word I want to call the person who just cut me off-- if I could catch myself right there and get aware of it, and then sit with it and say, wait, what's going on, because it could be so many different reasons why the person cut me off, and then challenge it and change it, those are the three steps which helps me clarify what action I want to take.

So before I just honk on the horn or flip the person off or whatever it is, it gives me a little bit-- it allows me for a gap between my thinking and my behavior. So I hope that addresses that antisocial piece, antisocial beliefs and criminal thinking.

The caution I want to provide there is, ideally, the words that we use should be more high-risk thinking and problematic thinking, not just criminal thinking and antisocial thinking, right? Because sometimes the word "antisocial" is filled with so much judgment. What is antisocial to me may not be antisocial to you. To you, it might be just your way of life.

So I would change those words a little bit to be thinking about problem behavior or problematic thinking, high-risk thinking versus just criminal thinking. And then the peer piece is just really supporting an exploration of who their peers are and how supportive are their peers around criminal behavior, getting curious about that and then expanding that piece.

So somebody else put in, why isn't mental health issues a part of criminogenic needs? Great, and that many people who have substance use issues also have co-occurring issues. Yeah, the reason that mental health issues are not a criminogenic need is because mental health illnesses alone do not drive crime. It's mental health with something else that drives crime.

More people than you would expect in the US have mental health issues. In fact, a little over one in five people struggle with mental illness. But not one in five people commit crime, right? So lots of our neighbors, friends, even people on this call-- we have over 500 people on the call. That means a hundred of us on this call struggle with mental health issues if we are to believe the stats.

A hundred of us on this call, at least, struggle with mental health issues. But we're not also involved in crime. Mental health issues alone do not drive crime. What drives crime is when it gets coupled with something else, so mental health gets coupled with substance use. Or yes, I have a mental health issue, I'm not medicated, and now I'm walking in the middle of the street, screaming at somebody because I'm hallucinating or having delusions.

The person doesn't know how to respond to me. They don't know that I just need some support, because maybe they have no experience with mental health issues. So they start yelling back at me. I get scared. I don't know what to do. I punch them, and now I'm in the criminal justice system, right? So that becomes the issue as opposed to just mental health issues. I hope that answers your question. If that doesn't, put it back in the Q&A section. That would be awesome.

And then somebody is going back to-- there's a question in here just going back to if a client has a violent history but not a history of DV. So in the DV assessment, it looks primarily at DV history. Violent history is taken into account in our regular assessment of risk, so risk for recidivism in general. So I hope that clarifies that.

And then there's a question. What if we also supervise positively by encouraging the formerly incarcerated person to continue education, find jobs, community support, and mentoring instead of monitoring? That's brilliant. Yes, so what you are talking about right there is something called desistance.

Desistance is a particular theory that looks at not just getting people out of crime, but how do we help people stay out of crime in the long run, right? How do we help people not come back into that lifestyle? That's desistance. And desistance theory states the very things that you're talking about, which is education, good job, community support, other protective factors, good involvement with community, engagement in community, a shift in my identity.

Maybe you hear clients talk about this. They say things like, I don't want that lifestyle anymore. I had a client say this recently to me. I'm a family man now, right? That kind of language, but mentoring, giving back, advocacy, all of those things. You're absolutely on the right track when you're talking about mentoring instead of monitoring. That's really beautiful.

So I think there's a treatment provider. I'm going to guess that this is a treatment provider asking this question. The question is, is there an assessment for providers? And so I'm just going to guess. If that's a wrong guess, please type it into the question-and-answer box. Just clarify it. Set me on the right track here.

But is there an assessment for treatment providers? Sometimes we work with people who are not our fit. And when we do this, we may be causing more damage. You are absolutely right that it's really important that we practice within our scope, within our field, and that sometimes, if we take people who are not our fit, that we could be doing damage. We could also be focusing on, sometimes, the wrong things, right?

So what might be helpful is when you get referrals from a criminal justice provider who has done a risk and need assessment is to ask for the results of that assessment. Because that's incredibly helpful then as a provider for you to make some decisions about what to do here, how to respond to this person, for sure. So that might be the way to go about it, is attending to what is the risk assessment or need assessment that's being done by the referring agency.

Anjali, when we look at-- and this comes up a lot-- the antisocial personality and the criminal thinking, that takes a special skill set and special level of energy if you're a provider as well to think long and hard about those kinds of clients and the demand that they place on a provider. And even if you're looking at groups, how do you mix and match and make sure that they're in the right group so you're not causing lower risk people to be higher risk, and that you can still address those behaviors that are driving them into further criminal behavior.

Yeah, excellent, excellent point. And one of you just put in, isn't this webinar supposed to be focused on more victims' issues? And are people who commit crimes also victims? So yes to both, right? There's the saying, hurt people hurt people. So yes, there's a lot of people who are in the criminal justice system who are also victims.

There's a statistic that over 90% of the women and over 80% of the men who are involved in our criminal justice system have experienced trauma of some kind. And it's mostly interpersonal trauma of some kind, so yes. However, if you are feeling like we're talking too much about the offenders or people who commit crimes and not enough about the victims, I totally hear you. So just keep asking your questions. Ask the questions that you need.

To me, when we're working with victims, it's really important that we understand what's happening with the folks who victimized them, what's going on there, so that we can really help support our victims as well. And we will talk about what some of the traps are that we get into when we're working with victims as well. So I definitely will talk about that. But if you start to feel like we're veering off too much, definitely let me know, all right?

Yes, there's a risk assessment for juveniles. One of you asked about that. There are several, actually. There's the C-- the YS-- YLS/CMI. There we go. There were the letters, YLS/CMI. That is the LSI version for juveniles. So you can use that. There's also something called the CEDRA, the JAZA. Those are all juvenile risk assessments. But there are several out there for sure, yeah.

And then a great question-- how do we help someone understand that mental health is not an excuse? Yes, so true. None of it is an excuse, right? None of these things are an excuse for their behavior. An explanation is not an-- doesn't excuse responsibility. That's really key, that because we understand-- so I tend to get hangry, right?

So if I haven't eaten, I'll get really irritable. In fact, my teenage daughter now knows this. And she'll anticipate it sometimes. And she'll say, Mom, you're being extra grumpy. Here's something to eat. Just because we understand that, oh, Anjali's hungry, that's why she's behaving like this, it doesn't make it OK. It doesn't take away the responsibility that I have to make sure that I don't get there, right?

So there's a ton of responsibility. It's just the understanding of it helps me figure out what I need to do about it. So because I understand that it's actually that I get hungry, it helps me understand what my solutions are. So understanding it is key. Because if I don't understand it, I'll come up with the wrong solution. So it's absolutely understandable, but it's not-- it's not an excuse for sure, yeah.

One of you put in, how do we train our children to feed us? That's the trick. Yes, yeah, it's so true. All of us really, in my whole family-- we carry around snacks because I think all of us struggle with this, so yes. But thank you. That was a good one. That was a good one.

So let's keep going here. So we've talked about risk. We've talked about need. And now the third piece is something called responsivity. And this is where the victim-centered piece comes in. So just before I talk about case planning and thinking about priorities, when we're talking about responsivity, and we're focusing on the person who's committed the crime, responsivity is about, how are they going to respond to the services that we provide in a positive way, and how can we provide it in a way that they take responsibility and accountability for their actions and engage in some kind of restoring or a way that they can repair harm somehow?

So having a victim-centered approach when we're working with people who have committed crimes-- what that means is that we keep not just the individual victim but the larger victim community in mind. Because there are times where the restoration or the repair cannot happen directly with the victim who was impacted, but we still need to have conversations regarding repair, right?

And conversations regarding repair start with conversations about harm. What was the harm that happened? Who all were harmed? And can we talk about who all were harmed not just in terms of the most immediate victim, but the ripple effect of harm, right? That conversation is really important when we're thinking about this from a victim-centered approach.

Anjali, I love that you touched on that, because the focus of this grant is helping criminal justice agencies create more victim-centered approaches. So our approach has been, we need to share what probation/corrections agencies are doing. So across the spectrum of services, from investigation and arrest all the way through disposition, reentry, and all of that stuff, that people understand what the other end is doing. We've been too siloed too long.

And so not being competent and understanding the whole continuum has really caused distrust in the people that come into contact with the system. So one of the strategies is, let's train people from all perspectives. Victim services-- what are they doing? Corrections, what are you doing? Why is this person deemed low risk? He doesn't seem low risk to me. But to really pay attention to that and to understand that, in every criminal, no matter the level of crime, people are impacted.

The second piece of it in this responsivity piece-- and I've done this work for a long time-- is that we're really good about helping people get on track, look at these criminogenic needs, and get going down the right track. We are not very good at reintegrating them back into their communities where they can continue the success that they've had. And we're not very good at repairing the harm that they've caused.

And I'm talking about harm across the spectrum, from family members that have been victimized and not knowing where that person is, or them getting into trouble, or having to bond them out, or being victims of minor crimes that never got reported, all the way to where there's homicides, where there are surviving family members that have questions that need to-- that have things that they need to know.

And we need to individualize that as well and meet them where they're at, incorporate into our case planning and our understanding of this person-- we don't want to retraumatize or revictimize people, obviously, but to integrate it and meet victims and survivors where they're at and help them get their needs met, which means, in the corrections system, we need to have a lot more discussion about the harm that's been caused and that ripple effect to maybe not direct victims, but everyone who's been impacted.

Because that helps deal with the shame. It helps to deal with the identity. It helps deal with the desistance, that we're helping to repair those relationships and creating an environment where this person's new skills and what they've learned about themselves can actually help them move forward.

Yeah, I think that's really important. In fact, as you were talking about it, somebody put a question in exactly about what you're talking about. When talking about ripple effects of crime and victimization, are we thinking about this to try and ensure that we help stop and break the chain of the victim to offender to new victim to more offenders?

I think absolutely. I mean, when we look at the ACEs, when we look at people who come into the system that tend to be moderate to higher risk, they've got stuff that's happened to them when they were children, when they were growing up, the environments that they've been exposed to, and to start breaking that chain.

I mean, I don't know what the statistics are now. But if you've been exposed to domestic violence, you're at a much higher risk to be a violent person yourself because it's been normed in your family, in your environment. And it's deemed a normalized way to respond when you're not getting your needs met. Substance abuse when parents are unavailable, or it becomes normalized that people do that. All of those things are important things. And the more we understand now what drives the behavior and what gets people into the system, and the earlier that we can intervene, the more successful that we will be.

I remember doing a training like this several years ago. And it was with a bunch of schoolteachers. And I'll tell you what. When we started talking about the kids that ended up in the adult criminal justice system, those school teachers at kindergarten and first grade could identify those kids almost 100% because they started manifesting those behaviors when they were that young, and they weren't adequately addressed. So I hope I answered the question.

Yeah, that's the point, right? The point is exactly what the person's question is pointing towards. If our goal is to break this cycle of victim to offender to creating new victims, offending, et cetera, if our goal is to break the cycle, then we cannot limit our interaction to just compliance-related issues or punishment or deterrence, right? We cannot. Because that does not break the cycle.

If we are to truly break the cycle, we have to pay attention to a variety of different levels. We need to pay attention to not just the criminogenic needs, what's driving crime, but also stability factors, right? How do they keep themselves stable in the community and in the long term? How do we build strength and protective factors so that they're staying out of the system?

And then in what way has their trauma impacted their behavior so that they don't keep taking it out on other people? Because all of us have stuff to deal with, right? We either get to work on it or we end up working it out on other people. And some of us work it out on other people by being grumpy or rude or whatever, irritable, et cetera.

But some of us work it out on other people in some pretty problematic ways, through drugs and alcohol that then result in further victimization of other people, through violence, through a whole host of different behaviors. So it's really important that if we are to truly break that cycle, that we slow it down enough to not focus just on compliance but on seeing this as a complex system of behaviors that we need to support, both with the people who've committed crime and the people who've been victimized, right?

Because there's something to be supported there as well, that when somebody has been a victim of crime, and they've survived a particular crime, whatever it was, we need to help them shore up their supports as well to prevent themselves from being victimized again, but also to prevent them from going down any of these problematic paths, like getting into substance use as a result of being victimized or engaging in self-harm or behaviors that are really not supportive of long-term success, right? So it's really important that we slow it down and think about it from this complex way as opposed to the simplified, well, if I just help them get through the system, things will be good.

So let's catch up a little bit on some of these questions. How do we protect the survivor's feelings of safety with a low-risk person? Yes, excellent question. And this is really excellent because when you're working with somebody who's low risk, and you're working with the person who's been victimized, the survivor of whatever that crime was, they will see it very differently.

And you, right now, have competing priorities, right? You have the safety of the survivor at hand, and you also have to try not to make the low-risk person even more high risk. So you're contending with that. And then you're really protecting the safety and the feelings of safety for the survivor. So that is an excellent conversation to have and one that you have to be very, very honest with.

It's really important when you're working with survivors and victims to be honest about what you can and cannot do. Because as soon as you make false promises or promises that you cannot keep, you're eroding trust when you're not able to follow through on something.

So it's incredibly important that you be honest about what will and will not happen with the person who committed the crime, so that people know right off the bat, and then to talk about what does safety really look like. What can we, as part of the system, help with? And then what can we not help with that they might need additional resources to support? So really important to have that pretty honest conversation. That's really an excellent question. Greg, what would you add to that?

I would just say you want to keep the dialogue open. So I would talk about the things that we're looking at. These are the things that tell us about risk and how to respond. And you want to keep that dialogue open. You want more eyes and ears on that person. So if they're observing things that we're not aware of, our job is to paint that picture, gather that information.

And maybe this low-risk person, which has happened to me a lot-- this person who appears to look low risk at intake is really not low risk. They're moderate to high risk. We just didn't have good information at the time. So that dialogue between victim services and what the victim's pointing out and the things about the crime that may not have been reported in the police reports as well as our assessments-- it's a dynamic process.

Risk is not a finite point in time. It changes both to lower risk and to increased risk. And we want to keep that dialogue open. We want to hear the information, the questions that they have to make sure we are giving that person the right level of services and the right level of containment and monitoring throughout their experience.

Yeah, that is a really, really good point that Greg just made, that one of you actually made in the question-and-answer box. You said in working with domestic violence victims, one of the biggest issues they struggle with is getting somebody to believe them and to take them seriously.

So when it finally becomes a crime and the person actually gets involved in our system, if they're still in denial, how do we help hold them accountable, not just for the criminal case, but for the long-standing record that's been happening even before the criminal case, right? That's really important.

So this relationship between those who work with the offender, the person who's committed the crime, and those who work with the survivor-- that communication is imperative. Because when we're just working with the person who has done the harm, we see one portion of the picture. And so communication from the victim is really incredibly helpful, and then defining what accountability looks and feels like.

Because a lot of the times, what you will hear is, they made me do it. It was their fault. I told them that I was getting mad. They asked for it. They actually instigated it. They did it first, not me, right? You hear a lot of that language. And part of that is human nature, right? Part of that is related to fear about actually taking accountability. Part of that is characterological that we need to slow down and do some work around.

And then, bottom line, part of it is what behavior is OK and what behavior is not OK, being really, really clear about that. Because if our expectation is they take accountability for everything in the way that we want them to, we will be let down over and over and over again. Because there's a lot, a lot of patience that needs to-- that we all need to have in this accountability ride. So really understanding, how do we address some of this accountability, and how do we lower our expectations to starting with safety first? What would you add, Greg?

I would just say, I think, Anjali, you talk about this a lot, which is it's this balance between we're very informed past behavior is the best predictor of future behavior, but we have to have this balanced approach. Because if we stay focused on the past, we're not going to be able to help them change behavior. It's that shame piece. It's the place that we can't get a lot of traction. But they still need to be held accountable.

And so this really is an art form, to all of you who do this work, about how to balance that holding them accountable, being able to make references to past behavior and how that's affecting future behavior and things like that. But it's really important that there is a balance because we need to focus on future behavior and future expectations. Otherwise, you do get stuck.

And it's all about monitoring, and it's that old "trail them, nail them, and jail them" mentality that comes out. And that doesn't work for us. I mean, that hasn't worked in the last 30 years in the United States with corrections. So we've got to figure out the balance, not let them off the hook for their behavior, holding them accountable, understanding the harm that they've caused, but we've got to be future looking with them. They've got to have hope.

We've got to find that hook for them to want to reintegrate or maybe, for the first time, integrate into their family, their culture, their society, all of that. Because without that hook, they're not going to change. And we've got to figure that out. And that's all of our jobs, from victim services to the courts, to the prosecutors, all of us.

Because I mean, what is it, Anjali, less than 7% of the people that go to prison are there for life, maybe less than that, less than 3% of the people go to prison for life? So they're all coming back. It's just a matter of when. And most of them come back worse off and higher risk to us than when they went in. So we've got to figure out how to do this better.

Right, so to me, that is the victim-centered approach, right? A victim-centered approach is to look at the bigger picture, knowing that just deterrence alone is actually not being victim centered. You send somebody to prison. 95% of everybody who goes to prison comes back out. And they come back out to the same communities that they left from. So if we're not targeting, if we're not thinking about the actual behavior change, facilitating that in the long term, providing structure accountability and support, then we're missing the boat, and we're not doing our victims justice.

There's another question that's a really good one. I have a hard time understanding the responsivity factor. And usually, responsivity is defined as removing barriers, assessing mental health, being mindful of learning styles, et cetera. What's a real-world application of responsivity? Would targeting substance abuse meet the responsivity factor? So targeting substance abuse meets the need factor, not the responsivity factor.

Responsivity is about, how is this person going to respond to whatever the services I'm providing? So let's say the person has a social anxiety disorder. If I say, to treat your substance use, we're going to put you in group, that's not being responsive, right? Being culturally appropriate, sensitive, and knowledgeable and incorporating cultural responsibility into the conversations that I'm having, that's the responsivity piece.

Responsivity is also understanding another person's world view and their perspective. It's attending to traumatic brain injuries, for example, if that's what's going on, or cognitive impairments. It could be language issues, making sure that I'm attending to language. It could be gender issues. So those are examples, real-world examples of meeting that responsivity factor, and then also, like I said, addressing harm in the long term.

So the follow-up question is, is it possible then for a client to not have responsivity issues? We all have responsivity issues. Sometimes they're not terribly salient, right? So you could have a client who-- their responsivity factors are pretty common to-- or they meet whatever we normally provide, in which case things are good. You're still being responsive, right? So their responsivity factors look like what we already have in place, so we're meeting those factors.

Oh, one more comment, and I think this is just a comment that sometimes the offender has created so much trauma for their families that it is impossible to repair the harm done. Yeah, that's a tough one, right? So if we can't repair the harm with that person's family, is there a way that the person can think about victim from a bigger perspective? Maybe it's not just their family. Maybe there's a ripple effect outwards. And maybe they start with the outward-most circle of whatever that victim is, right? So we might have to be pretty creative about how we attend to harm.

So what we're going to be talking about now is how we have conversations. This is true not just about people who've committed a crime. This is true about working with victims as well. So keep both your hats on, right? If you're a victim services person, keep that hat on. And if you're working with people who have done the harm, keep that hat on as well.

But for all human beings, no matter whether they're victims, offenders, family, whoever you're talking about, that what really drives change, ultimately, is the relationship that we develop with them. And when we're talking about survivors of crime, that relationship really matters, but can get really-- can get missed sometimes.

We end up misrepresenting ourselves as a person who's going to make everything OK, right? And sometimes, through no fault of ours, the survivor might just see us that way, like, oh my gosh, here's somebody who's going to make it all OK. And it's really important that in that relationship, we are clear about what our roles are and what our expectations are of them. And that is the basis of a working alliance.

So a working alliance is where the roles are really clear and the goals are clear. What can you expect from me? What I expect from you? And what are we working towards? What's the goal here? So that's a good working alliance.

And then, when working with victims, sometimes the story, the amount of hurt and pain is just so almost overwhelming that it's easy to want to fix, right? I'm not sure if any of you have fallen into that trap. I know I definitely have, that it's easy to want to fix or to make better, and to remember that when I do that, I run the risk of inadvertently disempowering the other person. When I'm expressing empathy, I really need to be careful to not inadvertently disempower them or do the work for them. So that piece is really important.

Someone asked about ACEs. I think Greg mentioned ACEs. Just so we're on the same page, we're talking about Adverse Childhood Experiences. And adverse childhood experiences are experiences that then contribute to a different way our brain starts to develop. When we're exposed to a lot of adverse childhood experiences, our brain prioritizes the development of our reaction system, our impulse system, and underprioritizes our executive functioning system.

So the question here is whether ACEs are taken into account in determining risk level. And they're actually not. In most risk assessments, they're not. So it is really up to either doing a secondary assessment or for the treatment provider to consider adverse childhood experiences and how those have impacted the person and what we can do about it. So I'm so grateful that you asked about that.

So the righting reflex-- I love that you brought that up. The righting reflex is-- oftentimes that term is used, actually, in motivational interviewing. And the reflex is to make things right, to fix it, right? I want to make it right. And that's a reflex that we all have within us. And apparently it's true in yoga, too. I didn't know that, that in yoga it's called the righting reflex. But in motivational interviewing, we use that term a lot, the righting reflex. So you're absolutely right. I love that you shared that.

So that relationship really matters. And of course, the features of the individual person that you're working with, whether it's the offender or the victim, those matter. But the relationship drives most of the outcome. And then what also matters is what we call the placebo effect. And the placebo effect is what people expect to have happen.

So when you're working with survivors, their expectation of what will happen is really key to form right in the beginning, in your initial conversation with them. So really pay attention to that right upfront, what they expect. And how can we clarify what their expectations are so they're on the right track and you're on the right track as well? And the actual intervention you use is important, but it's not as important as the relationship. So that relationship piece is really, really key.

All right, so whenever talking with people who've harmed others, or especially when you're talking with survivors of crime or victims, it's very easy for them to start to dissociate or start to feel unsafe. And when we're building these relationships with them, these safe, supportive relationships, it's important to know, how do I catch that somebody's feeling unsafe, and what do I do?

So we're going to spend a little bit of time talking about that. How do you know that somebody is unsafe? So let's say you have a victim in front of you, and they're starting to talk about what happened. And you start to notice that they are disappearing, or they look like they're being reactionary, or the process is slowing down. They're hypervigilant suddenly, right?

All of those things-- that means that they're stuck in the part of the brain that is our fight-flight and not the part of the brain that can think things through and problem solve and be really creative. And we call that a flipped lid because the part of our brain that's pretty reactive is in the center. It's called limbic system. And then around that is the thinking part of the brain called the frontal cortex. And when we start to feel unsafe, we literally lose connection with that frontal cortex.

So we flip our lids, and we get stuck in this reaction space, right? So we call that flipped lid. So step one is to notice when my lid has flipped, all right, or when the person's lid has flipped. And so those would be some examples, right? They're referencing the past. All of these are signs of a flipped lid. So that's step one.

So as soon as you notice that somebody's lid is flipped, it's really important to start grounding them. Because these are skills that they need not only in the conversation with you, but in real life out there. Because your survivors are going to experience flipped lids out and about, right?

When they're walking around, when they're filling gas, when they're going to their house, when they're in the grocery store, they're going to experience this flipped lid. And so it's really important that we start to teach them now, how do they ground themselves? And again, this is not just true for victims and survivors. It can be really true for anyone, including you and me.

So some grounding techniques are exhaling. Lengthening your exhale reduces cortisol in your body, which reduces the stress that you're experiencing. It lowers your heart rate, so exhaling. Sometimes I'll say, blow out a candle, that long exhale. Have them observe things around them. Name things. That's really helpful. Feel their feet on the floor, or wiggle their toes.

Get their senses involved. Sometimes just rubbing your hands together is really helpful to ground, sometimes clapping your hands. Anything that helps people get back into the here and now is incredibly helpful in terms of skill development. So these grounding techniques, I would really encourage you to teach as quickly as possible in your conversations. Greg, did you want to add something right there?

I just think that this is one of those times where I put my traditional role or hat on and say, this sounds like I'm doing therapy with someone, Anjali. As a victim services person or as a corrections professional or law enforcement maybe interviewing someone who's been traumatized, this is great to understand. But am I equipped to do this, and is this my job?

So 100%, you are equipped to do this. And it absolutely is your job. So if you are a treatment provider, your job would be a little bit different. Your job would be to deepen right there, right? When somebody has their lid flipped, you'd really slow it down. You might even talk about history, history of trauma. Where is this familiar? Tell me about family stuff that's getting triggered right now, right? You'd go into some real depth right there.

That's not what I'm asking you to do. What we're talking about is basic skills that law enforcement engage in even on the streets, that we can engage in when somebody-- let's say I'm a UA provider, that I'm just working with monitoring. Somebody's coming in to do a breathalyzer or a urine analysis or something like that, and they start to hyperventilate because they feel really uncomfortable.

I mean, whatever. My role could be anything. The victim's coming in to just sign a piece of paper. And by virtue of entering the courts or entering my office, they start to hyperventilate, or they start to get anxious. What do I do? So these skills are so incredibly helpful for all of us. Or maybe it's me who's hyperventilating, right? Maybe I'm supposed to deliver a webinar, and I'm freaking out about it and starting to hyperventilate.

These are skills that are so incredibly helpful for all of us. And they're not technical, right? They're pretty basic-- breathing, exhaling. We know how to do that. I could get a little more technical, I suppose. There's that four-count breathing, like breathe out for four, hold for four, in for four, hold for four, right? Four-count breathing. Observe things around. It's not terribly technical. Involve the five senses. Rub my hands. Sometimes even this helps, anything that just gets us back in our bodies, wiggling our toes.

I cannot tell you how frequently I use these skills just to make sure that I'm grounded and that I'm present in the here and now. There's a saying that I use a lot to myself when I start to get a little anxious. I'll say, be where your feet are, right? Because sometimes my feet are here, but my brain is somewhere else. So be where your feet are. So yes, Greg, definitely, we're all equipped to do this, no matter our role. And it is definitely a part of our role.

So that's another step. A third step is to make sure to express respect and empathy. Empathy is the one that brings our lid back down the fastest. And all empathy is is just expressing concern and care, just conveying understanding. I can see how hard this is. I get how important this is for you. I get how hard it is that you feel like the system is not responding to you right now. I hear that you don't feel safe whatsoever.

And so one question that was in the chat that's relevant here is motivational interviewing. Somebody asked if I could talk about motivational interviewing for a quick second. So motivational interviewing is a style of working with people that is really founded in empathy and believes the wisdom of the person I'm talking with. They're a set of skills and tools. But it's a really supportive and helpful way of having a conversation, gathering information, and supporting the person either making a decision or facilitating behavior change. So it's a style of working with people.

Greg, I believe we have-- or Rachel, maybe you can type it in terms of the answer. I think we have some links to some webinars we've done on motivational interviewing. And if we don't, there's a ton of resources freely available on motivational interviewing. I wrote a book on it that's freely available. So just google motivational interviewing, and you'll find a ton of resources.

Anjali, could you talk a little bit about, for those in our audience that are working with victims and survivors, about how-- what kinds of circumstances, situations, what kinds of roles might they play where motivational interviewing might be very important in the work that they're doing with the people that they're serving?

You said, what's the role of motivational interviewing in facilitating the relationship with the people that we're serving?

Yeah, with victims particularly, victims, yeah, victims and survivors particularly. Because MI has this reputation of being a criminal justice intervention or a way to help people change that really isn't true. It actually came from the health care field and working with people that wanted to change behavior. But its label is, this is how you help people who harm other people change behavior and get to know them and develop that relationship.

And you're saying it applies to all of us in all-- that there's a role for it. What might be some specific things for the victim services people to think about when they're working with someone who's a victim of domestic violence, or they've lost a family member to some horrible criminal act? What might be the role in using MI with those people that we serve?

Yeah, so motivational interviewing can take a great supportive role there. So fundamentally, motivational interviewing is a way of sitting with somebody. It's a very respectful way of sitting with somebody and having a conversation with them. It prioritizes empathy, curiosity, really getting interested in the person, and staying curious about what's going on.

It trusts the wisdom of the other person. It really trusts that the other person has the wisdom that they need. Sometimes it's a little buried. Maybe it's hidden. So we have to go searching a little bit. But there is wisdom in the other person. So motivational interviewing can be really helpful just even to help somebody tell their story and feel heard.

To me, that's such a gift we can give as human beings to others, right? Some of the biggest gifts we can give is to truly see somebody and to support them, to truly hear them. So in those ways, motivational interviewing can be helpful. And then, yes, it does have the aspect of facilitating behavior change. And so maybe the conversation with a survivor of a domestic violence issue could be-- maybe the person is thinking about, should I leave or should I stay, right? Without taking a side, you can use motivational interviewing to really help that person come to some kind of a decision around that.

One of you just posted that it promotes disclosure. You're absolutely right. It really supports trust, and it allows the person to really divulge information that maybe they wouldn't have shared otherwise. So it's a really beautiful tool. I would strongly recommend, if you are not familiar with it, to do some research, listen to either a webinar or something on YouTube or take a look at a book, whichever, yeah.

And Rachel, maybe if you could keep track of this in our resources, we could put some links to some motivational interviewing information. In fact, somebody just ask the title of the book. So we can put that and a link to it in the resources if that's OK, Rachel. Thank you.

So a really good question, and it actually came up in my mind as I was talking. So it's brilliant that somebody is asking this. Are there any ethical concerns in utilizing motivational interviewing if I'm a systems-based advocate rather than a community-based advocate? That is a beautiful question. And the fact that you are asking that question-- I would say to you individually, no ethical concerns with you because you have that hat already on. You're already thinking that.

My caution would be, use motivational interviewing in the best interest of the person you are serving, the human being who is in front of you, not the system, not the person you're working for, but the human being who you are in front of. By that, I mean it's hugely ethically problematic if, let's say-- I'm going to make this example up, OK? So hang with me.

But let's say I am the intake person for an inpatient facility. And for every bed that I fill, I get paid. Using motivational interviewing with somebody to convince them that they should come into my hospital would be unethical, right? Because I'm not serving the person in front of me. I'm serving the hospital beds. So that would be unethical. So the way out is to really be-- to prioritize, who is the person I am serving, and using motivational interviewing with that person and to support their motivation to change.

And yes, there's another comment about it being a method to really support intrinsic motivation. And that's absolutely right. And it's, yes, by listening, but also by doing a few strategic things that we won't go into details right now. But there's some level of strategy involved with motivational interviewing as well. Great. OK, we are just really answering some of these questions pretty quickly. This is great. Thank you so much for all these questions. They're really fabulous.

Another comment-- what interventions are designed for reaching victims who don't seek help? That's a really good question. So essentially, what do we do for people who we know are out there, but they're not seeking help? So one of the primary interventions that are used is media. In the media, we provide people with information not only about where they can go for help, but what's OK and what's not OK.

Because part of the reason why people don't seek help is they think that what they're experiencing either is OK or they deserve it, right? So shifting some of those norms is really incredibly important. And we call that media strategy social norming, where we're attending to social norms and shifting what we're saying. If these are the things that you're hearing, it's not OK. Seek help. We're over here, right? Call us. Those are some examples of interventions that are being used. Yes, Greg?

I was just going to say, historically, in the criminal justice system, we're our own worst enemy. Basically, what we said a hundred years ago or so is, don't worry about crime. We will handle it. And we created this huge apparatus and system, right? And so we let people off the hook of having a role in how their communities are run, how we respond to that.

And so when you look at surveys out there about victim satisfaction, survivor satisfaction, or even offender satisfaction with the criminal justice system, they're very low, low trust, low in getting their needs met, what they needed to have happen. What you do see with restorative practices, for instance, is you see almost the opposite, 90% of the people, both people who caused the harm and those that have been harmed, having satisfaction with the outcome.

So I think that there's a hybrid there. There's a blending of our traditional system, which is very valuable and does some very good things, protecting individual rights. It does a pretty good job of getting at the truth with your peers deciding what's criminal conduct and if you should be held accountable for that. It's not very good at looking at the harm that's been caused and how people have been impacted, how communities have been impacted.

And so that's really where this blend-- you see this victim-centered approach that we talk about under this grant and in some jurisdictions that are really focusing on this, is that there's a blend. How do we do that, meet individual needs but also help people see the criminal justice system as a resource? And by changing that dynamic, changing that perception, more people will obviously access the system because they will have trust in it.

When you look at rates of reports from minority communities, they're very low. We know crime rates are much higher when we look at victim surveys. We know they're much higher. Yet, a much lower percentage of those populations and those cultures trust this system. That's where we've got to really make this bridge to actually make significant change.

Yeah, it's huge, right? I mean, as a system, we have an uphill battle to prove that we are worthy of people's trust. And so I think that's incredibly important. And in line with that, having integrity, proving that we are trustworthy, that we are worthy of somebody trusting us as a system, somebody asked the question, we're taught to stick to our primary parts, that we're not giving out bad information because we could lose that trust if we say something and it doesn't happen. So is us telling the victim what could or could not happen a good idea or a bad idea?

So that's a great question. It's on how you phrase it. I would never say, here's definitely what's going to happen. I would say, we don't know what the outcome might be. Here's what we think might happen. Here's what else could happen. Let's come up with plans for either contingency so that no matter what happens, you are prepared.

Because here's part of what's going on for the victim. The unknown, the fear of the unknown is actually, in and of itself, more stressful than what they're fearing will happen. Not knowing causes more stress than the bad thing that they're fearing. There's a really interesting study about that.

The study is that people's levels of cortisol, which is a stress hormone, were being tested on an ongoing basis in two groups. One group was told that every 30 seconds, they would receive a shock. And their cortisol was measured on an ongoing basis. So here's what their cortisol looked like. It was steady. And then at second 27, 28, their cortisol would rise, and then it would drop right when they got the shock.

Does that make sense? So steady cortisol, rise right before the shock, drop, and then low again until about 27 seconds, 28 seconds. The other group-- they were told, you're going to receive a shock, repeated shocks. You just don't when. You see the difference, right?

So with the first group, they were told, you're going to get shocked, but it's going to come on a schedule that you know, so you can predict. And so cortisol would only shoot up right before, but not during. So for the group that was told, you're going to get shocked, we're just not going to tell you when, their cortisol level rose and would stay at a really high level throughout, even when they were being shocked and when they were not.

So it's the fear of the unknown causes more stress than the actual shock itself. Because their level of cortisol was actually higher, not just overall, but on a regular basis compared to the other group. So it's really important that we develop contingencies for any of the actions of what can happen. So I would absolutely have those conversations so people know all the things that they can expect and how they could respond.

There's a lovely comment in here that I just want to attend to before we talk about crises. And the comment is, I've noticed the breakdown between family and survivors because communication has broken down and guilt and shame is just hurting. How do we help both sides find those tools to communicate again and reestablish the understanding and realization that they may be hurting each other? That is just beautifully put and so, so important, right?

I mean, part of what you're talking about is there's so much guilt and shame. There's a communication breakdown. And now we're just perpetuating this unhelpful system in the family. And it's incredibly important to be able to bring that together. So Greg had mentioned these dialogues that can happen, whether it's restorative justice, whether it's just family conversations or family conferences. It's in these conversations that we can start to address exactly what you're talking about, which I think is so incredibly helpful. Yeah, Greg?

I was just going to say one of the things-- so it took me a while to get this, but it makes so much sense. We spend so much time and so many resources on the people who caused harm. They may make significant changes over a period of time. But we haven't offered anything or very little to victims, family members, and all of that.

So what you're seeing are these discussions, particularly in wellness courts, problem-solving courts, those kinds of things, is when you're doing re-entry work, that's the time to bring the family back in and look at models like family group conferencing, where they become part of the relapse prevention plan, where you actually talk about the harm and the trust that's been broken. And how do you start to rebuild that?

And even families who walk away with contracts-- when the person completes their supervision, they complete their problem-solving court or whatever, that they've done an agreement. You will remain approachable when we see these behaviors. And you're asking us to hold you accountable. But all of those things-- and they're very unique to that family dynamic or that group of people, but very much a healing process.

Someone said, what other fields, professions who we believe would benefit from training in victim-centered services? I don't think that there's a field that I can think of that would not benefit from it, right? How many of you have had a horrible interaction with customer service on something that's very important to you? I had to deal with Comcast for the last two days on internet, right? I had great people, and I had people that just sent me over the edge, right?

I mean, that's a strange use of being victimized. But I have a service. I have a job to do. I have things I need to do. And there's some people who know how to do that and understand and can empathize and do their best. And there's others who, for whatever reason, aren't very helpful.

So I would encourage us to think about sharing what victim centeredness is, talking about what it is, and making sure judges and prosecutors have a role with understanding victim-centered services. Too often, we see prosecutors that their goal is punishment or getting the conviction. That may not be important to the people who have been harmed. What's important to them? And then, within the context of their roles and responsibilities in the system, how do we help meet those, right?

And that happens. Intimate partner violence is a great example of that, right? How many victims have you all encountered that want to withdraw the charges? I mean, the crisis is over, and now this overwhelming system is now running our lives. We've got to give them control in some ways. And creating that relationship, listening to them, hearing their journey and their experience is part of getting there.

Yeah, yeah. You talked a little bit about crises, so let's talk about the whole concept of a crisis. Whoever we're dealing with, whether it's even our colleagues or survivors, offenders in the field, frequently people will move from crisis to crisis. And being in a crisis sometimes feels very familiar. It could be that that's how the person was-- that's what they know works, right? It could be that that's familiar because that was their household. So it could be a result of trauma or a result of addiction.

Being in a crisis is a learned behavior and sometimes is a coping mechanism to distract from other things that might be going on. So any time somebody shows up in a crisis, you take a breath. Take a step back, and think about, is this a true crisis where I have to react quickly, or is it a result of a pattern of behavior that we might need to attend to that's underneath, right?

So not fixing the crisis, not solving the problem, but really pausing to see what else could be driving the crisis. What else could be going on that we might need to pay attention to so that we're not inadvertently disempowering them or feeding into the crisis? So some things to think about, right? Is this a distraction? Notice your own anxiety. Does somebody else's crisis cause you to get anxious and then try and fix it?

Having a crisis is oftentimes a good look into a window of what the client might need, what the person might need. And so it might be helpful to see, is there a pattern in the crises that this person is presenting? And if the person is escalating and there is a crisis brewing in your office, focus on safety.

Go back to what we talked about, bringing a lid back down, feeling grounded, empathy, respect, et cetera, so really attending to those things. Greg, there's a beautiful question in the question-and-answer box that I'm going to throw to you first, and then I will answer after you're done. And the question, Greg, is, would you define what victim centeredness means to you?

So what does victim centeredness mean to me? I worked in probation for over 30 years. So when I think about victim centeredness, what resonates for me is that we have an obligation to help this person heal the harm, be restored as best we can. I mean, that's not always possible. But we have the obligation to do that.

And so being victim centered is to be able to walk in their shoes, to listen to their story, to understand how they've been impacted, and to help them move to wherever they can by trusting the system is going to do its job and monitor this person, by taking reasonable precautions that they're going to be safe. And remember, most of the time, this person is coming right back to the community that they victimized this person in or to the relationship that's been harmed, and paying attention to what that can look like.

How can I help you feel safe? How can I help you get to a place beyond this act that's happened to you, meeting you where you're at? I think that one of the things that we've realized is that victim healing is not on our agenda. So if a person is on probation for two years, by god, we've got to get that apology letter done, and he's got to take responsibility, and they need to hear this and know that he's done that. And it doesn't work that way.

I mean, we're doing cases now, dialogues that are 10 years later, that people have struggled with therapy and health conditions and all kinds of things. They've been impacted so significantly. And they finally just say, you know what? I've got some things I need to say to this person and some questions I need to ask. And that ends up being their healing. But it's way beyond our scope as probation.

I mean, we may have written the report 10 years ago that helped send this person to prison, but now they're coming back. Or this victim has questions. And so we will always provide services, no matter what it is. I know our department, and our department of corrections, keeps victim apology letters forever. They may never deliver them. But if it's 10 years later, and that person says, I was victimized 10 years ago by this person, is there anything I can know about that case, there may be a letter waiting for them. But that's our job as well.

And it's not on our timeline. It's on theirs. And so these artificial timelines and our artificial obligation-- oh, he's off paper, I don't have anything to do with it-- are really not helpful in a system that we're trying to create as victim centered. They're a citizen of this community. They've been impacted. And so our obligation is to them whenever they need it, right? Victim services, letters, whatever they need, whenever they have a question-- that's our obligation. Long answer, huh?

That was a great answer, I think. So to me, being victim centered is always having the victim at the heart of my decision making, no matter what my role is or who I'm working with-- victim, family, offender. It doesn't matter who I'm working with, but that at the heart of my decision making is the victim. And it may not just be the one person. It could be a broader victim. It could be community.

But that's always at the heart of my decision making. And because it's at the heart of my decision making, it means that if I am working with the person who did the harm, that I really have to attend to getting my assessment right, figuring out what's most helpful to them so that they don't commit-- they don't create another victim, right? So to me, that's what being victim centered means. It's really the victim is always at the heart of my decision making, regardless of my role and who I'm working with.

There's a lovely comment in the chat from a prosecutor who says that we use community conferencing, which is such a great way of bringing the victim and the offender together. So this person says, we use community conferencing, a chance for the victim and offender to have a face-to-face talk with a moderator in this person's program as a prosecutor. It is overall such a positive experience for both sides. I work in a diversion program, and I love this part of the program.

That's really cool. Yeah, so doing those kinds of conferences, restorative conversations, restorative conferences is so incredibly helpful. Of course the victim needs to initiate it and needs to be willing to participate in this conversation or initiate the conversation. But there's so much healing that happens, not just for the victim but for the person who committed the harm, for everybody involved. It's a pretty incredible experience, for sure.

So I don't want to end this conversation without really talking about the drama triangle. And I find it important to talk about the drama triangle because it is so easy for us to get caught up in it. And as I explain it, please know that there's no blame or shame or anything involved. We take these roles on a regular basis in our lives. All of us do. So it's really, really important to understand so that we don't repeat these roles over and over again.

So the drama triangle is essentially-- there are three components to a drama triangle. There's the victim, the rescuer, and the persecutor. And the rescuer is the role that most of us tend to be most familiar with. All of us have been victims. All of us have been persecutors as well. So please know that we all share these roles.

But for a lot of the time, we tend to get sucked into the rescuer role. We tend to want to fix things. We tend to want to help. People are suffering. Let's help them. Let's do whatever we can to help stop the suffering. But unfortunately, when we walk around with our rescuer hat on, we create victims and persecutors, right? We end up creating people who feel like they're being victimized and disempowered.

So it's really important that we not fall into these traps. The trap of the rescuer is to want to fix, to want to make things better, to want to do for. And in doing that, we end up disempowering the victim. The role of the victim is to feel like things are happening to them, that they don't feel empowered. Things are happening to them. Why me? Why is this happening to me? Nobody understands. Nobody gets it, right? That's that role.

And then the persecutor role is, if you had only listened to me, or I'm doing the-- I'm doing the punishing, so to speak, or the impacting. And so while we often fall in these roles, we tend to gravitate in these fields to the rescuer role. And if we're not careful, we end up creating victims. And I'm using that term in terms of disempowerment, not in terms of a victim of crime, right?

So it's important when you are talking with folks who have been victimized that we really stay away from fixing, but we ask, what do you need? How can I help? What do you need from me? If the person starts to blame the system-- nobody gets it, you all are not doing a single thing to support me, et cetera-- helpful questions might be, tell me what support looks like, right?

Or I really hear that you feel like we're letting you down. What would it look like if we weren't letting you down? What will we be able to do? And then clarifying what we can and cannot do. It's much more helpful and empowering for us to be honest and blunt rather than lie about what we're able to accomplish just to make somebody feel better, really helpful to be clear about that. Yeah, Greg?

I was just going to say, you just reminded me that it's so important to ask the questions in that way because you will be surprised. We assume that we know what they need. Don't assume anymore. We need to ask them. I'm thinking of an example that just happened recently where I met with a victim. And it was a sex assault. And he was going to get probation. That was the deal, lifetime probation in Colorado.

But I said, how can we help you? How do we help you all feel safe? And what we ended up doing is doing safety planning and talking about places that he would not be allowed to go, which is well within the court's purview to do, the authority of the court and within probation. And so he couldn't go to the farmer's market. He had to go to a different farmer's market because that used to be an activity they all did together on Wednesdays and Saturdays. He couldn't go to that farmer's market.

They wanted to know what was happening in treatment. He agreed to sign a release where information that normally wouldn't be shared because of HIPAA protections could be shared. But those are the things that they wanted. And we created a process where they could ask those questions. He could agree to them or not-- well, on the releasing of information. But the court could clearly say, you can't go to this farmer's market on these days. And if you do, that will be considered a violation. That's what I think is not making assumptions, but also including them in a victim-centered process.

Yeah, that's a great example. Thank you, Greg. So I know the term "accountability" has come up quite a few times. And here's the tough thing that we're learning in the research, is that it's very hard to take accountability if we feel blamed. So if somebody is blaming us and saying, it's your fault, you need to take accountability, it is actually very difficult to take true accountability.

We can take accountability as soon as we start to feel safe and when there's a context of caring, meaning somebody actually cares. So the statement that I frequently remind myself from the research is, accountability only happens in the context of caring, not in a context of blame.

So in having those conversations of accountability, we have to stop the blame piece and really create a place where somebody can take full accountability for that behavior on their own because we're creating a safe enough space for them to do so, where they believe that we will support them and help them, et cetera, but that what we're expecting is what responsibility they do take. What do they take accountability for? What would you add to that, Greg?

I would just say this reminds me how important modeling is, whenever we make a mistake with a client that we take responsibility for it, that they see that it didn't destroy our career, and we didn't get fired, and they don't catastrophize around it. But we all make mistakes with our clients. And acknowledging those and showing them how a person can take accountability, learn from their mistakes, and move forward is really a powerful way to not only just increase that relationship but to model how you can do that, where you want to separate them from their behavior.

So you've been arrested. You've been charged. You engaged in a behavior. That behavior doesn't have to define who you are. We all have things that we wish that we hadn't have done at different levels. We all have that. What are healthy, pro-social people able to do with that? How do they integrate the information? How do they take responsibility in a meaningful way so the person that they've harmed really believes that they understand the impact of their behavior and that they're going to do something about it?

Yeah, thank you, Greg. So we've talked about a lot here. We've talked about creating safe enough spaces for people to either share their stories or build trust with us, so they're telling us what really happened, or where they're taking accountability. Frequently, we call this psychological safety. And building that is not easy.

We're talking about engaging in some pretty tough, difficult conversations with people about accountability. We've also talked about how do we balance empathy with accountability and boundaries. We've talked a little bit about giving feedback, but really that's us responding to people and letting them know, here's what's OK. Here's what's not OK. Or here's what I'm noticing, or let's get curious about this thing. What area do you feel like you could use more support in?

So I'm going to put a poll up, which is, what areas do you feel like you could use some more training in? Is it developing psychological safety? Is it engaging in difficult conversations, balancing empathy and boundaries? Is it giving feedback? Or is it all of it?

So it looks like, Anjali, psychological safety or developing psychological safety, 19%, engaging in difficult conversations, 37%, balancing empathy with boundaries, 28%, giving feedback, 11%. And then 34%, the second highest category, is all of it.

This is great. So lots of people, all of it, and then engaging in difficult conversations. And I'm right there with you. And really, a close one is balancing empathy with boundaries, which I still, to this day, have to keep working on. Because there are times where I express empathy and then miss the boundary portion of it. So I really appreciate that you all are paying attention to that.

So there is a question in the question-and-answer box which the person apologizes for, but no problem at all. I'll see if I can tackle it. The core of your advocacy is to give control back to the survivor. Yes, that's empowering, right? Control really helps rebuild-- what happens when we get victimized is, fundamentally, our concept of safety gets destroyed, right?

Any time that we've been a victim of something, if we're a victim of crime, our concept of safety is destroyed, but there's also a complicating factor. Why me? Why did it happen to me? What is it about me, right? So there's a lack of safety, but also a real concern about what happened. Why me? So giving control back really helps rebuild some of that safety. So control is really, really important.

So going back to your question-- so the core of your advocacy is to give control back to the survivor. Sometimes that results in destructive behavior. Yes, very true, unfortunately. Sometimes the way we cope with being victims is to engage in some destructive, problematic behaviors. It could include things like cutting. It could include things like engaging in substance use or even going back to the person who victimized me, or engaging in some kind of those problematic behaviors.

What's your idea of equal respect to those new hard boundaries to the survivor and helping to let go of those unhealthy, destructive coping mechanisms? Yes, and specifically, how would you start the conversation? It's a great question, no need to apologize for it. I love the question. So again, following that three-step process, step one is to build awareness of it, right? That's that first step.

The way we start the conversation is just to say, hey, I'm going to take a risk here. I'm noticing something, and I just want to know what you think about it. I'm noticing that on the one hand, you really want to move beyond what's happening right now to you. On the other hand, you're engaging in these behaviors that are keeping you stuck. What do you think is going on? What do you think about that?

That's it. That is the start of the conversation. I'm not saying, and therefore you should change your behavior. Or I'm not saying, and this is bad, and you should stop, or any of that, right? I'm not creating the judgment. I'm just saying, hey, I'm going to take a risk here and just point out something I'm noticing. Tell me what you think. That's the start of the conversation. So step one is awareness.

Step two is letting the person sit in it, stew in it, think about it, examine it, explore it, sit with it, all of that. And then step three is making a decision about what we want to do. Now, going from step two to step three is a huge conversation, right? Sometimes it's multiple conversations, so lots of patience with that. But those are essentially the steps that we're engaging in. Good.

So I hope that answers your question. If it doesn't, put it back in the chat and the question-and-answer box. Great. Awesome. I'm glad that that helped. There's a question-- suggestions on how to get this type of training to others who could benefit from it, like judges, court clerks, probation department admin? Greg, do you want to take that?

We get lots of those requests. I mean, we clearly target different audiences with different funding streams that we have sharing this webinar. I mean, it'll be on our on-demand library forever. Have it as a conversation piece. Do a joint meeting with your probation department and say, could everyone watch this webinar? And let's talk about how we're doing with the victim-centered approach.

If you're connected with anybody who has OVW funds-- and almost every community is through block grants or STOP grants or any of those things-- we may be able to provide technical assistance and actually tailor this, or something similar to it, to a mixed audience to talk about, how are we doing with this victim-centered approach thing?

So yeah, reach out to us. My email is available. You can go to ncjtc.org and ask for technical assistance or ask for resources that we have. I mean, we've got dozens of webinars related to what the science is around helping people change behavior and looking at systems and helping systems be successful in change.

So that's going to conclude our webinar for today. We want to thank Dr. Nandi for her time and expertise. And thank you all for attending the session, such an important topic around victim centeredness and how we do a better job of integrating a victim-centered approach into the work that we do. So we hope you can join us again in future webinars, and have a wonderful day. Thank you.