

Webinar Transcript - Developing Tribal Resources for Supervision and Intervening with Native American Domestic Violence Offenders

Welcome to the National Criminal Justice Training Center webinar, "Developing Tribal Resources for Supervising and Intervening with Native American Domestic Violence Offenders." My name is Greg Brown, with the National Criminal Justice Training Center, and I will be moderating today's webinar.

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I'm pleased to introduce today's presenters, Chris Lobanov-Rostovsky and Paul Fuentes. Chris has worked as a program manager for the Colorado Department of Public Safety, Division of Criminal Justice, Sex Offender Management Board since 2006. He is responsible for overseeing the development of standards for the treatment and management of sexual offenders, approving treatment providers, and providing legislative and policy input. Chris has numerous publications related to federal and state sex offender management and public policy.

Paul Fuentes is a program coordinator with the National Criminal Justice Training Center. Paul is a project coordinator at the NCJTC, playing a pivotal role in providing comprehensive support to grantees of NCJTC's BJA-funded programs. Before his current role, Paul made significant strides with the Cheyenne and Arapaho tribes, where he led efforts to secure vital grant funding, raising millions for tribal projects and economic development, and ensured the effective operation of the Tribal Justice System.

Their full biographies will be shared in the chat box. And Chris and Paul, thanks for joining us today. The time is now yours.

Thank you, Greg. We appreciate it very much. It's a privilege and a pleasure to be here today to be able to talk to you virtually. I know these are always challenging, to do trainings in this way. But it is a way that we can get this information out to all of you, hopefully in an effective manner.

So I'm Chris, and there's Paul. You see him on the screen. We will be your presenters for today. So we will go ahead and move forward with things here. So we're very excited to be able to do this presentation today. Domestic violence presents a significant challenge to the safety, health, and welfare of tribal communities. The ripple effects of violence can be felt across communities, across families, across generations.

And so we hope today to talk to you a little bit about domestic violence, to learn a little bit more about this as a problem that needs to be addressed, how best to approach that problem within your community, and to provide some resources for you to be able to effectively manage and address this problem within your community.

The training is specifically geared for tribal entities, but we will be talking generally about issues of domestic violence. And I did see in the registration that some of you may not be within tribal communities. And so the information should be relevant for you as well.

So as always when we do trainings, we have learning objectives here. And so our hopes for you in the training today are to be able to accomplish these things, to learn more about domestic violence offenders and the offenses, to develop and identify some best practice strategies, and to understand how to assess risk and danger within this population, and how you could apply that to probation or other tribal entities.

We know that oftentimes within tribal communities there are multiple agencies who are dealing with domestic violence issues and offenders. And we know that we also have some victim advocates on the call here as well today. So we'll cover it from all of those perspectives.

So this is the Power and Control Wheel. This is a conceptual framework for thinking about domestic violence. It was developed by early pioneers in the treatment of domestic violence. And there's a model that's called the Duluth Model. I assume it originated out of Duluth, Minnesota. And so it was a kind of psychoeducational approach, 36-week model to address domestic violence offenders.

Since that time we've really evolved beyond that type of intervention. And the research on the Duluth model showed that it wasn't highly effective. However, it was the first attempt to try to do specialized treatment with domestic violence offenders rather than either doing no treatment at all or doing general mental health treatment, behavioral health treatment, et cetera.

But I think that this Power and Control Wheel is still a really good way of thinking conceptually about this. And we know that these types of models also have Indigenous roots and are very relevant to our tribal partners, in terms of how you conceptualize both social problems, criminal justice problems, as well as the needed interventions.

And so what you would see here on the outside is the different types of violence, physical and sexual violence. And one of the things, kind of one take-home, that I would put right out right in the beginning is, as you're dealing with domestic violence offenders, don't forget about the sexual offending component of that that often goes with it. Many offenders crossover between domestic violence and sexual offending. And so keep that in mind.

And then you see within the wheel the different types of domestic violence that are going on, coercive control tactics that offenders use. Often when we think about domestic violence, we're only thinking about the physical manifestation of that, in terms of physical violence. But there are other types of domestic violence that are going on within these offenders, where they are using other types of controls, whether that is emotional or psychological controls, isolating the victim, using the children as weapons, economic-- managing finances and cutting off the victim from finances. All of these are components of domestic violence.

And so as you're working with your clients or looking at cases of domestic violence, you really want to explore all aspects of domestic violence, not just the manifestation of physical violence. And what we'll often see is either maybe a progression from the less physically violent types of domestic violence into more physically violent manifestations. Or we might see some cycling, where offenders are using all of these different tactics at different points and times.

You'll also see in there that there is some discussion within this about some of the characteristics of the offenders as well. And one of the key ones really is the issue of how they think about their offense, using what we would call cognitive justifications or distortions to address or to support their domestic violence behavior, so seeing, minimizing, denying, victim blaming, all of those types of things. And these are things that really need to be targeted for intervention as well, looking at the thought process.

And then also the discussion in the Power and Control Wheel about male privilege, patriarchy, how male domination in society has led to some of this. Although we also know that there are females, as well as LGBTQ individuals, who are engaging in domestic violence as well. But looking at that from that patriarchal construct can be a helpful way of thinking about it.

So back on that model, Chris, a lot of times, like in a tribal court, a lot of times, like in the lobby there'll be pamphlets, whether it be domestic violence, or even probation office have different types of pamphlets. But a lot of times, this is the first piece of education that some of the victims, or even community, that they're receiving.

And I feel like just that it's visual-- I mean, just even observing them just reading through it and being able to connect the dots and say-- just find themselves like, whoa, I just thought it was this one thing, but it really encompasses all these other aspects. So that's what I was going to add, Chris.

Thank you, Paul. And yes, I think you can find versions of this out there in the public domain and put it into pamphlets. You can make posters of it, things like that, to start sensitizing community members, people maybe who are being victimized who have not come forward, or even people who are using these behaviors-- offenders-- to get them to think about what they're doing.

So in terms of statistics for domestic violence, it's difficult to identify the exact numbers of domestic violence offenses that go on in the country because they often aren't typically a domestic violence offense, per se. Usually, people who commit domestic violence, they may be charged with assault, harassment, disorderly conduct, disturbing the peace. We see all different kinds of charges coming through.

Now sometimes there are domestic violence enhancers or domestic violence flags that can be checked in the charging process. But it's not as easy as just going and counting all the numbers of crimes in a certain crime type. Whereas, like say in sexual offending, the sex crimes, it's a little easier to sort that out because there are specific sex crimes, although you have to count all different kinds-- rape, child molestation, all the different types of it.

But here gives you an idea of the scope and the breadth of domestic violence within our communities, that it impacts a lot of people, 1 in 3 women and 1 in 4 men experiencing some form. And that may be a surprise to you, to hear about that men are the victims of domestic violence as well, but they are. And so not to minimize if somebody comes forward and says, you know, I experienced domestic violence at the hands of my wife, or my partner, or whoever that was.

A significant issue is the issue of homicide, including domestic violence. I can't tell you how many cases I've seen recently in the news where you have the murder-suicide cases where somebody decides to kill their spouse, then kills themselves. I've even seen cases recently where they kill their children as part of that as well.

And so 20% of homicides in the United States involve domestic violence. So this is not a small problem. It is not something that-- I think for a long time that domestic violence may have been minimized in some of our communities, seen more as a relationship problem, as an anger management problem. Cops come out and they say, just take a walk around the block, cool down, and then you can go about your relationship and life.

What we know, though, is that domestic violence and the issue, as far as escalation to homicide, is a significant issue with more than half of female homicide victims being a result of domestic violence. That is a significant public safety and public health issue that we need to pay attention to.

And then also that children are exposed to domestic violence, whether they witness it or they're aware of that it's going on in the other room. Children also being subject to abuse themselves, intervening. There's a lot of family dynamics involved in how children are involved in all of this as well. And we know that the outcomes for children who grow up in domestically violent homes are not good, that oftentimes they end up engaging in violence themselves as they become adults, or have other health and mental health types of outcomes as well.

And so we need to keep in mind that domestic violence is a significant issue. And I assume I'm preaching to the choir a little bit on this. But it's important that, if your tribe, or if leadership or an agency says this is not that big of a problem, I mean, it is a significant problem. And we also know that domestic violence, like other interpersonal crimes of violence, are significantly underreported as well. And so there's probably a lot more going on than what is coming to the attention of the authorities.

And we also see patterns where victims, unfortunately, will be pressured by offenders into recanting or withdrawing from a case, or trying to anyway. And I think we need to understand why that is part of the domestic violence that goes on, and to be understanding and supportive rather than frustrated with victims in that situation.

Here are some statistics with Native American domestic violence. As in most types of crimes, unfortunately it seems as if these types of crimes also impact Native Americans even to a greater degree than it does in non-Native communities, where the vast majority of Native Americans experience some kind of violence in their life, including domestic violence.

And one of the challenges for Native American communities is the lack of resources. So if there's not a victim advocate within your tribal community, if there's not a shelter, a safe shelter where somebody can go, if there are no legal services, no health services so that someone can receive a good physical exam that can then record evidence of the domestic violence, these are real challenges, in terms of victims of domestic violence being able to come forward.

We also know that there's a significant and historical mistrust within tribal communities for the criminal justice system, certainly state and local and federal systems. There can be a great deal of mistrust related to that, and so recognizing that.

And so if you are in a jurisdiction where there's a tribal community, building some of those bridges and reaching out and letting people know that there is support for victims in this scenario, and that there may be resources in a surrounding county or state that possibly can be tapped into, knowing that many Native Americans within their own home communities do not have access to those types of resources.

Strangulation is a significant issue for domestic violence. And many people refer to it as choking. It is not choking. Choking is an involuntary response where something is obstructing your airway and making it so that you can't breathe. Strangulation is a behavior perpetrated by a domestic violence offender, by obstructing the ability of the person to be able to breathe.

And so first of all, it's just to keep in mind that we need to think about this in terms of the correct context, and not buy into any kind of minimizing language around choking. Choking sounds almost spontaneous or not causal, in some ways, whereas strangulation is.

But the other thing we know about strangulation is that it is a significant risk factor. That if the offender is engaging in strangulation-- and you'll see maybe up to 1 in 10 cases where that is happening-- that this is a significant risk factor for the future potential for homicide to occur. So if you have a strangulation case, that's a case that should already be rising up on your triaging of these cases, taking those things seriously, safety planning around that. And so you need to ensure the safety of the victim where strangulation has occurred.

The other thing is that a victim may be reporting strangulation, but there may not be obvious or visible signs of strangulation. But there are ways of doing medical exams where you can see that there has been some bruising or damage underneath the skin. And so it is possible to do some further medical exam to support the victim's report of strangulation. So just keep in mind, as you're dealing with domestic violence cases, we want you to take them all seriously. But those that have strangulation as a component of them are sort of at the highest danger and risk.

So here are some of the dynamics and characteristics that you see within domestic violence offenders. This is not dissimilar to what you see in other types of offenders. I know that Paul and I have done presentations talking about both sex offenders and domestic violence offenders, and a lot of these characteristics seem to carry over into both populations. And we see a lot of this across the criminal justice population as a whole.

But looking at this and looking at the characteristics that you're seeing here, again, I mentioned earlier about the idea that the thought processes, it's not a mental health thought process. It's more of a criminal-thinking thought process, that I'm good to do this. I'm blaming someone else for why I'm doing this. And then if somebody questions me about it, I deny. I seek to look good. That whole kind of pattern of thought and behavior, we see that in a very pronounced way, related to domestic violence offenders.

And so this is a great target for intervention too. Certainly behavioral health treatment and focusing on Cognitive Behavioral Therapy-- CBT-- can be a great resource in this situation. There are also a number of types of classes that many times probation officers will offer, Thinking For a Change, Moral Reconciliation Therapy-- MRT-- can be some great ways to address some of those thinking processes.

As well, when you're meeting with the domestic violence offenders is to challenge some of this. And not just-- we know that a lot of-- I mean, everybody who comes into our office is innocent, right? Isn't that kind of what we hear, they didn't do it? And so I think-- but hey, the report says right here that you did X, Y, or Z. And not allowing that shifting of accountability or loss of accountability as well.

And then what you see in here are some of the styles involved in domestic violence as well, too. So you have the grooming, the manipulation, the superficial charm, the entitlement, all of those kinds of behaviors where somebody is not letting on that they have these coercive control types of tactics that they're going to be using. And instead are pretending to be in one way, and then as soon as the relationship is formed, then they start to exert some of their coercive control.

And we also see that-- and I see your hand, Paul. Just one second. We also see that, after a domestic violence offense has occurred, where sometimes then the DV offender will go into what we call the flower and candies phase, where they will try to make up. Oh, it was just a one-time thing. I'm not like that. And here, I'm going to be better. And here, let me treat you like the queen, again, that you should be treated, only then to revert back to that type of behavior again.

Paul, you had something you wanted to add, related to this.

Yes, Chris, thank you. What I was going to add is, like on a probation caseload or even those working with parole, a lot of times when we're receiving a client, because of tribal laws they may show up as disorderly conduct or terroristic threats and never mention anything domestic violence just because tribal laws oftentimes aren't covering those things.

And so no, I just felt like what you were saying, as far as maybe some of the differences between a mental health issue and domestic violence and how it's criminogenic in nature, I thought how important it is for us boots-on-the-ground to really cipher those notes and make that determination if there are other things involved other than the disorderly conduct when law enforcement showed up, or is it of this nature. So that was my thought Chris.

Absolutely. Thank you, Paul. And then also, I talked about it earlier, that the impact of witnessing or being subject to violence as a child, many domestic violence offenders have that in their history. Not that that's a justification or an excuse for domestic violence, but it is an etiology or an understanding. And so that can be addressed as well, like things like trauma-informed care can be very helpful in addressing some of those types of things.

And then, as Paul mentioned, you may be seeing some co-occurring types of issues as well, other mental health issues. Again, mental health issues do not cause domestic violence, but offenders may present with other types of mental health issues. Insecurity, inadequacy, lack of self esteem, anxiety, depression, and those things can be addressed through maybe concurrent treatment, not in place of the domestic violence treatment but as an adjunct.

And maybe medication could be a part of that or look at those other needs that you might have. So things just to think about, in terms of the characteristics of the offender, as we continue to go forward here with our talk.

And there are two different kind of profiles, if you will, of domestic violence offenders, what we call generalists and specialists. What we've observed is that domestic violence offenders seem to be pretty highly criminogenic in some ways. They seem to have fairly extensive criminal histories, a great deal of both violent and nonviolent criminal background.

And that may have manifested itself with other relationship issues. Or it could be in other types of assaultive behavior or things like that. But that these guys often will have pretty high-risk profiles, based on their criminal history and criminogenic needs. We know that those who are more highly criminal in the criminal justice system tend to be the higher-risk individuals.

But there are some that maybe are a bit more specializing in domestic violence and aren't showing that more general type of criminogenic profile. And we can maybe address them in a different way. But again, looking at whether there is this criminal history or not-- [CLEARS THROAT] excuse me-- can be a very helpful thing.

And then also what we see-- and we'll talk about recidivism in a minute here too-- is this kind of revolving door, unfortunately, where the guys are being prosecuted, being put on probation, maybe complete their probation, maybe serve jail because they don't complete their probation. And then in two years they're back before the criminal justice system again with another domestic violence case involving another victim. Maybe they've moved on to a new relationship or something like that. So we tend to see that level of recidivism, unfortunately, from this population, both for further criminal behavior as well as for further domestic violence behavior.

And so here is what I was just talking about. In a study showing over a little over a two-year period, 15% were getting convicted on a new crime of violence. So it's a pretty high percentage of our population that is likely to reengage in this thing. And if we're treating them, and we're supervising them for a year or six months, then this is sort of just outside that window in some ways.

And so knowing that that's a possibility as well and then seeing further criminal behavior as well from these guys, where they are showing additional criminal behavior but not showing the new DV charge as well.

And so I think all of this really speaks to the need for specialized intervention for domestic violence offenders, which Paul is going to talk about here and begin to talk about in just a minute, that we need to supervise this caseload on probation, really from a domestic violence-specific lens. And we certainly need to provide specialized interventions and treatment as well.

Unfortunately, I think we know this with most criminal behavior, and we certainly know it with domestic violence behavior, that we can't arrest, prosecute, and incarcerate people out of their behavior. It really takes the combination of both a criminal justice intervention and a rehabilitative intervention as well.

And so making sure that we have those things in place, and I know those can be challenges for tribal communities. And we'll talk about some recommendations for how you might access some of those services as you go forward. But Paul, I'll go ahead and turn it over to you for this next couple slides.

Thank you, Chris. So the three principles here that we're looking at is risk, need, and responsivity. Sometimes, like when we're working our probation or parole cases, I know especially for new staff, sometimes there's very little training involved. And we're just given a caseload and told to start working on these people.

So to the extent to which we know that we're using some of these principles, I think that that varies across tribes. But here, this model, I think there was a lot of research. And if you want to look more into it, I know Canada Public Safety, they have a number of publications. And you can always do a search just to learn more about this and other things.

But the things that they're targeting are-- let me back up. I think the research showed a lot-- and I think Chris is going to share-- the importance of doing some form of risk assessment to know how risky is this person of reentering back, of recidivating, of causing harm again to someone in the community.

And so with that research about let's do risk assessment, it's like, OK, now we have that information, where do we go from here? And so I feel like this model really builds upon that. So the first one is the risk principle. So again, how risky is this person?

Now, having a probation caseload in the tribe that I worked with, a number of those folks that I was working with had some form of domestic violence, that they were perpetrators in their criminal history. And so it's important for me, as a probation officer, to say how risky is this person? How likely is it that they're going to commit another offense?

After determining that-- and I know Chris will go into how to determine some of those things. But the next thing is the needs. What is their needs? What part of-- we often talk about their criminogenic needs. Do they have those antisocial kind of thoughts? Or are they also addicted to drugs? Do they have a job?

All those types of things that we can determine like, hey, these are their needs. They don't have a job. They're with people who are in drug culture. And they often use drugs or alcohol. Well, we know that this person then probably has a need, a great need, right?

And then I think the next part of that is the responsivity principle, which is, OK, how can we customize this person's treatment so that they can receive the help that they need, lift up the protective factors so that they are less likely to recidivate and cause harm to someone else in their community.

So this principle really, really lays out those three things-- to check out the risk the person has, through an assessment or even through viewing their criminogenic needs; their needs; and then the response. How can we help this individual so that they are no longer a risk to recidivate or to do harm to someone else in the community? We can go to the next slide, Chris.

And I feel like this really illustrates that further, these kind of visuals. But in my community, there was one person in particular, on our caseload, who had every-- just even through conversations, through our initial intake form, being able to identify how many needs this individual really has, and the risk that that person poses to the community.

He was one who I would say was very narcissistic in personality. He would often come with a Pendleton blanket on him, and would come dressed in a suit and a tie. He looked, oftentimes, better than attorneys. And this person, someone on the outside may think, well, he's trying to get his life together. But having worked with this individual, I knew, no, this person really does pose a big risk to the community.

And then determining that person's need, again. Like, he needed employment, whether he's drinking or violating his protective orders-- all these things, I feel like, show the need that this person has. And then how we customize our treatment plan for that individual, so trying to help this person to get a job, involving this person in some culture activities, all those types of things to really respond to this individual's need.

One other point I'll make about this, and then I'll pass it on to Chris, is that when we do have a caseload that is a big caseload, so you may have 40 on your caseload, or 50, or maybe you guys are shorthanded and you just keep increasing those people that are on your caseload, a good assessment or a good way to look at it is, which one of these offenders pose the greatest risk to our community?

And I feel like that helps us to prioritize those individuals and say, OK, these guys pose a big risk. They need a lot more services than someone who may have gotten in trouble once for court and are going through the court process, but it's a deferred agreement and there's really not a lot to it. I wouldn't put all my focus on that individual, as much as I would with a person who's showing all these great risks, at least as it relates to where your time and energy should go, according to this principle, the RNR model. So Chris, I pass it on to you.

Thank you, Paul. And so, hopefully, we've now framed out of why we think domestic violence offenders are warranting a significant focus of attention within a tribal community. Paul now has framed out how to begin to think about domestic violence offenders, in terms of identifying those who are the most risky and how to provide the interventions. There are a number of good assessments out there.

Paul said that Chris was going to talk about risk assessments, and I am. And so here are some of the assessments that you will see that do a good job of being able to identify what the risk is for somebody to commit a further domestic violence offense.

And so you'll see several of them, like the Domestic Violence Risk and Needs Assessment. I'm going to talk about that more in just a minute. The ODARA and the DVSI are actuarial in nature. And what actuarial means is that they have research behind them, and there's a scoring mechanism that is generated out of the assessment so that it's not your judgment. You're entering the items of risk, and then it's spitting out a level of risk.

And if you want an analogy for that, think about when you get car insurance. Or even worse, if you have a teenage son. And your teenage son-- Paul's lucky. He has daughters, so his daughters are going to be cheaper to insure. I had five sons. And so I think I gave my entire paycheck to the car insurance company, with all my teenage boys out there driving around.

So there are risk factors for insurability that then an actuarial tool makes a judgment. And so there is a calculus that goes into why your teenage son has a higher premium for their car insurance. And so that's an actuarial model.

We also have what's called SPJ, or Structured Professional Judgment, the SARA-- you may have heard of the SARA-- or the Danger Assessment. They're both very commonly used tools in the domestic violence field. And what they do is identify research-supported risk factors. And you go through and you identify which ones there are. But then there's a professional judgment component. So it doesn't have cut scores and a predicted level of risk. Instead, you're making a judgment.

But it's still a pretty accurate process because you're using those evidence-based factors to make the judgment about risk. What we know, unfortunately, is that our own clinical judgment is the least accurate. So if we think this guy is risky just because they rub us the wrong way, or they're obnoxious or annoying or whatever, they may or may not be because clinical judgment is not an accurate way.

Unfortunately, our own clinical judgment, they often say, is no better than chance. So you can kind of flip a coin if you're going to use your clinical judgment. Whereas Structured Professional Judgment and then Actuarial Risk Assessment are the more common ways of doing this.

Really recommend that you use at least one of these instruments, but you can use more than one. And a number of these instruments may be out in the public domain. So you may be able to find them and use them, although I would not recommend using them without the proper training. And so look at where the instrument is coming from and whether there are trainings available to be able to do that.

And so risk assessment, there's a lot at stake. We've already talked about the risk for homicide, strangulation, the risk to children, the risk to communities. There's a lot at stake in working with domestic violence offenders. And so let's make sure that we're using the best instruments that we possibly can, like the SARA, like the Danger Assessment.

The Danger Assessment is more of a tool that is used by victim advocates and victims to make a judgment about the risk. Or the DVRNA, which is from here in Colorado-- I'm from Denver, Colorado-- is another tool that can be used. But making sure that you're using the state-of-the-art tools, if you could and would, to be able to make that judgment about risk.

So I'm going to talk just for a quick few minutes about the DVRNA that was developed here in Colorado. Colorado has a Domestic Violence Offender Management Board that creates policies for the state of Colorado, including how to treat, how to supervise, et cetera. Those are on the Colorado Domestic Violence Offender Management Board, or DVOMB, website.

And Greg, if you wouldn't mind maybe putting the link for the DVOMB website into the chat so that people can go look at it. All of the information from Colorado and the DVOMB is in the public domain, and you can get it.

But again, I wouldn't recommend using the DVRNA without getting some kind of training around it. The DVRNA is a validated tool. The DVOMB just validated this tool. And if you go to the 2024 DVOMB Annual Legislative Report, you can see the results of the validation study, if you're super into numbers and geeking out on validation studies and things like that. It's a little over my head. But anyway, you can go check some of that stuff out.

And so the purpose of these tools, the purpose of the DVRNA is to classify offenders into risk categories. So it doesn't say that offender X is likely to reoffend or not. What it says is that offender X is in the high-risk category and that more offenders within that high-risk group are likely to offend or not. But it's not a foolproof process. There is some false positives and false negatives within risk assessment. But again, it is the state-of-the-art, in terms of being able to group offenders within these risk categories.

And the nice thing about the DVRNA and some of these tools is that they also have dynamic risk measures, the criminogenic needs that Paul was referring to. And so you can judge progress in treatment or supervision by rescoreing people over time on some of these tools.

So you can do an initial classification. You can then supervise. So if somebody comes in at the level C, which is the highest level on the DVRNA, maybe you see them for tribal probation once a week. And if somebody comes in at level A, maybe you see them once a month. And so you can use that to set your contact standards.

And the treatment providers also can use that to determine the intensity of their treatment. And then if somebody is progressing in supervision and treatment, you can scale back the level of contact, based on a change in their DVRNA score as well.

So here are some of the items that you would see on the DVRNA. These are the 14 risk domains. And there are specific risk items under each one. But if you look at this, I think this should probably not be a surprise to you to see some of these items in here. Things like having a prior DV offense-- we know that the best predictor of future behavior is past behavior. And so if someone's got three DV convictions at this point, certainly a higher-risk individual.

Paul mentioned about substance abuse. Some of the issues are mental health concerns. I discussed suicide and homicidal concerns. And so weapons are always a concern. If the DV offender has access to weapons, many times court orders will limit their ability to have access for weapons. But I believe the courts are even taking up a case right now to consider whether it's a violation of somebody's right to bear arms if they take it away based on a crime of violence.

And so being aware, though, if somebody has access to weapons. And maybe they just give it to a friend to hold, and then they get pissed off and they can go get the weapon back. So you want to know where those weapons are.

So these are various risk scoring items that you will see in the DVRNA. You'll notice that some of them are what are classified as critical items, like homicidal concerns. And so if somebody has that, that is almost an automatic override into that highest risk category. So as you look at the scoring, you look at the critical items and the significant items, you can tabulate the scores. But also, you want to look at some of what those critical items are.

And again, this isn't a training today on how to score the DVRNA. There is training available on doing the scoring of the DVRNA. It has been validated in Colorado. It's shown predictive validity, in terms of predicting the likelihood for recidivism. And it's a tool that you could potentially use in your jurisdiction.

But as Paul said, maybe just knowing who you're dealing with, knowing if the person that you're working with has some of these things, developing yourself a checklist of things that you want to check and think about. You know, OK, they've got weapons access. They've got past homicidal ideation. They've had three prior DVs. And kind of make your own little list. I mean, it's not the most accurate. It's using the structured actuarial tool, but a structured professional judgment process is still a good process.

This is the Danger Assessment from Jacquelyn Campbell. Anything that you can get your hands on by Jacquelyn Campbell, I'd highly recommend. Jacquelyn Campbell has done a lot of work with victims. And what she has found is that, really, victims are pretty accurate reporters, in terms of the risk. So if you have a victim who is telling you, he's going to kill me, I think you need to take that really super seriously. Because a lot of times victims will downplay, in some ways, rather than overstate the risk.

And so believing the victims, hearing what the victim's perceptions, working with the victim advocate-- we're going to talk about best practices in a few minutes. And we're going to talk about working with a victim advocate and the importance of that.

And then looking at some of these items related to risk for the offender. And these are things that the victim would have awareness about too. So access to firearms, I was just talking about, et cetera. And increasing the severity and frequency of abuse over time, if there's an escalating pattern going on, a real lethality concerns.

And so the Danger Assessment is something that maybe you could talk with your victim advocate about. Or if some of you out there are doing victim advocacy, you might take a look at the lethality assessment, or the Danger Assessment, as a way of considering some of this. And again, there is good training out there that is available to help you with that.

So these are some of the criminogenic needs for domestic violence offenders. These are great targets, as Paul was describing, when he was saying if you're working as a probation officer or a tribal probation officer, what things do you want to target. These criminogenic needs are the great targets for intervention, both from a supervision and a treatment perspective.

These are things that can change over time, although some of them may be a little slower to change. But there are things like substance abuse or education and employment, like Paul was mentioning. Those are things where you can kind of coach and support to help address some of these criminogenic needs. And so these are the things that actually will reduce someone's risk for further domestic violence. And so criminogenic needs are important because those are the things that you can target to decrease the risk.

There are noncriminogenic needs that you'll see in the next slide. These are things that are still worthy of targeting for intervention, but you don't want to ignore the criminogenic needs to the exclusion of focusing only on the noncriminogenic needs. Greg and the Tribal Probation Academy, they do a really good job of talking about not spending all of your time focused on noncriminogenic needs when you're meeting as a tribal probation officer with the supervisees.

And so just looking at these things and seeing how you can begin to work. If they're hanging out, as Paul said, with the substance abuse drug culture or whatever, you know, hey, maybe it's best if you don't hang around those people. Let's figure out a way to get you connected with people who are being more positive, getting involved in cultural activities or things like that, where you're not associating with other criminally inclined people.

These are really the big eight. And the top four are the central four for the most significant risk factors across all criminal justice populations. And they certainly come out for the domestic violence offenders as well.

And then the final thing I want to say on this slide is also about family or marital stressors. That's saying that someone has that. That's not saying it's a cause. Domestic violence is not caused by marital difficulties, or whatever. It's just saying that how that person chooses to cope or compensate or respond to that leads to domestic violence. But it is something that is a risk factor. So if there is problems within a relationship for a domestic violence offender, knowing that that person then is more likely to engage in that behavior.

And these are some of the noncriminogenic needs that are targeted, typically in treatment. Mental health issues, we've talked about that already a little bit. Maybe a referral for general behavioral health types of treatment, maybe a psychiatric exam, or any kind of psychological medications could be good. These are things that can be addressed both in specific treatment as well as maybe adjunctive or concurrent treatment as well.

And so recognizing that your client's risk can be better managed if their other mental health issues are more under control as well. And so attending to that as a supervision officer, as a treatment provider, as somebody working in-- [CLEARS THROAT] excuse me-- the tribal community with a domestic violence offender, and then looking at some of those basic needs kinds of things-- physical health, housing, employment. All of those things are protective factors that can lower someone's risk as well.

Batterer intervention programs-- so there is a lot of these programs that now have proliferated around the country. You see the numbers there on the screen of these types of programs. I think we've come a long way from the Duluth Model. We're not doing psycho ed anymore. Now we're doing actual therapy and intervention. It's a Risk-Need-Responsivity-based treatment, and it's a domestic violence focused specific type of treatment.

And so recognizing that this type of treatment and a very specialized type of treatment can be very effective in reducing recidivism chances but there still is a likelihood that can continue to happen. And I referenced before that I know sometimes in tribal communities, you may not have access to treatment like this. So maybe talking to your behavioral health program about whether there's someone that would be interested in becoming trained in doing something like this.

Or are there others within the tribal community that might have some expertise but they're just not using it right now? So looking at those types of things. Or perhaps getting in touch, if you're a tribal probation officer and there's an adjoining county, get in touch with the county nearby. Find out who they're using for their batterer intervention programs or domestic violence treatment. And maybe you can use that as a resource for some of your tribal offenders as well.

I know that Paul and I were down at a tribe down in Arizona. And they had a nearby town. And they actually had a situation where they were providing transportation from the tribal community one day a week, where all of the offenders would go to the batterer program that was happening in the adjoining town. So be creative and think about how you can get some of these services in place.

So I just told you a little bit about what's effective in treatment. There is also ineffective treatment that you need to keep in mind. I referred earlier to the fact that domestic violence is not an anger issue. And so just referring someone for anger management is not attending to the underlying dynamics of power and control, coercive control tactics. And you need to be doing that. Anger management or developing skills could be a part of a DV intervention, but it is not the sole target of a DV intervention.

We also know that sometimes people will say that, again, this is a relationship problem. It's not a domestic-- it's not a criminal problem, it's a relationship problem. So we're going to put the couples into couples counseling or families counseling, like we can solve the problem there. No, that's kind of saying that the problem is the couple or the problem is the family.

The problem is the DV offender, and the DV offender is the one that needs the intervention. So I'm not saying that you couldn't do couples or family counseling at some point, maybe after DV treatment takes place. But don't think that doing couples or family counseling can be done in lieu of doing good DV treatment.

And then general mental health also it can have a benefit as part of an adjunct to treatment, but you need the DV-specific component of it as well. General mental health, in and by itself, is not going to address this. And then just to say something about restorative justice too. We're seeing an increase in restorative practices, I think.

Certainly looking at things like Circle Peacemaking as a reentry strategy or having meetings where tribal members are holding a DV offender accountable and putting expectations on them, those things can be really helpful. But be careful, in terms of, say, doing a restorative practice where, without any DV treatment, a DV offender is going to be brought into a counseling session, say, with a victim, without any kind of preparation or the DV offender understanding the dynamics.

That can really end up in a situation where the victim is re-offended or retraumatized in that situation. So just be careful about RJ. I think RJ has good utility in some areas. It can be a good support service around some of the other things that we're talking about.

And certainly, things that don't involve an offender-and-victim therapy interaction can be very helpful throughout a case. But just worry a little bit about, again, setting up a situation where the victim is being pressured to go through a process in lieu of prosecution or where that ends up in a situation that's revictimizing and retraumatizing.

So sort of effective strategies, and then I'm going to turn it back over to Paul after this, to take us home. But effective strategies for Paul and others to think about a victim-centered approach. We often talk about working with offenders from a victim-centered approach. That means we're thinking about the safety, the interests, the needs of victims, and we're not just working with our offender clients.

We're safety planning around-- especially in tribal communities and with tribal cultural events and things like that, everybody knows everybody. Everybody's there. How can we safety plan around some of that so that the victim doesn't get in a situation where they're coming into contact with the offender, if they don't want to?

So including the victim's needs in probation planning, safety planning, treatment planning, having a relationship between the tribal probation officer and the tribal victim advocate can be a really helpful best practice. Strongly encourage you to think about that.

Talked a little bit about taking accountability for the offender, taking accountability for their behavior, not being allowed to just kind of sit in the back of the class and roll their eyes and go to sleep and think that that's going to somehow change their behavior. There needs to be an expectation that they do take accountability, which is where Circle Peacemaking or things like that really have an expectation for accountability and a commitment to the community for wanting to live a violence-free life.

So recognizing that it's in the victim's interest, it's in the community's interest, and it's in the offender's interest to emphasize that accountability, and making sure that you are planning for the safety of victims. But you have to be careful not to overreact or underreact to that. Look at the risk that the offender is posing. Look at the event or the interaction that there might be. And then how can you properly plan for that so that either you don't provide a false sense of security or you don't overreact to possible risk?

And then I think also, one of the things we don't have really time to talk about today, but to think about how can you do some more general types of community education around this issue, prevention types of programs, working with a victim advocate. I know many probation officers will go to community events, provide information, like Paul was saying, maybe pamphlets and things like that, but also doing some kind of discussions with community members around some of this stuff.

So I think that there's also an opportunity and maybe a responsibility that we all have to try to help support communities in wrestling and dealing with this as well. So Paul, I'll stop there, and I'll give it to you to talk about multidisciplinary teams.

Thank you, Chris. So I think the main message here is that whatever you're doing in your tribal communities, do not do it alone. That's the takeaway. Don't do it alone. When we're working with this population or just really anyone in our caseload, they become so difficult. And it's a lot of stress on our probation officers. It's a lot of stress on victim services.

And so when we go back into our silos, we're thinking, hey, I'm all alone on this. There's no one I can even talk to these cases. And if you're under probation, and if maybe a judge is your supervisor, maybe you're under prosecution and they are, and they don't have the time for you. And when you talk to them, maybe they don't know what it's all about as it relates to your caseload.

And so, definitely, I feel like creating a group or participating in a group that's already established, where this kind of population really fits in-- so I will tell you, from my experience, we had a multidisciplinary team. And really, I think, for the most part, it was directed by the Victim Service program.

But nonetheless, that was a good time for us to come in. All those things that you want in place in an MDT was there, like our confidentiality agreements and all those things. But a lot of times, those were the best places for us to go and staff some cases. Now, I won't say we always mention names. But we could share the stories, and people could probably connect the dots a lot of times because it was such a small community.

But nonetheless, so many times, whenever I didn't know that someone on my caseload was probably violating his-- the protection order-- for example, one time Victim Services may have noted, hey, this person still creeps by our house, is driving by our house. She thinks this person is in their alley or in their backyard.

And so knowing that, in that multidisciplinary team, that set off red flags for all of us. So in my meetings with my probationer, bringing those uncomfortable subjects probably up. But also for law enforcement who are a part of that multidisciplinary team to say, OK, thank you for letting us know. We're going to have officers cruise by there more often in that area.

So such an important part of what we do in tribal justice is involved or, really, requires a multidisciplinary team to staff these issues. And then, on a probation officer who's already got a large caseload, and you're like, well, no one's going to do this unless it's me, I would say that, although it's an extra responsibility on you, I feel like going forward with that may, I would think, have large dividends in the future, with your work, and help if duplicate services are being given or if one side is missing information, that connection is being made.

So I think that's probably all my comments on this slide, Chris. Unless you wanted to add something, we could go to the next one.

So how do we execute our job as we're talking about working with this population? And so we've talked on it a number of times today. But the first thing, when someone is coming onto your caseload and you're meeting with them for the first time, doing an intake, I feel like it's determining what their risk factors are.

Do they have attitudes that support violence? Do they lack empathy? The substance abuse that we talked about or that poor emotional regulation-- those should set things off, in our mind, as far as to try to be able to categorize this person, in a sense, on where they lie, as far as the risks that they pose to the community.

But the next thing that we're probably looking at is what coping strategies can this person benefit from? And is there a safety plan that we've got to discuss with this person? For example, if they have an order, if there's a VPO on them, part of that is how do we avoid contact with the victim?

And a lot of times, Victim Services will be the first to say, hey, it's my client who's trying to make contact with him. And so how does this person have the safety plan, the coping skills, to avoid the victim, avoid the person that they're court ordered not to have any contact with? So having those discussions with those that are on our probation caseload and developing those safety plans, I feel like are important.

Determining their risk level-- and I feel like we've touched on that a lot. But Chris has shared a number of tools that can be used. We talked about even assessing their criminogenic needs, whether it be through an intake process. I feel like all those things are important, that if we're not doing them in our programs, that these are areas that maybe we identify, hey, we need more training in this area. And we can reach out to Greg and his team for that.

Or there's plenty of publications out there for you to get more information or trainings out there to learn more to be able to determine someone's risk level. And then their intervention level-- so if it's like the 52 weeks of Batterer's Intervention, or whatever the treatment looks like, that that be appropriate to that person's needs, that it be customized. And that you have a list of available resources that you can refer this person to and then do that warm handoff to that service, that treatment option that's going to be helping the person on your probation caseload.

And the last thing there, a little further on the treatment resources and support, there needs to be regular communication between the probation officer and their client. And being able to gauge that, like on some of those criminogenic needs, those aren't set things, so those things can kind of fluctuate.

They've been sober from alcohol for a year now. Well, maybe that's not such a big need. But it takes a probation officer, parole officer, to be in constant contact with the person on probation so that they can continue to tailor or customize their treatment and make the appropriate referral out to whatever resources that individual needs.

So all these steps are important to process as we're working with people on our caseload, be it, again, probation or be it reentry. And even the stuff-- information is really good to on the Victim Services end, on what's happening, how it's working with your counterpart, or with probation and parole reentry. So we can go to the next slide, Chris, unless you wanted to share.

I really like this slide because I feel like it can put a lot of power back into our hands. And so what we see here, the placebo-- we'll start at the top. But the placebo is at 15%. So maybe to what extent does this individual feel like treatment can help? All in all, we see that that plays a role into this person's ability to rehabilitate into the community in a successful way. But all in all, we find that at a level of 15%.

But the next one is the intervention model. So whatever treatment program this person is receiving, whether it be the referral you made to Batterer's Intervention or whatever it is, substance abuse, we are saying that this model is saying that that treatment has, as a whole, maybe a 15% impact.

And then this one here is where I feel like can be really comforting to us. But it's the relationship with the professional. And I just remember early on, in behavioral health or counseling classes, that they emphasize how important it is to build a rapport with the client that we're serving, as it relates to counseling.

But we find that rapport is almost in everything that we do. If we can develop a good relationship with the individual that we're working with, we're willing to stay in that relationship for a long time. And so I feel like that's on us, as probation officers, to be able to bridge that gap and build that relationship with this individual.

Now, does it mean that you're letting your guard down and kicking back and saying, yeah, my kids do this and that, or look, here's a picture of my daughter? I don't think it-- I mean, I know it doesn't mean that. That could put you at risk. But it does mean treating that person with respect. It means listening to that person. And it definitely doesn't mean always chipping at that person or maybe like criticizing that person, right? So giving them dignity, giving respect, that counts for a lot of this. If we're wanting this person to improve that 30%, is a big part of it.

And then the last part, which is the individual client features. So yes, that is like, they were doing bad but all of a sudden they got a job. It's a pretty good-paying job. Their self-esteem is being built up. That's on that person. Or it could be that that person spoke to a spiritual advisor. And that spiritual advisor maybe said just the right set of words that now motivate this individual. Like, you know what? I can do better. Or whatever it is that motivates that individual, that counts for 40%, which is a big part of it.

But when you look at this as a whole, our ability to help people, I feel like a lot of it can be on us. Now, one of the things you learn in counseling is "never work harder than your client" is a phrase that is often said. But really, this does give us power that the placebo is going to be there. That intervention model, they're going to receive it. That relationship with the professional, that's on us to develop that.

And then, through this treatment process, through working their plan, at some point, hopefully that 40% of that individual engagement kicks in, and we can lead to-- for this person being home, for this person coming back to society and actually playing a role, as far as benefit, as far as giving back to society, as opposed to taking or harming.

So that's what I was going to share on that model. And then the incorporating Native American culture-- so oftentimes, I think I've said it before, but whether it be grants or something like that, a lot of times they'll be like, you can write for this grant. And if you can develop an evidence-based model-- that's what the grant entails, to develop an evidence-based model. And a lot of times tribes may see grants like that and feel like, well, how am I going to create an evidence-based model? That may be too complicated, or we don't have enough people who know about data.

But when we think about that, I think a better way of looking at it is like, what evidence-based model already exists, maybe such as the RNR model. And then how can we integrate culture and show that, for tribal populations, that same model tweaked? And adding culture actually helps these individuals even more than if it didn't have a culture component. And so in tribes, our strength is our culture. Our strength are our values. So why not include that into the treatment process, right?

So I've listed a number of things there, such as the healing, that can happen and occur through our sweat lodge ceremonies, for example. I worked in a treatment center and worked with the treatment center later on as a probation officer. But so many of our clients sent to treatment, and for the first time may be participating in some ceremonial aspects or sweat lodges. And then seeing them receive healing and become whole, and then going back to the treatment center later on to help put on those sweat lodges was very powerful.

I think Chris talked a little bit about culture festivals and maybe some of the precautions that we should take. But at the same time, those things can be a great part of someone's recovery and just learning the language, learning art. And I think Chris may have talked a little bit about Restorative Justice. But really, Restorative Justice is a name that we're using. But it describes something that tribes have been using for a long time.

And there's plenty of models that we highlight, but one of them, being in Alaska, where, after having committed an offense, those people on the caseload going back and maybe fishing and providing fish, and then giving those out, whether it be to victims or community members in general. But I always think that all of our programs within a tribal community should really reflect the strengths that our tribe has or that your tribe has. And so I will illustrate that through this last slide.

This was really cool because, in this picture, those are some of the schools that were there, some of the boarding schools that were on the reservation that I was working with. And they are a sore sight. And they're probably past the condemned stage. And I don't know, asbestos, I

Don't know what else could be involved in those buildings. But this street artist, his name is Steven Grounds. And there's a number of articles on it that you can look up when you get a chance. But he just took it upon himself to go and turn something negative into something positive.

And so he went and did a number of his artwork, through spray paint, on those buildings. But I always, when I would pass by it at the tribal complex, would always think, man, what he's doing to buildings, we're trying to do with the people that we serve. And we're trying to take negatives, and we're trying to turn them into positives. And so I really like that.

And I'll just share a little more about the program that we created. So initially, it really focused on our sex offenders on our registry. And when I thought of reentry, especially early on, I was thinking that a lot of money needed to go through a reentry program because one of the first needs that people think of is housing. And so I was like, well, I don't know that we'll ever have a reentry program because we don't have housing available.

But through a number of training sessions and then some coaching and mentoring with NCJTC actually, I think my definition of reentry kind of changed a little bit. And so what we took here, again, was the resources that we had, and thought, OK, how can we connect the dots and create reentry?

And so using that model and using a Healing-to-Wellness-Court model, we began meeting with the people on our registry and assessing their needs, and then partnering with those referral sources, such as housing or employment, education, economic development, who oftentimes would hire our folks and just meeting with them and saying, OK, this person, their needs are these. How can we connect them to your program? And we began to do that.

Well, it kind of took off. We got a number of funding sources for it. And then, now the Healing to Reentry program exists. And it's not just limited to sex offenders, but it takes in all the folks that would be coming out of prison, and being able to give them the resources that they need so that, hopefully, through this very comprehensive model that we've described, begin to make life changes and, again, as this illustration shows on Steve Ground's work here, turn something that's very negative into something that's positive.

So with that, I will close. And I don't know, Chris, do you want to share something, or do I just hand it right off to Greg?

I think you can just give it to Greg. He popped up on the screen.

Take us home, Greg.

Thanks, guys. So we'll now take-- now we have a little bit of time for questions and answers. So I'll look for questions, guys. But let me ask you this. I know you talked a little bit about some of the limited resources that may or may not be available to tribal communities.

Do you all believe that, if you don't have access to domestic violence treatment for your clients, do you all believe that if you had skill-building-- Chris, I think you mentioned Moral Recognition Training, or Quick Skills, or the Carey guys, or something like that-- is it advantageous to engage them in any of those kind of skill-development curriculum?

I'll start. And then, Paul, you can jump in. And I think so. I think that we're seeing where probation has become more of a facilitator of resources, at times. And if probation can get trained in different types of skill-development curriculum, those can be helpful. And you can be doing that maybe in lieu of, if you don't have, say, a domestic violence treatment provider in the area-- obviously, it's better if you had one. But if you don't, I think to do Thinking for a Change or those types of models can be really helpful.

And those things are readily-- there's training readily available on them. And they are often offered by supervision officers as a part of the intervention. And so I think that even if there is treatment, I think those things can be helpful. And so I think for supervision to take a more active role in supporting resource development, skill development, things like that, can fill some of the gaps in tribal communities where those resources aren't available. Paul, thoughts you have?

Well, I think that's a great question. And I won't answer it from Chris's perspective because he gave it there. I'm going to take the perspective of, yes, we've gone to a lot of the tribes, and it's so rural. I would take the perspective of, let's somehow try to do our best to try to, whether it be an outside source or whether it be through virtual, but try our best to get these individuals those services.

Like Chris spoke of earlier about maybe, whether it be transportation program or maybe some way of, if it's giving them a ride, and it's 30 minutes or an hour out-- now, I know that it just cannot happen with everyone. So I don't mean to provide that as a simple answer. Because I know some of our people in Alaska or some of our folks in just rural areas, it's not an hour drive. It's two or three hours.

So I think we've seen plenty of models where they're trying to incorporate as much virtual things as possible. Now, is it as good? I don't know to make that decision. But is it better than nothing? That part, I feel comfortable saying, that it definitely is better than nothing. So that's my approach on that, Greg. Thank you.

One more thing, Greg, I want to say before you jump back in is that sometimes, if you contact a treatment provider and say, look, we've got eight guys. Would you be willing to drive here once a week? We have a conference room in our public safety building. You can use that at no cost. And we will ensure that you have the clients, and we will fund that. Sometimes providers might be willing to do some of that type of remote trip.

And we use that here in our state, where providers will travel to more rural parts of our state and do things in partnership with public safety. So it might be something you'd think about too. So if you have somebody who's an hour away, rather than sending eight guys to that person, maybe bring the person to the guys, or gals as the case may be. Greg.

Thanks, both of you, for those answers. We have a question. Is there a DV assessment that I don't have to be a behavioral health clinician to be able to do the assessment? So Chris, maybe you could expand a little bit on the assessments, and who they're designed for, and what kind of background you need to be able to use some of those ones that you mentioned?

Great question. Many of these assessments do not require you to be a behavioral health clinician to use them. Many of them have been developed, actually, on corrections populations and used by corrections personnel. And when I say corrections, I mean probation, parole, those types of folks. And so I know that the DVRNA, the tool that we're using, has been for clinicians only. But we are now in the process of rolling it out for nonclinicians as well.

And some of the other tools-- the Danger Assessment is one that victim advocates use. So you don't have to be a victim therapist to use that. But SARA and others, you would want to check the qualifications for the tools. But unlike when you're doing psychological testing, where you have to show certain coursework and certain degrees to be able to use those tools, my experience is that the vast majority of these risk assessment tools are usable by probation officers, parole officers, law enforcement, whoever it might be, that you all would be eligible to use those tools.

And I'll add to that, Chris, that a lot of times for tribes, it can sound intimidating to learn about a risk assessment and even to start executing those. What I would say as a good start may be-- well, I would say definitely let's learn about it. Let's get the training on it and see how you feel about it then, right? Get more training on it.

But if on our intake, I feel like it's real important that those intakes be thorough and that those intakes have questions that are gauging some of the criminogenic needs. I feel like that may be a good start for some of our people, our probation officers, parole officers, is to make sure those intake forms are asking the right questions so that we can gauge the information. So I feel like those two things are important.

Thanks, guys. And the one thing that-- working in probation, the one thing that clearly we all can do is be eyes and ears and provide information to the clinical people that are doing the assessments.

The more information you have from law enforcement and the police reports, and their interactions and the dynamics, and victim services or the victim, all of those things are pieces of the puzzle that help us understand risk factors, high-risk situations, maybe when risk is escalating after the person's been placed under supervision, but also give us a more complete picture about what are the dynamics that lead up to this? And what are the things that this person needs to focus on? So if you still aren't doing an assessment, understanding the critical factors that these assessments look at is value-added in your team approach.

Another question, I don't know how much you guys know about domestic violence courts. Do they work? And if so, why? Do you know anything about DV courts? We do see some expansion of those, for sure. They are definitely a different model than drug courts or problem-solving courts or wellness courts. But any information you have on domestic violence courts, how are they different, and do they work?

I personally think specialty courts can be a good thing. I mean, Paul mentioned Healing to Wellness courts. And oftentimes, they will specialize in certain types of behaviors. But I think the nice thing about specialty courts is that they have the level of knowledge about the cases.

So the judge is already trained on, say, domestic violence or something like that, and then maybe can follow a case over time and even maybe bring someone back into court if they're struggling, to say, look, you better get your act together. Otherwise, you may end up getting revoked and getting put in jail for six months or something like that.

And so I think to have a consistency and continuity of a judge, what we often see is that dockets rotate. And so then someone could have seen two or three different judges. And the person may not know anything about the person that they're dealing with and/or are coming off a very general judicial caseload.

And so I think to have a specialty court, if you have that option-- many jurisdictions, they don't have enough clientele to do a very specialty court. But I know there are some judges sometimes that will specialize in certain cases. So ensuring that the case goes before that docket, before that judge, can be really helpful.

But I think that the Healing to Wellness court model is really predicated on this idea of providing resources, of really supporting change, rather than just being sort of a punitive, you're coming in, you're getting punished, and now we're done with you kind of an approach. And so I think doing a DV specialty court, I know that there are a few of those operating here. I've also seen sex offense-specific courts. I've seen veterans courts, substance abuse courts. And I think doing some of those specialty models can really be a helpful thing in your jurisdiction, if you have that as an option.

Thanks. And so just kind of a final question for each of you-- a couple of major takeaways from this training each of you would want people to walk away with.

Thanks, Greg. I'll start, Paul, and then you can jump in. I know that when I-- I didn't say much about my background. But I'm a licensed clinical social worker. I provided mental health services for many, many years. I worked with offender populations, and victim populations as well.

And what we've seen is that, many times, say, sexual offenses are taken very seriously. We have a registry, Tribal SORNA. We have lots of things going on. And it seems like domestic violence hasn't raised to that level of concern. And in my experience now, working with the Domestic Violence Offender Management Board over the last 15, 18 years and learning more about this topic, is just that this is a significant concern as well. And yet it seems like, a lot of times, our communities don't take it as seriously.

And so my takeaway from this would be that to make this a priority for your public safety initiatives within your tribal community, make sure that the officers are properly trained in how to deal with this specific problem, just because it does take certain skill sets, really, to be able to deal with this. And given the level of danger, given the issue, the risk for murder-suicide, given the risk for recidivism, I think that it's incumbent upon all of us to do as much as we can to try to address this problem.

And the field is coming along. We have risk tools. We know what works. We have some ideas. And for tribal communities, we also know that embedding this within tribal culture, tribal values, tribal systems can be very helpful and beneficial as well. Paul.

Thank you, Chris. And mine will probably be a lot shorter, but just that RNR model. As you look at all the people, like on your caseload, I feel like that's a great model to use to be able to help you prioritize the people on your caseload, as far as the services that they need. And it's very evident that this is a huge issue. And like I said earlier, that because of tribal laws, sometimes when we get them on our caseload, we got to do some hunting to really find out why they're before us. But using this model, I feel like, is important.

And the other thing, I would just say the importance of building rapport with the people that we're working with. Again, not that we're getting on a personal basis with them, but the people we're working with, they should feel-- we've got to break down some of those walls. And the only way we can do that is if they can feel like we're trustworthy, to an extent.

And so those are kind of my takeaways. But thank you. I appreciate the time that you've given us today.

So thanks, everybody, for the questions. Thank you guys for taking the time out of your day. Before we close the webinar, I just have a couple of reminders. For additional information on general technical training and technical assistance services, the links to featured offerings that we have, and to request technical assistance, please visit our website.

We have more resources available for you on domestic violence, and technical assistance available, if you're looking to enhance your response to domestic violence in your community. And you can contact me if you're interested in more information on technical assistance around domestic violence, or really anything tribal reentry or corrections related.

So this is going to conclude our webinar for today. I want to thank both Chris and Paul for sharing your time and knowledge with us, and thank our attendees for joining us today. We hope to see you in future webinars at our communities of practice, and wish you all a wonderful day. Thank you.