



Alaska's Council on
Domestic Violence
& Sexual Assault

TO EMPOWER ALASKA COMMUNITIES TO CREATE
A FUTURE FREE OF DOMESTIC VIOLENCE.

CONCEPT PAPER

NOVEMBER 2022

CONSIDERATIONS FOR PROGRAMS FOR THOSE
IMPACTED BY DOMESTIC VIOLENCE CRIMES IN ALASKA



PURPOSE

This concept paper provides a summary of the background and status of Alaska's battering intervention programs in preparation for revised programming by the State of Alaska. Information in this paper has been gathered through an extensive series of research activities on best practices, a review of other state practices, and a robust multidisciplinary stakeholder engagement process over the course of 18 months. The paper is intended to provide the Council on Domestic Violence and Sexual Assault (CDVSA) and other decision-makers a starting point for updating battering intervention programming in Alaska, and does not represent a consensus around specific recommendations, but rather a status of Alaska's system and findings for further consideration under a revised system.



BACKGROUND

Programs for Rehabilitation of Perpetrators of Domestic Violence is outlined in Title 22, Chapter 24 within the Department of Corrections (DOC), Alaska Statute 44.28.020. DOC is charged with the responsibility for approving and regulating battering intervention programs. Through a mutual Memorandum of Agreement, DOC has delegated the responsibility for approving and regulating Battering Intervention Programs (BIPs) to the CDVSA. BIP Programs in Alaska were developed in the mid-1990's as part of a comprehensive strategy to reduce domestic violence in Alaska.

Over the years BIP and Prison-based Programs (PBP) have morphed as funding was reduced and research indicated programs aimed at changing the behavior of abusive partners were limited at best and ineffective at worst. Struggles continued with efficacy, inconsistent data collection, and lack of funding resulted in programs with little flexibility or documented positive outcomes.

In 2019, CDVSA began to examine the need to revamp and improve Alaska's approach to serving abusive partners with an eye toward accountability for their actions and addressing their own trauma and need for healing. With limited resources and funding it took two years to establish a Perpetrator Rehabilitation Workgroup. This Workgroup was charged with finding ways to better serve this population, to expand programs to meet the community, cultural and gender needs, to improve safety for victims and survivors of interpersonal and intimate partner violence and to explore evidence informed practices that show promise. In April 2021, the Council on Domestic Violence and Sexual Assault organized and convened the Perpetrator Rehabilitation Workgroup (workgroup) which convened and discussed programming framework and strategy issues to improve battering intervention programs in Alaska. The workgroup spent its first seven monthly meetings having presentations and dialogue with subject matter experts across a range of sectors and disciplines.

During the winter of 2021-2022, researchers from the University of Alaska Anchorage conducted research-focused presentations during four monthly meetings identifying best practices and current research related to intervention approaches to reduce domestic violence and its recurrence. This work was complemented by a Master of Social Work Practicum student also from UAA, including a comprehensive review of six other states' approaches to domestic violence (DV) intervention programming.

Additionally in 2022, another academic effort conducted one-on-one informant interviews with key stakeholders. The CDVSA Stakeholder Interview Project: Examining the State's Response to Domestic Violence was conducted to include non-Workgroup stakeholder insights and other perspectives that may not have risen to conversation topics in the Workgroup. One-on-one confidential interviews were conducted with stakeholders representing the six Alaska regions (i.e., Southeast, Southcentral, Southwest, Western, Arctic, and Interior). Stakeholders included representatives of victim advocates, BIP providers, probation officers, law enforcement, judges, and attorneys (prosecutor and defense). The [final report](#) synthesizing the narratives of the stakeholders obtained from the interviews was also submitted to CDVSA and discussed with the Workgroup in Fall 2022.

In October 2022, this version of the concept paper was shared with stakeholders for feedback online, and in-person/virtually during a dedicated and focused conversation on October 4, 2022. Both the concept paper and the stakeholder input received will be submitted to the CDVSA for inclusion in their redesign of the current Alaska BIP programming.

While not all stakeholders agree on the one best approach, there is agreement that Alaska can and must do better. There is also agreement that evidence-informed practices exist and can be modified to meet the unique and diverse situations in Alaska. This concept paper outlines key elements that revised intervention programs should consider for future programming.

FRAMEWORK, DEFINITIONS + RESEARCH

The workgroup and research team organized discussions into three focus areas: Assessment, Intervention, and Monitoring.



Dedicated work sessions were focused on exploring what options might be included in each focus area, including the barriers and limitations. Below are the definitions used for each focus area, as well as a summary of the research and evidence that was presented and discussed by stakeholders.

Assessment

Definition

- Focus: Offender risks, strengths, needs, motivation, characteristics of DV/IPV situation, and victim safety.
- Ongoing evidence-based procedures used to identify historical and current risks, severity of risks, protective factors, needs, and motivation.
- Measures/Tools – Standardized and tested set of questions or factors used to identify presence and/or extent of risks, behaviors, strengths, and/or needs.
- Screening – Does a risk or protective factor factor/behavior/experience exist?
- Assessment – If yes, how extensive, severe, impactful, etc.?

Research: Assessment Empirical Evidence Summary

- Various forms of DV/IPV risk assessment tools are designed to predict different outcomes or targets (e.g., lethality) and have been developed for use within different systems (e.g., law enforcement, treatment, monitoring, sentencing), and require different information and training to complete.
- The research supporting the evidence-base of current DV/IPV risk assessment is significantly limited in scope and rigor as compared to the risk assessment literature focused on general offending populations.
- Existing DV/IPV-specific measures lean more toward screening related to type of violence and risk of recidivism rather than integrated and/or comprehensive assessment needed for effective intervention, treatment, and monitoring.
- The identified risk factors related to contributing factors for DV/IPV perpetration and future risk of recidivism (two different targets) are both well-established - no single DV/IPV screen and/or assessment measure exists that identifies all currently known DV/IPV risk factors related to causes, severity, risk of recidivism, and/or treatment needs – either individually or as a whole.
- Thus, the focus, types, target factors, and extensiveness of assessment needed depends on the following:
- Goal of assessment (e.g., predict risk of recidivism, prevent violence, treatment);
 - Identified needs and capabilities/resources;
 - Given touchpoint/role within the system (e.g., court, treatment provider, probation);
 - Severity/Criminogenic Risks;
 - Motivation; and
 - Decision at hand (e.g., screen in/out vs. comprehensive integrated treatment plan.
- Assessment Takeaway: The higher the risks, more complex the needs, and the importance of the decision, the more complex and broader selection of validated assessment measures, clinical training, and designated victim safety will be required to create individualized, meaningful, and effective interventions and monitoring.

Intervention

Definition

- Individual or group treatment/programming intended for offenders, aiming to promote awareness about moral disengagement of their actions, aware of all the damages caused, and to identify new strategies to prevent or reduce repeat offence (Travini, 2020).
- Counseling and more specialized psychotherapies seek to change behaviors, thoughts, emotions, and how people see and understand situations (SAMHSA, 2022).

Research: Intervention (Treatment) Empirical Evidence

- Matching treatment/programming to a reliable assessment of needs and severity is essential.
- Combined treatments/programming to include - CBT, mindfulness, SUD treatment, motivational interviewing, and restorative justice ALONG with psycho-educational programs show the most success in the data.
- Emerging models look to address trauma and encourage therapeutic relationships and behavioral health perspectives between individuals and communities.
- Restorative Justice models have been a good fit at the state level, particularly for misdemeanor cases as well as in many indigenous communities.

Monitoring

Definition

- Focus: Regular, proactive, and ongoing offender monitoring and supervision of required adherence to conditions and victim safety.
- Taxman (2002) defines supervision as “a means to engage the offender in a process of improving compliance with general societal norms including the conditions of release” (p. 20).

Research: Monitoring Empirical Evidence

- Proactive, direct, consistent, and sustained engagement with DV/IPV offenders and victims by an assertive, partnered, trained, and coordinated interprofessional system.
- The level and intensity of offender monitoring and supervision are based on an individualized assessment of DV/IPV and criminogenic risk factors.
- Considers individual motivation and accountability needs, preferences, and cultural relevance
- All justice contact provides enhanced implementation and communication provided through the lens of system fairness/procedural justice to both offender and victim.
 - Includes proactive victim safety verification with victim safety paramount
 - Violations are dealt with predictably, swiftly, and consistently
 - Offender assessment, treatment, and intervention are continuously evaluated for impacts and program/system improvements.

CONSIDERATIONS FOR NEW PROGRAMMING

The following findings summarize the considerations for new programming for Alaska based on the research and discussions with stakeholders.

OVERALL PROGRAM GOALS

All intervention programs should

- Prioritize victim safety
- Hold people accountable
- Be rehabilitative and therapeutic
- Address individual risks and needs
- Be healing for all of those impacted by domestic violence
- Aim to change behaviors

PROGRAM DESIGN

Update the words we use to reflect the goal of positive outcomes

- There is broad stakeholder support for the Department of Corrections, CDVSA and all organizations working in this space to update the program name to better reflect program intentions and principles.
- Stakeholders have suggested that the terms “batterer” and “perpetrator” are not constructive terms to use when expecting an individual to embrace change.

Emphasize evidence-informed practices and evaluation in programming

- Findings in this concept paper and in a new approach for this programming are evidence informed.
- For new intervention programs, there should be a comprehensive evaluation component included to assess the efficacy of the programming and the rates of recidivism.
- Intervention programs should go through a re-approval process every five years to ensure they are using best practices and effective methods of evaluation.

Adopt shared guiding principles

- Alaska would benefit from adopting guiding principles to steer and focus the work being done to improve intervention programs.

Assess statewide community readiness

- Alaska, as an overarching community, would benefit from understanding its readiness for change.
- Require local community readiness assessments.
- Local regions, communities, and programs responsible for carrying out this work need to assess and demonstrate community readiness to accept and embrace this work for it to be effective.

PROGRAM IMPLEMENTATION AND DELIVERY

Promote improved understanding of the system and promote coordination

- We need to better understand the current system of intervention programs as a continuum of interventions, not stand alone.

- During the workgroup process, it became clear that those working across sectors could benefit from increased knowledge about the court system, law enforcement, corrections, behavioral health, therapeutic courts, and others to promote agency and system coordination.

Prioritize victim safety and align programming with best practices research

- Victim safety is currently and should continue to be a key priority when developing and funding intervention programs. Collaboration and the co-creation of strategies with victims' services providers and administrators must continue.
- Evidence suggests co-locating DV and BIP programs may create actual or perceived conflicts of interest that can impede the therapeutic relationship. Co-locating programs could also create a risk to victims.
- All new intervention programs should establish and maintain an MOU and working relationship with local victims' services, to coordinate the goal of victim safety.

Focus on inclusivity + meeting people where they're at

- Recognize the need for inclusivity by making intervention programs accessible and available to both cis and transgender men and women, as well as non-binary individuals as programming is further developed.
- Consider the complicated dynamics of family systems in intervention programming. This includes situations where co-parenting is required and a future relationship with a violent partner can't be ended. Future programming should better recognize these needs and aim to provide resources and services to all parties to meet people where they are at.

Training development and requirements should be prioritized

- Subject matter experts and practitioners with experience should develop a training that focuses on domestic violence intervention services and evidence-informed practices for working with those enrolling in perpetrator intervention programs.
- Facilitators providing intervention services will be required to take targeted and specialized training once it is developed, and to take continuing training to stay current in new research, interventions, and approaches.

Weave cultural healing throughout programming

- Recognize the importance of culture and context when developing new intervention programs.
- Ensure that the community is ready and willing to engage in community-based programming for intervention and rehabilitation.
- Commit resources to exploring community-based accountability models that are working in other locations; there is evidence that restorative justice models are effective on state levels and in rural communities.

Updated regulations

- Picking up on draft regulations from 2014, promulgate updated regulations for consistency with new programming.

PROGRAM EVALUATION

Updated and consistent evaluation measures

- The State of Alaska should work with subject matter experts to develop a comprehensive and consistent way of measuring program effectiveness. This will provide for a continuous process to adjusting programming and approach to result in better and more positive outcomes for Alaska.

NEXT STEPS

After 18+ months of meeting, listening, discussing, and debating the best approach to improve Alaska's current battering intervention programming, it is time to move forward and begin creating a clear vision and approach to improving and expanding programs for perpetrators across Alaska. To create programming that is comprehensive, multi-disciplinary, culturally responsive, and evidence informed whenever possible.

The Council on Domestic Violence and Sexual Assault (CDVSA) is ready to put the considerations and suggestions of the Perpetrator Rehabilitation Workgroup into action. Council staff will work closely with the CDVSA Board of Directors, with the Department of Corrections, and the UAA School of Social Work to assist in creating our first "next steps" based on the information in this Concept Paper and the Stakeholder Interview Project. Additionally, CDVSA will work with DV victim service providers, current providers of community battering intervention and prison-based programming, tribal organizations, behavioral health providers, the Alaska Court System, the Office of Children's Services, and other agencies with a strong interest in improved programming.

During the 2nd Regular Session of the 32nd Legislature, the FY23 budget included a new full-time permanent position for CDVSA to work specifically on redesigning a strong and effective program for abusive partners. The position will be created and filled no later than early spring 2023. Once the position is filled, significant work will begin, with a comprehensive team of partners to design and plan a clear approach to improve services aimed at reducing domestic violence across Alaska.

ALASKA'S 2022 PERPETRATOR REHABILITATION WORKGROUP

Christine Alvarez	Alaska Behavioral Health
Johan Atkinson	Alaska Network on Domestic Violence and Sexual Assault
Michelle Bartley	Alaska Court System, Therapeutic Courts
Sean Case	Anchorage Police Department
Janelle Chapin	Alaska Native Women's Center
Brandy Coltellaro	Alaska Division of Juvenile Justice
Candice Duncan	Alaska Court System, 4th District
Clancy Halsted	Providence Valdez Counseling Center
Jennifer Hite	Alaska Office of Public Advocacy
Tom Hoffer	Alaska Department of Law, Bethel District Attorney's Office Alaska
Catherine Mohn	Department of Public Safety
Diane Palmer	Alaska Office of Children's Services
Troy Payne	Alaska Justice Information Center, UAA
Tony Piper	Alaska Division of Behavioral Health; Alcohol Safety Action Program
Adam Rutherford	Alaska Department of Corrections
Michael Shaffer	Anchorage Department of Law
Valerie Shaver	Alaska Department of Corrections
Rebecca Shields	Kodiak Women's Resource and Crisis Center
Cheri Smith	The LeeShore Center
Brenda Stanfill	Alaska Network on Domestic Violence and Sexual Assault
Kim Swisher	Alaska Office of Children's Services
Saralyn Tabachnick	AWARE, Juneau Choice and Accountability Program
Travis Welch	Alaska Mental Health Trust Authority

WORKGROUP FACILITATION AND SUPPORT: DENALI DANIELS + ASSOCIATES AND PEOPLEAK

Denali Daniels, Katie Lauwers, Elizabeth Shea, Jack Darling and Kim Snively

UNIVERSITY OF ALASKA, ANCHORAGE SCHOOL OF SOCIAL WORK

Dr. Heidi Brocius, Dr. Kathi Trauwver, Dr. Rei Shimizu, Jen Anderson, Crystal Bourland

ALASKA COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT

L. Diane Casto, Marybeth Gagnon

APPENDICES

MEETING REPORT

Stakeholder Engagement Input Meeting

October 4, 2022

Alaska Mental Health Trust Authority Conference Room

The Council on Domestic Violence and Sexual Assault (CDVSA) held a final stakeholder meeting on October 4, 2022, to provide input on a draft of the CDVSA Concept Paper, a culmination of an 18-month long stakeholder engagement process. The meeting goal was to review a concept paper which contained a summary of considerations for new programming alongside an online stakeholder input process which was open until October 18, 2022. The meeting was a hybrid format with 13 people attending in-person and approximately 26 attending virtually. The meeting was facilitated by Denali Daniels and her team at Denali Daniels + Associates.

Opening remarks by L. Diane Casto:

- Although battering intervention programs have been around for many years, they struggled with data collection, program funding issues and funded programs that weren't being monitored very much.
- The intention is to create an evidence-informed program because the information can serve as a guide to effective programming.
- In 2020, they started working with current programs, talking to people, and getting input from the grantee population asking what their needs and wants are. They also worked with Department of Corrections (DOC) because their perpetrator rehabilitation services are in the statutes of DOC. Anything they decide on will be collaborative with DOC since this is their program and CDVSA provides this service through a memorandum of agreement with the DOC.
- The workgroup was multidisciplinary and regionally represented
- They met regularly with the workgroup exploring and gathering input from judges, behavioral health providers, tribal partners, national programs. They then began working with the University of Alaska, Anchorage to help with reading the data, seeing what was effective and evidence-informed practices.
- Some of the information was new data that really helped frame the direction they wanted to go.
- Thanks to the workgroup members and stakeholders who helped to create a broader



input process for individuals in Alaska who use the program, benefit from it, use it as a compliment to probation or an OCS custody case, etc.

- The ultimate outcome is that the state will have a really strong program that is evidence-informed and that redefines how they look at the issue in Alaska, continuing to ask what else does the state need, what are the strengths and challenges so they can broaden their reach.
- There are 9 programs, 6 are funded with almost no money. The grant budget allotted to perpetrator rehabilitation programs are 1.8% of all grant funds. As she told the legislature, they cannot make change with that amount of limited funding.
- After gathering input from the meeting and revising the concept paper, they can start working with DOC, their board of directors and staff to redefine a new scope of programming based on all the input they've received. Hopefully by the end of the fiscal year, they can have a good process in place to broaden their reach and getting more people to want to do the programs, getting better training for people and getting a whole new process set up.
- The council received a new Coordinator II position from this current legislature, specifically to take the information gathered from this workgroup and concept paper and turn it into a program
- They are committed to finding programs that work, that meet the needs of the state and the communities they are in, also recognizing that a one-size-fits-all model will not work. They have to have the flexibility and fluidity to meet the needs and serve the diverse population.

Presentation by Dr. Rei Shimizu, University of Alaska, Anchorage

- Dr. Rei Shimizu presented on the findings of another CDVSA stakeholder interview project conducted alongside this effort.

Dr. Heidi Brocious from University of Alaska, Anchorage offered remarks:

- Every time a presentation was made, someone would share new data and it became hard to see how all the data related in context and to decide which data to use as a guide. One effort was to organize the multitude of data.
- The pattern they started to see was the idea of one-size-does-not-fit-all. Assessment was a key part, seeing which level of services might best serve the people, a key part in the model and recommendations, matching and interventions or a series of interventions to meet the needs of the perpetrator of the violence followed by monitoring with real-time consequences

Denali Daniels, the meeting facilitator, reviewed the Concept Paper:

The meeting's focus was centered around 12 main consideration questions in the concept paper housed under **three** main **FOCUS AREAS**:



The following is a compilation of input stakeholders offered verbally and online for each of the 12 considerations in the Concept Paper.

PROGRAM DESIGN

1. Update the words we use to reflect the goal of positive outcomes.

What words would be best to reflect the goal of positive outcomes for new programming?

- Offender
- Other words like non-violent or healthy relationships
- Family
- Caused harm vs. harmed
- Offender or defendant
- People who use harm
- Returning citizens



From virtual participants:

- Helping offenders heal
- One thing would be to actually ask the individuals participating in the programs how they would like to be labeled
- Men who cause harm (for men's groups)
- Men who abuse power and control in their relationships (for men's groups)
- "People" for other groups
- Battering intervention
- Offender
- We use the word client more than any other word
- Making healthy choices and choosing accountability
- Client

Group discussion:

- Still using the word offender
- Still a large emphasis on men instead of people or individuals.
- Still not using language that demonstrates a changed behavior
- The language still 'others' them as in vs. the general population. If you're looking at a behavior instead of the person, it's easier to isolate someone and not think there's room for change. i.e, in native communities, when they talk, they don't throw away their people. They believe that everyone holds some value and when they're able to safely integrate then you have to find that value to reform what's happening, for them to safely be in community again, without 'othering'. If they still feel 'othered' they feel, there's no incentive to change.
- One person said in their group sessions, they asked participants what they would like to be referred to as? Some said their name because that's who they are, they're not the crime they committed, not the behavior but human. And then they came up with their own terms.
- One person wants to acknowledge that offenders have also been through harm themselves. Someone answered that you can't always use that because some people might use it to excuse

their behavior, so you have to be careful when talking about how their history influences them while still holding the accountability piece in there.

2. Emphasize evidence-informed practices and evaluation in programming

What are some ways that can help emphasize evidence-informed practices and evaluation in programming?

- Create opportunities for ongoing program evaluation/research through partnership with universities (UAA/UAF etc.)
- Sample case studies in the community – rates of recidivism
- Understand local needs first
- Start by finding programs that target local needs in intervention content

From virtual participants:

- | | |
|---|--|
| ● BIPPOS-Recidivism checks, victim checks | occur”. The intervention should regularly result in the outcomes that are desired |
| ● Victim input – do they feel safer? | |
| ● Evaluation of attendees and survivors | ● Cannot rely on ‘evidence informed’ without guidance and access to those practices. We don’t have time/resources to search them out and evaluate them before implementing |
| ● If a program/intervention does not demonstrate reduction in recidivism, then don’t use it | |
| ● Rates of DV go down | ● Local is important |
| ● Alumni groups | ● Create opportunities for ongoing program evaluation |
| ● Develop regs that reflect fidelity to models used in program | |
| ● Does this practice have some data that says, “if you do this, then this is likely to | |

Group discussion:

No comments

3. Adopt shared guiding principles

What would you like to see included in guiding principles for new programming?

Sticky wall exercise, combined stakeholder input is below:

- Trauma exploration, shame, grief, mindfulness, accountability, cultural component
- Education that addresses complex trauma, MH issues, etc.
- Assess and treat the entire family
- Using peer support specialists w/ lived experiences
- Address patriarchy and colonialism
- Tier 2 groups for participants who complete a program to provide ongoing support
- Accountability
- Prevent intergenerational cycles of family violence

- Adopt a holistic approach to all intervention
- Holistic

Group discussion:

- Comment regarding the idea of the whole family - while there is no doubt that the whole family is involved as a system, it's important to not roll victim behavior into something that needs to be treated as part of an intervention program for those who are causing harm.
- While it is important to treat the whole family unit, it should be made clear to providers to not treat them at the same time/place for safety purposes.
- For a lot of the families seen at the prosecutor's office, a lot of them need to coparent or want to continue to have a relationship after the abuse but also a lot where a survivor wants to get away from the abuse and never hear from the abuser again and that continued contact, either on the abuser's behalf or what might be viewed as on their behalf is a continuation of traumatization. So it's difficult to think about a program that will fit both of those scenarios where you're healing a family and getting them back together but also the same program is keeping the perpetrator away from the survivor/victim. Seems like it's two opposite goals for the same program.

4. Assess statewide community readiness.

What are ways in which we can assess statewide community readiness?

This exercise utilized an **online poll** asking stakeholders to answer one question: Pick the level of READINESS you feel the state is currently at.

			Votes
1	No awareness	The issue is not generally recognized by the community or leaders as a problem	0
2	Denial/Resistance	At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally	1
3	Vague awareness	The issue is not generally recognized by the community or leaders as a problem. Most feel that there is a local concern but there is no immediate motivation to do anything about it.	8
4	Preplanning	There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.	15
5	Preparation	Active leaders begin planning in earnest. The community offers modest support of their efforts.	3
6	Initiation	Enough information is available to justify efforts. Activities are underway.	0
7	Stabilization	Activities are supported by administrators or community decision-makers. Staff are trained and experienced.	7
8	Confirmation/ Expansion	Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.	2
9	High level of community ownership	Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. The model is applied to other issues.	0

Group discussion:

- One person didn't answer the poll question and shared that it seemed they're putting the 'cart before the horse' because even in the group, not sure if there's agreement on the type of programming that Alaska should be providing. A group for men who have used power and control in their relationships because they grew up in the patriarchy or mental health counseling. There seems to be different perspectives so when asked for community readiness then it's like, readiness for what? If a community is ready for counseling for an individual man who causes harm but is not ready to look at why then that's a concern because it's not just an individual.

5. Require local community readiness assessments.

What thoughts do we have on requiring local communities to demonstrate community readiness?

How do you think this could be demonstrated?

- Willingness to commit resources, ex. space, time, traditions, knowledge
- Ability to articulate what is/not feasible = ready
- Money, resources, personal knowledge
- Provide mentors to walk with those going through an accountability program
- Local/community readiness must include-judicial districts/tribal courts, local law enforcement, tribal law enforcement, D.A./prosecutors teams

From virtual participants:

- I think getting the providers to be willing to let their programs be evaluated by assessing their success rates
- I think it's really important that we see community and provider support
- I believe CDVSA already has requirements in place to hold
- Support from the courts to make referrals to the program
- Local providers need to be willing to be assessed to determine effectiveness of their programs and have a community
- Treatment provider ready and willing to train staff and implement the intervention
- Getting letters of support from local providers showing their interest in having a local BIP program
- State provides a framework...minimum agreements/requirements if you will...and the community is ready based on those agreements/requirement

Group discussion:

- Local providers need to be willing to be assessed to determine the effectiveness of their programs and have a community discussion, like a town hall, related to the recidivism rates, success rates and what's needed to change. In their community there is a lot of resistance to any input/feedback, and they understand that because it's somebody's program, their 'baby' but they have to be willing to open their mind and be willing to recognize that what you're doing is not working and hasn't worked for a very long time. So, local community readiness is going to be vital, and every community is different and has its own culture. It's not going to be a one stop shop.
- Community readiness is going to look different in every community. It could be as simple as 'we're willing to have the conversation of how it's affecting our community' all the way to 'we have the funding to implement the program'. And that doesn't measure how successful that could be in that community. The community that's just finally willing to have it could be way more successful than one that's fully funded and ready to go.
- One thing that's really important in community readiness is really defining the community problem, helping the community understand the severity of the problem before addressing them to say 'hey, we need your support'. Shocked at how recently they learned of the severity of the problem and letting the community know that 1 in 3 or 4 are sexually assaulted or things like that and then addressing the community and helping them understand that this is something that you can't ignore, think they have to buy in that way.
- Understanding that in some communities where DV is considered a hush hush issue and while agreeing that it's a public health issue, part of community readiness to them is to understand why it's a hush hush issue. That's going to look different for different reasons, cultural, location, environmental, etc. Important for stakeholders to understand why it's a hush hush issue and respect that but also work with community to move that, in a comfortable, way to move that into a public health issue
- In Alaska Native communities, they may not be ready to talk about the sexual assault problem but they're ready to deal with the domestic violence issues happening, so they say they're going to weave in how they got to where they are today and when they do that, they can't leave out that issue and so by doing that, you're moving it forward in more than one area and encompassing the history of how they got there and why they may not be speaking out and that will come through in the readiness. So, if we see it's an issue and we're not willing to talk about it, that doesn't mean we're not ready, it just means they're more so taught, traditionally, not to speak that way and not to speak out in ways and that's an issue that they see tremendously when dealing with state systems and Alaska Native communities
- Each community approach has to be different based on the culture/people that are there so have a program that encompasses as well as individualized.



PROGRAM IMPLEMENTATION + DELIVERY SYSTEM

6. Promote improved understanding of the system and promote coordination

During the workgroup meetings, a lot of people working throughout the system indicated a desire for more coordination. What are some ways this might work?

- Identify co-occurring issues, i.e. sex assaults + DV, substance abuse + DV, and be prepared to address them all
- Integrate DV/IPV issues in Crisis Now CIT
- Send out (through CDVSA) comprehensive list of what the organization each workgroup member provides or method on how to utilize each other
- Communication + in-person meeting
- Those working 'in the trenches' have valuable information. Identify them, incorporate ideas given, educate those who don't know all partners.
- A collaborative of multiple systems/stakeholders could gather a couple times a year for cross-training and collaboration where funding opportunities are also discussed
- Create more partnerships with those directly involved in DV within the area you work

From virtual participants:

- Employ Telehealth Services through Tribal Courts, VPSO, Behavioral Health Aid clinics
- During the workgroup meetings, a lot of people working throughout the system indicated a desire for more
- High rates of re-entrants are required to attend DV education
- Credibility of programs has been compromised. Need statewide rebranding to increase buy in
- Explore the ideas related to DV Specialty Court and monitor individuals the same way we do SA offenders
- Coordinated meetings between court, probation and providers
- Courts have consequences for non-attendance and back up BIP's
- Programs that include patriarchy need to also address men's victimization trauma informed. It's not either/or
- Common curriculum, more funding for programs
- Alaska District Attorneys have a conference next week. CDVSA could contact and be part of the process – explaining BIP's. Also, could appear at judge's conferences



Group discussion:

- Knowing who your providers are. If the tribes in the area have OBC, OBW funding, who the players are, trying to get into communities and opening those doors because not all programs choose to be member programs and there are reasons behind it, other than just funding, oftentimes. Understanding how VAWA 2022 is also going to shake up everything and challenge sovereignty when working in these systems.
- At the AMHTA Improving Lives conference, there was an incredible amount of cross system collaboration that occurred and wondering if the opportunity to build on momentum through things like Crisis Now and other cross system collaborations could be woven into this to meet individuals at every level. Understanding the patriarchy vs. the trauma informed counseling approach so they have all of those things available across the state to meet different individuals engaged in violence at the level at which they're assessed. Evidence informed practices present a real opportunity for the state of Alaska universities to help us build our own evidence informed collaboration or clearinghouse that meets the needs of Alaskans where they're at, not having to rely on states that don't have similar characteristics as ours.
- The Tanana Chiefs Conference are getting ready to stand up specialty courts in multiple villages around the region and so we have an opportunity to partner with some of those specialty courts that are actually going to be in the communities to add a DV component as far as education and being able to deliver services through telehealth and providers that are actually in the community and utilizing peer support so people don't have to always be stuck in a hub city away from family and friends and can get the treatment where they're at.
- Have seen when people are stuck in communities other than their own, it's not going to work. We've seen that repeatedly through mental health; substance use and FIT programs so we know that piece has to change. It has to be implemented in a way that any education level is able to implement it in the community.

7. Prioritize victim safety and align programming with best practices research.

How can we best prioritize victim safety and align programming with best practices research?

- Prioritize victim safety and alignment
- Custody, divorce, DV – so many things are included here. They should ALL be taken into consideration
- Each program required to have active safety
- Are we focused on being a 'true believer' or are we checking just a 'liability' box
- Victim safety doesn't always mean separation

From virtual participants:

- This moves intervention programs into behavioral health programs and away from DV..a mistake in my opinion
- Encourage victims/survivors to have the same opportunity for education and change to break patterns. It cannot be one-sided programming.
- Stephanie Covington has some incredible programs for women that are so healing and enlightening
- What programs have the greatest success? Therapeutic approaches vs DV program? This intervention, I believe should have the goal of changing behaviors.

- Wendy Coates Emotionally Intelligent Batterer's Program is one that is incredible
- Accountability is important but may be separate than the therapeutic intervention to change
- Boarding school generation

Group discussion:

- I think this is potentially the most destructive move for DV intervention programs to assume that they have to be purely therapeutic or completely separated from DV intervention programs. It feels like essentially cutting off all the history and experience that birthed these programs and moving them somewhere else where they can be better paid for and completely different from what they are now. It presumes a therapeutic relationship is what is needed. I understand that the evidence says that psycho educational relationships are also incredibly helpful. So out of everything today, this feels the most alarming.
- Most of the offenders are victims themselves. Sometimes we think that they are two groups of people, but they are intertwined not just because they make up families but also because they overlap significantly too. Whoever said in the chat, 'encourage victims and survivors to have the same opportunities for education and change to break patterns' and I think that's exactly right. Many families are trying to break cycles of violence and power dynamics in their families that have occurred for many generations. Many different immigrant cultures have the same kind of cycles of violence so when we talk about culturally relevant, we have lots of culture groups that are not ones we traditionally think of in Alaska but those are the people that we are seeing.
- A Lot of what I'm drawing on is my own experience with the groups that we do, at Aware in Juneau in the Choice and Accountability program. In that program we recognize that all the men are victims as well. So while they've caused harm, they also experienced harm and that those two are related. We provide opportunities for men to explore both of those and to reflect on both of those and hold themselves accountable for the harm they've caused in ways that really honor them. So when we let men or anyone get away with harming someone else and not being held accountable I think we do great harm to their spirit and their soul. So in holding them and giving them the opportunity to be accountable to themselves and other men in the group accountable, for the facilitators to step in and hold them accountable is supremely important while at the same time acknowledging that it doesn't define them, they are not the worst thing that happened to them nor are they the worst thing they've ever done. When we put that in terms of the context of the patriarchy, it's also extremely moving to see men who maybe have never heard the word before and come to understand it, and in doing final projects and sometimes doing final projects where they're talking about patriarchy and talking to other men about patriarchy. So maybe there's a question about curriculum that we haven't talked about. Both are very important.

- When we're talking about how men have been victimized, it has to be not necessarily separate but very defined so they're not using their victimization for repeated excuses of the violence. I think having both men and women's groups, you can do that a little easier with a women's group because they can see how society has done it repeatedly to them and men don't



necessarily have that piece to draw on. So that's really a big difference in how you do it, and I don't think when you have 20 men in a room that you can effectively talk about their own victimization because of vulnerability. Anytime you're working with a minority or marginalized population you have to address the colonization of how we got to where we are today, and whatever that looks like in the majority of the population that you're working with (Pacific Islanders, people from other countries, etc.) when you have the bulk of that group then you need to address that because it's going to affect how they've internalized their processes of violence in their emotions and you can't effectively create change without doing those things.

- This is kind of a frustrating process and I wish in the very beginning we would have focused on what the programs offered in depth. There are so many misconceptions about what batterer intervention programs do and what they provide and that's been one of the frustrating things throughout this whole process. There's a true lack of understanding. Not every man who grows up with violence and battering becomes a batterer himself to his intimate partner. We forget the piece about that belief system 'I have the right to do this' and that's tied into it. It's concerning also when we talk about recidivism rates and looking at programs, whether they're good or bad, based on recidivism rates, that's a mistake. Not that that can't be a part of it. But people truly don't understand, when a batterer makes the decision to better, that person is going to batter. You can give them all the tools, the resources, the therapy, whatever you want to do so you're working with a group of men. That's why we have specialized programs but if you don't understand the programs, it's really difficult. I'm all for having a better curriculum. I think there's certain things we can work on, but it has been a frustrating process and it will continue to be a frustrating process until we kind of get on the same page and people understand what these programs provide.

8. Focus on inclusivity + meeting people where they're at

How can we best focus on inclusivity and meeting people where they're at?

- We need to have safe exchange/visitation centers/programming in more communities as part of the intervention
- A safe housing or supported housing model for families to meet them where they are at
- We need programs for families who want to remain together that include safety monitoring for children and victims that is outside OCS

- Need treatment available if offender doesn't speak English
- Safe space to exchange or meet, takes people and money
- Wraparound services, offenders need to learn life and relationship skills, especially if they are also victims
- Diversity and leaders programming available at all education levels

From virtual participants:

- Address this in screening process and have individuals identify what they want to work on
- Really hard to ensure groups are safe enough for LGBTQ2+ folks to share. Often thought they need their own groups to ensure safety. I learned the difference between othering and responsiveness is hearing what helps folks be safe. My LGBTQ2 participants don't feel safe in a group, largely

Group discussion:

- If we're really going to be inclusive and effect change and get people in education or treatment programs to look at things differently, do we really create these 'other' type groups? Sometimes those groups have a lot more support amongst themselves. This gist I've gotten from today is that there really needs to be a paradigm shift in the way we think about this and re-framing how we want to deliver and what we want to deliver to people and be prepared to open our minds up and do something different if we want something different in Alaska because our numbers are off the charts and what we've been doing isn't working so for me, inclusivity allows me to educate and inform all people in the community.

9. Training development and requirements should be prioritized

How can training development and requirements be prioritized?

- thread Alaska provides funding and incentives for early childhood teachers and daycare workers to do more training and education. It is very successful.
- Increased funding with wider outreach to partners
- Trauma related guilt, neurochemistry changes with substance abuse, attachment styles, police response
- Talking has been done too long, let's start DOING! Create an action group, get it going and implement. Start small and move forward
- Build into grant/funding-training funds, TOT opportunities, expectation of co-facilitation of annual training to ensure ongoing fidelity in each program

From virtual participants:

- Are we looking to standardize treatment across the state?
- Let's not create a system that eliminates potential facilitators
- Whoever is providing the interventions must have the key elements that produce the desired results. This allows for differences in techniques, styles and cultural input for each unique population. All providers should have access to training in those key elements. As well as on-going training.
- Let's do some pilot programming. Also work with DOC to strengthen supervision to include long term programming and polygraphs.

Group discussion:

- Q. Are we looking to standardize treatment across the state?

A. (Casto) We're not looking to standardize treatment or services to the exclusion of the ability to have the flexibility to meet the needs of those communities. We want communities to be able to do assessments of their communities that's why we talked about this, the readiness for what exactly? What does your community have? It was brought up that not every community has all the resources and that looks different than a community that has all the resources. But what they are looking to do is find key elements or key pieces of a strategy that have some evidence behind them. That way we can say when we're developing a new approach to applying to become a program we want you to include certain components in your approach and then explain them to us from your perspective, from your community's perspective, from the people that you are going to be serving so standardized is not the right word but I would say we definitely want to have some consistency in different components as they relate to the evidence that we've been seeing so that there is some hopefully some success down the road but we also want to have flexibility and creativity to meet the needs of each community that is developing a program.

- Everyone has a different idea, or definition of DV.

10. Weave cultural healing throughout programming

How can we weave cultural healing throughout programming?

- Remove politics and educate on what cultural aspects are not known
- Coordinate with community affinity groups (NAACP, PLAG, Nation Group) to understand the trauma of the culture
- Provide interpreters
- Define healing w/ communities
- Provide programs based in Alaska Native/Indigenous ways of knowing
- Look at community's value and history w/ CDVSA
- Make treatment available in multiple languages

From virtual participants:

- Work with traditional counselors, healers, and peer support specialists. Include Elders in the training processes

Group discussion:

No group discussion

11. Updated regulations

Regarding updated regulations, are there ideas on ways that state regulations can best support this new programming?

- Look into how state regulates contributors to DV (e.g. alcohol industry)
- Technology has changed DV, are 2014 regulations even still valid?
- Different levels of education can be reached

- Think about how to allow conjoint programs, not all but as an option

PROGRAM EVALUATION

12. Updated and consistent evaluation measures

What are some ways to address updated and consistent evaluation measures?

- If not reaching population or groups, finding out why
- Baseline assessment data comparison to end of treatment in addition to recidivism rates, look at individual success
- Need to re-define what is being measured, or find new ways to encompass 'all DV' - i.e. unreported, recants, behaviors not in a defined statute
- Accountability is a natural product of feeling a sense of belonging or community
- Define effectiveness multi-dimensionally – e.g. effective for police looks different from BIP providers

From virtual participants:

- I'll report whatever you want, just as long as it matters

Group discussion:

No group discussion

Wrap Up:

- DV crimes against children, the crimes are different, it looks different. See some of it, some kids eventually are more prone to what we see in adult behavior DV but that's not usually what DV is among kids.
- It's an important process and what's going to be tough moving forward is seeing how we can move this forward into action. There's a lot of discussion about DV and end partner violence in Alaska and it's often hard to change things and how we're doing things. Glad to see the process unfolding and it's an important part of getting meaningful improvement in the state.
- Typically, the ones making decisions on these things are not the ones that are directly or currently impacted so it's moving the process to a point where those that are impacted are elevating or empowering their voices so they have a significant say in how we move forward, what we move forward with.

L. Diane Casto final comments:

Not everyone's in agreement and that's okay. We all have different ideas, and we want to get everyone's feedback. We want to make sure that we're hearing from everyone and have input. As we move forward will everyone be perfectly happy? Probably not but we hope everyone has had a voice in this and to help frame what we eventually come up with. I hope so because that's our goal. We've got to be ready to shift the paradigm because we have programs, in general, that aren't working. Some programs may be working great, but some are not. Overall, we're making progress but the numbers don't go down. Something isn't working. That's what this process is all about. We

need something that is going to make broader change to individuals, to behaviors, to outcome measures. We know this is a broader subject that does include substance abuse, mental health, traumatic brain injury, a variety of things that impacts a person's ability to learn to change, to engage in these programs.

Denali Daniels: thanked all of the participants and reminded them that online input is open and written comments will be accepted until October 18, 2022.

CDVSA STAKEHOLDER INPUT LOG - PERPETRATOR REHABILITATION*			
NAME	ORGANIZATION	INPUT	DATE
Travis Welch	Alaska Mental Health Trust Authority	Victims and perpetrators likely to be Trust beneficiaries; programming needs to be tailored to effectively meet needs. Community readiness Technology to improve access	9/21/2022
Tony Piper	Division of Behavioral Health	Community readiness More later on regulations More focus on prevention. Paradigm shift.	9/21/2022
Saralyn Tabachnick	AWARE, JCAP Program	Current programs need integration and coordination (not just new) Zoom works well for perpetrators who are women or LGBTQ+	9/21/2022
Brenda Stanfill	Alaska Network on Domestic Violence and Sexual Assault	Community needs assessment Treatment may not be best word choice - prefer programs. More focus on prevention. Teaching healthy relationships. Move from punishment to opportunity for growth. Program lacking accountability is worse than no program at all. Victim safety needs to be written in.	9/21/2022
Rodney Gaskins	Alaska Network on Domestic Violence & Sexual Assault	Weaving in cultural healing. De-normalizing violence. Approach of perpetrator who is a victim of trauma. Creating safety in community. Vetting a group to help heal and hold offender accountable while in community.	9/21/2022
Cheri Smith	The LeeShore Center	Distinction between program and therapeutic treatment. Community readiness assessments. Big denial of DV in AK Personally see more victims who are Trust beneficiaries than perpetrators. Healing is a different thing than BIPs. Accountability is key. No other violent offender is treated with such little accountability.	9/21/2022

*During September and October 2022, a Concept Paper was posted for online stakeholder input. This log reflects the unedited input received through online submissions.

Janelle Chapin	Alaska Native Women's Center	Cultural perspectives in programming. Root causes of violence are different for marginalized populations. Keeping Native offenders engaged. Agreement with Programming vs. treatment. May have implications for education requirement of trainers. What could law enforcement response look like? Community readiness: suggest engagement with existing programs and tribal courts. Victim safety needs to be prioritized. Zoom adds value but connection isn't always possible. Hope broadband expansion improves this	9/21/2022
Sean Case	Anchorage Police Department	DV arrest information is only part of the story. Offenders have trauma. Identifying goals of program: risk of re-offending, of recidivism? Victim's safety. Defining what we mean by accountability. Concrete walls? Or behavior improvement through a class. DV intervention services do not exist in policing. Police interest in prevention programming. Cultural healing not a part of criminal justice system. Online programming can mean more access but not always. Many people are in a DV cycle as victim, offender, witness. Need for advocate for victim as well as for offender.	9/21/2022
Troy Payne	Alaska Justice Information Center, UAA	Legal definition of DV as meaningful diagnostic is false. A DV crime can look many ways. Offenders are not a monolith. Legal criminal justice system doesn't take systemic approach to issue.	9/21/2022
Diane Palmer	Office of Children's Services	Victim safety as priority. OCS removal of children in DV situation without knowing full story. When abusive dad is provider. Accountability: holding people to the impacts of their actions.	9/21/2022

Adam Rutherford	Department of Corrections	This framework is excellent. Community readiness. Lack of services available. Need for community assessments of existing programming. Risk, needs, responsivity. Is what we are providing meeting the risk level? No "one-size-fits-all". Statutory changes are needed. May be room for both programming and treatment, assessments could guide needs for services. Referral to other sources: can't fall on provider but rather a treatment team to address folks' needs. Management of special populations; dementia for instance. We owe prevention efforts to the people of the state of Alaska.	9/21/2022
Anthony Piper	Division of Behavioral Health	Firstly: this is a very thorough undertaking and I am impressed with the results and proud to have participated. Agree and somewhat challenge the statement that there is a distinction between program and therapeutic treatment. Accountability is a therapeutic tool as well as the "treatment" intervention which is designed to offer change to the individual. Any program designed for this population must include some of these most significant elements: -Accountability- that is monitored as closely as needed depending on the assessment results. Sanctions must be swift and impactful. Incentives must also be included to support positive change. -Personal responsibility, but ultimately behavior changes is necessary. -A team approach that would include multiple stakeholders including, DOC, the Courts, Law, treatment, monitoring, case-management etc. -At some point we will need to invest in healthy alternatives as the norm so that the need for this intervention is no longer required.	10/12/2022

Marsha Oss	Self	As an individual that has a multi-faceted experience with Domestic Violence, I agree with points put forward by the draft. I would also suggest that when looking at programs to address IPV, to develop programs that deal with the Complex Trauma all parties are suffering from. One way to do that would be to utilize Stephanie Covington's gender-specific Healing Trauma/Exploring Trauma 6-week curriculum as a prerequisite to attending a prevention program. This program allows for the individuals to get a clear understanding of the reactionary behaviors that present in IPV. There is an explanation to what has become the "go-to response." When we used this at FCC, the attitude of the men was very different and personal accountability was more prevalent than in the groups that hadn't explored their own history. The second part of the program would be to utilize Wendy Coates program materials. https://domesticviolenceintervention.net/author/coateswendy/ Specifically the Emotionally Intelligent Batterer's Intervention Program. This program is trauma-responsive, utilizing Mindfulness and Accountability, and is written in a way as to personalize the healing journey for men to stop harmful behaviors. We use this in Fairbanks and have seen some good success and buy-in from men attending groups in the community and the institution.	10/4/2022
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Ingrid Johnson	UAA Justice Center	The framework is excellent for considering the most important aspects of programing designed to change abusive behaviors. After reviewing the concept paper, I am left wondering exactly who the "target population" is for this programming. It is left a bit vague at the beginning of the paper as "abusive partners." Are we only talking about abusive partners who have been arrested and charged with DV related offenses? Only abusive partners who have been convicted of DV related offenses? Or are we trying to cast a wider net? This decision has important implications for where assessments are done, what type of intervention(s) to bolster, and what monitoring looks like. I think this is especially important given how rarely victims report to the CJ system, how much of abusive behavior is not illegal by Alaska statute (e.g., psychological abuse, coercive control and entrapment), and how limited the CJ system is by due process rules to hold many people accountable (as it should be). Do we want programming in place to serve the victims, abusers, and communities who do not want to involve and/or are not helped by the CJ system? Many thanks to all who are investing/invested in this work!	10/10/2022
Melinda Gurney	Alaska Family Services	Having a consistent/universal definition of offender/batterer/perpetrator is critical as these labels are currently given to many with an extreme range of offenses. Extensive assessment would aid in this versus simple screening tools as well as full collaboration between legal and provider services. Treatment and programming should be separate levels of intervention. Can some levels of accountability be peer to peer approach? This has show effectiveness in SUD supports and may be viewed more supportive based versus punishment based.	10/11/2022

Mandy Cole	AWARE	The analysis of the current state of BIP programs in AK appears accurate, in that it highlights the lack of standardized assessment, intervention and monitoring. While Assessment is acknowledged to be critical, it does not suggest a manner of assessment, which would presumably be up to the individual program, however, this feels like the number one impediment to consistency in our current system. Whatever imperfections are inherent in assessment should be acknowledged, but in my view, a standard assessment tool is a non-negotiable first step to statewide efficacy. Interventions, however, can be more tailored to the needs of the individual and community. I believe that is a strong element of this paper. There are, however, many references in the paper to programs being "therapeutic", which implies a clinical element in intervention. That is currently not the case, and to require it would likely move these interventions out of the "DV" realm and into the behavioral health world, with it's diagnoses and treatment plans. While I understand that is already happening in some areas, in others, we still support a psycho-educational approach. I strongly caution against a purely clinical model, as I believe it does not address the elements of patriarchy and sexism that underlie much of gender based violence. I agree that many behavioral health issues coexist with patriarchy and sexism, and that those should also be addressed, however, not to the exclusion of the social factors and learned behaviors that motivate coercive control. This underscores my main point- these programs are not "holistic". They need to be interconnected with behavioral health, victim services, ideally prevention-based programming, and family services...but if they are "wellness" programs, it is likely that they will lose the ability to name and motivate change around the specific beliefs and behaviors that ground GBV. I have absolutely no connection to the name perpetrator or batterer or even accountability...but I do have the experience of challenging controlling/abusive beliefs without shame that I have not seen replicated in therapeutic settings. I have often had the experience of psycho-education dovetailing with clinical services to provoke additional insight and processing.	10/12/2022
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Keeley Olson	STAR (Standing Together Against Rape)	I highly recommend reviewing the Washington Administrative Codes for DV intervention and treatment. I had a lot of experience working with tx providers, survivors and the court system while I was a Victim Advocate in Olympia. The standards are clear and extensive, and prioritize victim safety. The state does NOT pay for any treatment for offenders who are in the community, the offender pays for it and engages or is violating conditions of release and goes back to jail. This may seem harsh, but they often are able to find ways to pay for it when facing incarceration. 52 consecutive weeks of DV tx is ordered in EVERY SINGLE Misdo conviction. Professional clinicians flock to provide tx because it is very lucrative. It takes state dollars for tx out of the equation, allowing the state to focus on certifications and code improvement. Telehealth access and improvements could soon make this a possibility even in the most remote areas of AK.	10/13/2022
Diane palmer	OCS	I agree with everything that was in the draft concept paper. There is still misconception around DV being physical only. There needs to be focus on holding the perpetrator's accountable to their actions. I would like to see programs that are focused on parents and how their behaviors impact their ability to safety parent their children.	10/17/2022