

CDVSA STAKEHOLDER INPUT LOG - PERPATRATOR 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

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

Adam Rutherford	Department of Corrections	<p>This framework is excellent.</p> <p>Community readiness. Lack of services available.</p> <p>Need for community assessments of existing programming.</p> <p>Risk, needs, responsivity. Is what we are providing meeting the risk level? No "one-size-fits-all".</p> <p>Statutory changes are needed.</p> <p>May be room for both programming and treatment, assessments could guide needs for services.</p> <p>Referral to other sources: can't fall on provider but rather a treatment team to address folks' needs.</p> <p>Management of special populations; dementia for instance.</p> <p>We owe prevention efforts to the people of the state of Alaska.</p>	9/21/2022
Anthony Piper	Division of Behavioral Health	<p>Firstly: this is a very thorough undertaking and I am impressed with the results and proud to have participated.</p> <p>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:</p> <ul style="list-style-type: none"> -Accountability- that is monitored as closely as needed depending on the assessment results. <p>Sanctions must be swift and impactful. Incentives must also be included to support positive change.</p> <ul style="list-style-type: none"> -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	<p>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.</p> <p>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.</p> <p>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.</p> <p>We use this in Fairbanks and have seen some good success and buy-in from men attending groups in the community and the institution.</p>	10/4/2022
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Ingrid Johnson	UAA Justice Center	<p>The framework is excellent for considering the most important aspects of programing designed to change abusive behaviors.</p> <p>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!</p>	10/10/2022
Melinda Gurney	Alaska Family Services	<p>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.</p>	10/11/2022

Mandy Cole	AWARE	<p>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.</p>	10/12/2022
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Keeley Olson	STAR (Standing Together Against Rape)	<p>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.</p>	10/13/2022
diane palmer	OCS	<p>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.</p>	10/17/2022