

# **DOMESTIC VIOLENCE INTERVENTION STANDARDS**

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# DOMESTIC VIOLENCE INTERVENTION STANDARDS

## Introduction

### I. PURPOSE OF INTERVENTION STANDARDS

- A. The central purpose in establishing standards for domestic violence intervention programs is to increase victim safety by eliminating violence in intimate relationships. The interventions will focus on holding the offenders accountable for their behavior by teaching new skills and monitoring their behavior while they are participating in the intervention programs.

### II. PURPOSE OF THE CURRICULUM FOR INTERVENTION PROGRAMS

- A. Provide a model for intervention which identifies and remediates tactics of "power and control"<sup>1</sup> and other abusive behaviors;
- B. Promote consistency of intervention services statewide;
- C. Hold the offenders accountable for their behavior;
- D. Provide a model of violence-free behavior among family members.

### III. PURPOSE OF INTERVENTION PROGRAMS

- A. Hold offender accountable, challenge offender's beliefs, and teach offender new skills that will facilitate changes in his/her behavior;
- B. Collect data to assist with evaluations of program effectiveness and recidivism;
- C. Disallow collusion and victim blaming by offenders and others;
- D. Challenge myths about domestic violence and promote no tolerance for violent behavior;
- E. Report compliance and non-compliance to court and/or the Department of Corrections, or other officially designated monitoring source.

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<sup>1</sup> Pence, E. and Paynar, M. (1986) Power and Control: Tactics of Men Who Batter. The Duluth Model, Duluth, MN Minnesota Program Development, Inc.

#### IV. DEFINITIONS

- A. "**Domestic violence**" shall be defined as any act involving physical injury or harm; the threat of physical injury or harm; any act of nonconsensual sexual contact, penetration, intercourse; or the threat of nonconsensual sexual contact, penetration, intercourse, or sexual coercion; property damage; intimidation; endangerment; unlawful restraint; or any other coercive behavior that is used to control another through physical violence, sexual violence, emotional and psychological violence, intimidation, verbal abuse, economic control or other methods within a past or present intimate adult relationship.
- B. "**Provider**" shall be defined as an entity or individual who provides domestic violence intervention programs.
- C. "**Psycho-educational**" shall be defined as structured educational approaches to offender intervention that are based on social learning theory and cognitive behavior theory principles. It is fundamental to the understanding of this model that violence is learned. The goal is to eliminate the offender's use of violent and abusive behaviors.
- D. "**Supervisor**" shall be defined as one who meets all facilitator requirements and supervisor criteria established by these standards and provides oversight, guidance, and evaluation to trainees and facilitators.
- E. "**Facilitator**" shall be defined as a domestic violence intervention group leader.
- F. "**Trainee**" shall be defined as an individual in the process of meeting the requirements of facilitator as required by these standards.
- G. **Abuse**: Any action or word, which constitutes a misuse of power whether, intended to, or resulting in the injury, control, or disregard of another person.
- H. **Violence**: Actual or threatened misuse of physical force whether intended to or resulting in the injury, coercive control or disregard of another person.
- I. **Domestic Violence/Abuse**: Occurs in an intimate relationship context with strong ties to behaviors, attitudes, and belief systems that are oppressive.
- J. **Battering**: Systematic use of violence often used to support other forms of abuse in an attempt to gain power and control.
- K. **Domestic Violence Offender/Batterer Type**: An individual who has

engaged in battering with an intimate partner.

- L. **Domestic Violence Offender/Response Type:** An individual who has engaged in at least one act of domestic violence exclusively in response to a perceived threat of violence and been the victim of domestic violence and often of childhood/family of origin abuse.
  
- M. **Domestic Violence Offender/NOS** {not otherwise specified}: An individual who has engaged in at least one act of domestic violence and does not meet the criteria of either the “Batterer” or “Response” type  
or  
has features of both the “Batterer” and “Response” type  
or  
for whom not enough information is known to classify either as a “Batterer” or “Response” type.
  
- N. **Violent Offender:** An individual who has committed an act of violence against a non-intimate victim, has no history of domestic violence, and is not exhibiting other significant risk factors for domestic violence.
  
- O. **Victim:** An individual who has been the direct or indirect recipient of another person’s use of violence and intimidation in an attempt to gain power and control. Tactics of power and control have been identified as being forms of physical, verbal, emotional, sexual, and/or economic abuse.

## V. DECLARATION OF POLICIES

These standards are designed to meet the needs of victims and offenders and, in doing so, the whole community. Therefore, interventions with offenders must take place in the context of the following policy goals:

### A. Providing Safety for Victims and their Children

1. The safety of all parties involved is the primary concern of a domestic violence intervention program.
  
2. Providers shall develop procedures which: adequately assess the safety of the victim; provide regular contact with the victim to verify the victim's safety; make sure that the victim is offered referrals or assistance; and inform the victim of the offender's status in the group. If victim contact would seriously compromise the safety of the victim or the offender, the intervention provider may decide not to initiate contact and should clearly document the reasons for the decision not to contact.

3. Providers shall keep victim contact records separate and secure from offender files.
4. Providers shall cooperate and communicate with area domestic violence programs so as to stay advised on common issues.
5. Providers shall develop and implement procedures consistent with these standards for reporting non-compliance to the courts or other relevant agencies.

#### **B. Holding Offenders Accountable**

1. Offenders shall be held accountable to the fullest extent possible to victims and the community for their use of violence by paying costs associated with attending the intervention program. While there are many people who are close to indigence, a fee for services, no matter how minimal, should be assessed. Taking responsibility for the payment for services is an important part of the offender's taking responsibility for violent behavior. Resources should be available for offenders who are also victims of domestic violence. It is important to educate referral sources (courts, probation officers, child protection workers, etc.) about your group work with offenders and to advocate for appropriate services for all persons who are victims of domestic violence.

#### **C. Being Part of a Coordinated System Response**

1. Providers must be knowledgeable about the laws and the legal system as they pertain to domestic violence offenses including, but not limited to, criminal and civil remedies for victims and local law enforcement, prosecution and local court personnel, domestic violence rules and policies.
2. Providers must have cooperative and regular communication with area domestic violence programs.
3. Providers should be informed about and, to the extent possible, participate in local, state and national coalitions, task forces and councils that work toward the prevention and elimination of domestic violence. Providers will attend and participate in the Domestic Violence Task Force and the Treatment Subcommittee of the Domestic Violence Coordinating Council.

#### **D. Complying with Standards**

1. Providers must comply with all standards set forth herein.

## **VI. WHEN DOMESTIC VIOLENCE INTERVENTION IS APPROPRIATE**

### **A. Persons for Whom Programs are Designed**

1. These standards are primarily designed for violence perpetrated in intimate relationships.
2. Persons identified as offenders should only be ordered to attend programs specifically designed for offenders of the same sex.
3. Juvenile offenders and offenders under the age of 18 who have been tried as adults shall not be referred to or enrolled in intervention groups for adult offenders, unless the service provider finds extraordinary circumstances allowing an exception to this policy.
4. Offenders in same sex relationships may enroll in programs for heterosexual perpetrators, if the court and the service provider determine such group intervention is appropriate.

### **B. When and How Courts Should Order Domestic Violence Intervention**

1. Warnings about Dual or Mutual Arrest.
2. When there has been a dual or mutual arrest, the court should evaluate whether either party acted in self-defense. These determinations are critical to appropriate sentencing of offenders to intervention programs.
3. Court Mandates.
  - a. Domestic violence intervention should be mandated as a condition of supervision and as a condition of an Order of Protection, unless the court makes written factual findings in its judgment or order finding that domestic violence intervention would be inappropriate in that particular case.
  - b. Delaware law now requires the court to order completion of a psychosocial assessment upon a second conviction for a domestic violence crime. If an offender has already completed a domestic violence intervention program, the court should consider whether referring the person to attend a domestic violence intervention program again, is appropriate. A psychological evaluation may be appropriate before any referrals are made in those cases.
4. Probation.

- a. A minimum probation term of one year should be ordered by the court so as to allow the offender to complete the program. Probation should not be terminated by the court until the offender has completed the domestic violence intervention program and has been successfully discharged by the service provider. Evidence of reconciliation or agreement to participate in couples, marriage or family therapy shall not affect the term of probation nor affect the determination of the court that the offender shall complete the intervention program.
- b. The court should order a supervision intensity level that is appropriate for the particular offender; however, no offender who is court ordered to attend an intervention program should be placed on Level I supervision.

### **C. Diversion Programs**

1. Research suggests that diversion programs are not successful in most domestic violence cases. As long as Delaware has a First Offender's Domestic Violence Diversion Program, however, such diversions should not occur unless the order mandates completion of the full program and allows for a one-year term of supervision. Any diversion must be strictly monitored and the terms of the order strictly enforced.

## **VII. STANDARDS OF CARE**

### **A. System Response is Critical**

1. Successful intervention requires an immediate, consistent, coordinated system response, which will hold offenders accountable and impart swift consequences for violent behavior. An offender who fails to attend the intervention program or who engages in behavior that is in violation of the courts order should be addressed by the court in an expeditious manner. The court should determine how to modify and/or punish the behavior.

### **B. Provider Responsibility**

1. Providers are required to notify the court and or the Department of Correction, or other officially designated monitoring source of the failure of the offender to comply with the courts order or a substantive term of the providers contract.

### **C. Intervention Standards**

1. Intervention must be intensive, long term, and court mandated, while also being humane, affordable and reflective of the diversity of each



community.

#### **D. System Support**

1. Support from the judiciary, prosecution, law enforcement, correctional authorities, military and social services are of paramount importance if these intervention standards are to be effective.

### **VIII. DOMESTIC VIOLENCE INTERVENTION APPROACHES**

Domestic violence intervention providers should conduct a biopsychosocial assessment with every offender. The results of the assessment should determine which intervention is appropriate.

#### **A. DOMESTIC VIOLENCE INTERVENTION {BATTERERS TYPE}** should be provided as outlined in Section XIII A 1 and Section XIV.

Separate groups should be conducted for male and female batterers. Separate groups should also be provided for participants who are in same sex relationships and those in heterosexual relationships. When group intervention is not available, individual counseling is recommended. Batterers can be served within the same groups as other domestic violence offenders providing such groups meet the content criteria for both categories of offenders. {see section IV}

#### **B. DOMESTIC VIOLENCE INTERVENTION, {RESPONSE TYPE AND NOS}** Should address stopping the violence by holding the offender fully accountable for his/her behavior, assessing both victim and offender safety, identifying and addressing contributing factors (including victimization of the offender) and using non-shaming approaches which model respectful behavior. It should follow the guidelines for assessment and staff qualifications established in the standards for Batterer Treatment.

Separate groups should be conducted for male and female domestic violence offenders. Separate groups should also be provided for participants who are in same sex relationships and those in heterosexual relationship. When group intervention is not available, individual counseling is recommended. Other domestic violence offenders can be served within the same groups as batterers, providing such groups meet the content criteria for both categories of offenders.

#### **C. VICTIMS/SURVIVOR SERVICES:** Mandating a victim/survivor who is not also an offender into services is a re-victimization of the victim/survivor. Careful consideration should be given to the mandating of

any services to a victim/survivor. Information about legal, counseling, shelter and emergency resources should be provided at the time of assessment. A safety plan should be developed at the time of assessment.

Separate groups should be offered for male and female victims/survivors. Separate groups should also be provided for participants who are in same sex relationships and those in heterosexual relationships. When group intervention is not available, individual counseling is recommended.

\*Elderly victims should be assessed by a domestic violence intervention program to determine the source of their victimization. Gender and relationship to the offender should be considered.

**D. ANGER MANAGEMENT INTERVENTION:** Should address anger management tactics and strategies. This intervention should only be used for violent offenders as defined in section IV. Group interventions can be co-ed. A protocol has not yet been developed for anger management.

#### **E. THEORETICAL BASIS**

1. These intervention standards are based upon a psycho-educational intervention model. This model addresses abuse in both a personal and social context through gender-based expectations, beliefs, and attitudes. It acknowledges that violence is a learned behavior and that alternatives to violence can be learned. All offenders must be held responsible for their violent acts.

#### **F. GROUP STRUCTURE INTERVENTION**

1. Group intervention for offenders is mandatory under these standards.
  - a. Separate groups should be offered for adults and adolescents.
  - b. Group members must be of the same gender.
  - c. Separate groups should be created, if possible, based on the needs of the client population in cases where there is a language barrier, disability or other special needs. {It is presumed that offenders who are also victims of domestic violence will complete the structured intervention. In the exceptional circumstance where this would not be appropriate, the intervention provider will provide written documentation to the referral source as to the inappropriateness of that intervention and will recommend alternative intervention. Separate groups may also be created based on assessment of client's history of victimization and review of violence in context of current and past relationships.}

- d. Facilitators should demonstrate the ability to provide a secure environment for all participants. While providing group services that support personal accountability for abusive and violent behavior, group facilitators must recognize and be respectful of any group member's history or current experience of victimization.
2. Individual counseling may be recommended and provided based on the ongoing assessment of the intervention provider that the offender can better benefit from individual services at this time. The monitoring agency will be informed of this recommendation.

**G. SUBSTANCE ABUSE, MENTAL HEALTH AND COGNITIVE ABILITY**

1. Substance abuse, mental health and cognitive ability are to be evaluated during the intake and assessment phase.
2. When substance abuse/chemical dependency is indicated, a recommendation must be made for offenders to enroll in and complete an appropriate substance abuse intervention program or a qualified program that addresses both substance abuse and domestic violence.
3. Mental health needs and limitations in cognitive ability should be well documented. Appropriate referrals should be made.
4. Substance abuse and mental health intervention should not be ordered or provided in lieu of domestic violence interventions. Such interventions may be concurrent if conducted on an outpatient basis.

**IX. INAPPROPRIATE INTERVENTION**

**APPROACHES A. Victim Blaming**

1. Service providers must not communicate or act in ways that perpetuate attitudes of sexism, and they must emphasize the personal accountability of the parties involved. Responsibility for the violence should not be shifted to the victim. Each offender must be held responsible for any violent acts during an incident.

**B. Victim Coercion or Mandates**

1. Any approach that coerces, mandates or otherwise requires victim participation is inappropriate.

### **C. Couples, Marriage or Family Therapy**

1. In no instance should couples, marriage or family therapy be started prior to a careful assessment of the offender and the start of an appropriate intervention program. In most cases, couples, marriage, or family therapy will not be appropriate until the offender has completed the intervention program, and it may never be appropriate. Extreme caution should be used before recommending couples, marital, or family therapy.
2. The presence of any of the following factors should rule out the use of couples, marriage, or family therapy and appropriate referrals should be made:
  - f* Severe and continuous history of violence and abuse.
  - f* Lack of credible commitment or ability to maintain safety (e.g., refusal to surrender weapons).
  - f* Continuing externalization of blame to justify past and current physical violence.
  - f* Acute or chronic substance abuse.
  - f* Presence of psychotic features.
  - f* Imminent danger to self or others.
  - f* Victim is present under coercion or duress, or patterns of intimidation, threat or censorship exist.
  - f* Offender exhibits a lack of capacity for developing empathy for the victim.
  - f* There are legal orders prohibiting contact.
  - f* Unresolved issues of incest or child abuse.

All of the following criteria must be met before couples, marriage or family therapy is recommended:

- f* The offender must continue in the group intervention program even if couples, marriage or family therapy is utilized.
- f* Each partner must freely agree to couples, marriage or family therapy without coercion.

- f* The offenders must be able to accept responsibility for any violence and demonstrate a willingness to change their behavior.
- f* Co-facilitation should be used in all couples, marriage or family therapy, to help provide support and protection for the victim and to model non-abusive interaction.
- f* Prior to commencing couples, marriage or family therapy, at least one session should be held with each partner individually and then at least one meeting with the parties together to evaluate issues of individual responsibility and denial.
- f* Each party must agree to follow safety guidelines recommended by the therapists.
- f* The parties must be aware of the detrimental impact of violence on the children.
- f* The parties must demonstrate a willingness to access a support network.

#### **D. Other**

Additional inappropriate approaches or techniques include:

1. Intervention which promotes stereotypical beliefs about male and female roles in violence and misuse of power; and any intervention that supports retribution and revenge;
2. Psychodynamic interventions which link experiences and unconscious motivations as the central cause of violence;
3. The misuse of systems theory approaches which treat the violence as a mutually circular process, blaming the victim;
4. Addiction counseling models which identify the violence as an addiction;
5. Communication enhancement or anger management techniques, such as fair fighting techniques, which lay primary causality on anger;
6. Theories or techniques which identify poor impulse control as the primary cause of violence; and
7. Methods which identify psychopathology on the part of either party as a

primary cause of violence and thus denies personal responsibility.

## **X. SYSTEM PROCEDURES AND FLOW**

This section contains the suggested process for getting offenders into and through domestic violence intervention programs.

Anyone who participates in a domestic violence intervention program, whether they have volunteered for the program, been court ordered to attend, or been referred by some other agency, must adhere to the same general procedures outlined herein.

Unless the Court makes written findings to the contrary, all offenders who have been convicted of or who have entered a diversion program for a domestic violence offense or who have had an Order of Protection entered against them shall be referred for assessment and recommended intervention in a domestic violence intervention program. Such offenders shall comply with all regulations and requirements set by the provider pursuant to these standards.

1. The Court shall give the offender written information which shall include:
  - a) A list of certified providers in the area who offer domestic violence intervention programs. The list shall include the name, address, telephone number and any known times that programs are held; and
  - b) A statement that the offender must call to schedule an appointment for orientation within five (5) working days and must complete both intake and orientation within thirty (30) working days.

Within forty-five (45) working days of the Court's order, the offender must deliver to the court, pretrial services, probation, or another designated monitoring agency, written proof from the intervention program of compliance with item 1.b. of this subsection.

### **A. Information for Assessment**

The following information should be given to the provider by the court, law enforcement, probation, or any other relevant justice entity, in an expeditious manner:

1. Police reports and the arrest affidavit;
2. Any outstanding or current Orders of Protection;

3. Any agreement under the First Offenders Program provision of the Delaware code;
4. Any Attorney General's probation form;
5. Court orders with case disposition and identifying case numbers; and any criminal no-contact orders that may exist;
6. Prior and current criminal history, including out-of-state history.

**B. Failure to Comply**

1. Probation, (or another entity designated by the court), shall notify the court in writing if the offender fails to comply with the terms of this section after receiving notice of the failure to comply. The court may schedule a proceeding if it deems it to be appropriate. Any such proceeding should be heard on an expedited basis.

**XI. CONFLICTS OF INTEREST**

It is important that both actual and apparent conflicts of interest among domestic violence intervention providers and concurrent intervention providers be avoided. Therefore, the following safeguards are established:

- A. The court shall provide the offender with a listing of area domestic violence intervention programs. The offender will then make a selection as to which program to attend from that listing.
- B. Offenders are always free to attend a different intervention program after intake, orientation, or assessment.
- C. The completed assessment may include a recommendation to the referral source that the offender undergo intervention in addition to, or instead of, the domestic violence intervention program. The provider shall give the offender a list of those providers who can perform the intervention and may include itself on that list if it is so qualified.

**XII. ASSESSMENT**

**A. Purpose and Rationale**

1. A biopsychosocial clinical assessment is an inherent component of all domestic violence intervention programs. It is performed to:
  - a. Assess for personal behaviors that present a danger to the offender or

others, for severe mental illness, for substance abuse problems and for any other reasons that make offenders unable to participate successfully even with concurrent or preliminary intervention of their problems.

- b. When it is determined that offenders are also victims of domestic violence they will complete the structured intervention. When it is determined that a victim is not a Domestic Violence Offender, the structured intervention would be inappropriate. The intervention provider will provide written documentation to the offender source as to the appropriateness of the intervention and may recommend alternative intervention.
- c. Identify persons who would benefit from concurrent mental health, substance abuse intervention or combined programs.
- d. Elicit important information that the intervention program may use including:
  1. Most recent violent episode;
  2. Violence in previous relationships (observed, experienced, expressed);
  3. Protection from Abuse orders;
  4. Conditions of probation;
  5. Violence in family of origin (observed or experienced);
  6. Assessment of lethality to include:
    - (a) homicide risk
    - (b) suicide risk
    - (c) frequency/cycle of violence
    - (d) history of violence
    - (e) substance use/abuse
    - (f) assaults on other family members, including children
    - (g) previous criminal history/activity
    - (h) violence outside the home
    - (i) proximity of victim and offender
    - (j) attitudes toward violence
    - (k) life stresses and/or potential triggers
    - (l) accessibility to weapons
    - (m) obsession over partner (or children)



7. Assessment of other forms of abusive behavior (emotional, sexual, financial, etc.);
  8. Substance abuse assessment;
  9. Mental health assessment; and
  10. Assaults on other family members.
2. If the initial phase of assessment is completed by an agency other than the provider, an initial assessment report must be completed and forwarded to the provider within five (5) working days of being conducted. The provider will be expected to review the initial assessment and to continue the assessment process. The provider may make additional recommendations as needed to provide appropriate intervention to the male offender.
  3. If the intervention program is determined to be inappropriate for the offender, the provider must document the reason for the determination and make a specific recommendation to the court and/or the referring agency. The provider's determination may be due to:
    - a. Extensive psychiatric history or current psychiatric concern that would preclude successful participation in the program;
    - b. Extensive criminal record of violent crimes that shows a high level of danger to the victim or a high level of lethality;
    - c. Chronic substance abuse or chemical dependency that requires completion of a intervention program;
    - d. Extensive developmental or mental impairment that would interfere with the offender's ability to function in a group intervention program; and

## **B. Costs**

The cost of the bio-psychosocial assessment must be borne by the offender and may be on a sliding scale determined by the provider.

## **C. Length of Assessment**

A thorough bio-psychosocial assessment will require a minimum of one hour to complete.

### **XIII. PROGRAM SPECIFICS**

#### **A. Length of Program**

Intake, assessment, and other necessary administrative tasks will not be part of the total length of the group intervention.

##### **1. Domestic Violence Intervention, {Batterers Type}**

The length of the program intervention will be at least 32 session hours over a minimum of 20 weeks with a minimum of 16 sessions.

##### **2. Domestic Violence Intervention{Offender or NOS Type}**

The length of the program intervention will be at least 24 session hours over a minimum of 15 weeks with a minimum of 12 sessions.

#### **B. Time**

Each group session will be a minimum of one hour. Preferred length of time is 90 minutes to 2 hours.

#### **C. Size of Group**

The maximum group size will be 10-15 members for one facilitator with no more than 20 group members per two facilitators.

#### **D. Co-Facilitation**

Group interventions may be co-facilitated by one male and one female for the purpose of modeling healthy egalitarian relationships and to monitor the group process.

#### **E. Enrollment/Intake (one hour minimum)**

1. An intake shall be performed by the domestic violence intervention program. The intervention program will be chosen by the offender from the list of providers given to the offender by the court.
2. A contract must be signed by the offender which includes:
  - a. An outline of program content showing the dynamics of power and control, the effects of abuse on the victim, children and others, gender roles, socialization, and the nature of the violence;

- b. A minimum offender attendance requirement: Policy will include offender attendance at group sessions free of drugs, alcohol and violence;
  - c. Termination criteria;
  - d. Program rules, regulations and fees;
  - e. Disclosure of information statement that states the following will be reported to the appropriate person(s) including the victim, courts or probation:
    - 1) Any serious threats that the offender may make to do bodily harm to the victim or to any other person, or to commit suicide;
    - 2) Any belief that child abuse or neglect is present or has occurred, which also will be reported pursuant to Title 16 Delaware Code Section 903;
    - 3) Any conduct the offender willfully chooses to engage in which poses a threat to the victim, his or her property, or to third persons related to the parties.
  - f. Provider expectations, such as participation and homework, and that the offender will be held accountable for abusive and violent behavior;
  - g. Notice that the victim will be contacted unless otherwise documented;
  - h. Specific release of information for collateral intervention;
- 3. The provider may contract with the offender for video/audio recordings of group sessions for the purpose of internal instruction, education, research or program monitoring. However, agreement to such a contract provision is not mandatory for the offender.
  - 4. The provider must gather information for an abuse history and shall attempt to gain a commitment from the offender to participate in the program and be violence-free.

## **F. Assessment**

An assessment as described in Section XII shall be conducted.

## **G. Orientation**

The domestic violence intervention program shall perform an orientation. The minimum time for orientation is a one hour and forty-five minute session.

Orientation should include an overview of:

1. The definition of domestic violence;
2. The definition of battering;
3. Power and control tactics;
4. Non-abusive behavior;
5. The rules and regulations of the group process;
6. The correlation of drug and alcohol use;
7. The effects of domestic violence on children; and,
8. The patterns of abuse.

## **H. Victim Contact and Related Services**

The provider shall make every effort to contact the victim. When the offender is enrolled in a Domestic Violence {Batterers Type Intervention Type} Program contact can be by phone or by letter. All contact with a victim should be documented in a separate file. If the victim is sent a letter, it should contain an overview of the domestic violence intervention program, information about community resources for victims, suggestions for a safety plan, and an inventory of abusive behaviors to be filled out and returned to the provider. If contact is made with the victim by phone, the same information should be covered. The victim should be encouraged to contact the provider throughout the period during which the offender is in intervention. When the offender completes the program, an inventory of abusive behaviors should be mailed to the victim to complete and return to the provider so that intervention effectiveness can be measured.

In interventions with other Domestic Violence offenders the victim contact will be at the discretion of the provider.

The provider must immediately attempt to report any threat of violence from an offender to a prior potential victim and, if not successful, must immediately contact local law enforcement. This action must be documented in the

offender's file and a separate file to show attempted contact with the victim(s) and with law enforcement.

Any information obtained from victims shall be deemed confidential and shall not be disclosed to any third party without specific, written authorization from the victim or a court order.

Efforts should be made to have the victim liaison be the same gender as the victim. This will assure that attention is paid to gender issues and will help to foster an uninhibited flow of information.

### **I. Program Attendance and Attendance Policy**

Failure to complete the provider's program and the required number of group sessions within the required number of weeks, without written authorization to extend, will result in termination from the program.

The offender must attend the required sessions that comprise the domestic violence intervention program, or re-enroll through the group intervention process. If a person does re-enroll, the referring agency will be notified. The offender cannot begin the intervention program until the assessment and orientation are complete.

### **J. Discharge**

There are three major categories of discharge.

#### **1. Completion**

The offender has complied with rules and regulations, attended scheduled appointments, participated at an acceptable level, and completed homework and other assignments. At the time of completion, additional recommendations may be made and sent to the referring agency.

#### **2. Non-compliance, or inappropriate intervention.**

If the offender is not compliant, or the provider determines that the intervention is inappropriate, the provider will document the reason, make specific recommendations to the referring agency, and make all attempts to notify the victim if safety is a concern.

The provider can refuse to provide services due to:

- Extensive psychiatric history or current psychiatric concern

that would preclude participation in the program, including an active mental health history;

- Extensive criminal record of violent crimes that shows a high level of danger to the victim or a high level of lethality;
- Chronic substance abuse or chemical dependency that requires completion of a intervention program; and
- Extensive developmental or cognitive impairment that would interfere with the offender's ability to function in a group intervention program.

### 3. Termination of intervention

Termination of intervention occurs when the service provider chooses to expel the offender from the program for:

- Recurrence of violence (violent conviction) and/or a breach of condition of the court order;
- Failure to abide by the rules and regulations of the program, including absences and other matters set forth in these standards and through contract agreement with offender;
- Failure to participate and attend sessions; or
- Attending group under the influence of alcohol and/or drugs.

If an offender is terminated from the program, the provider must:

- Document clearly and specifically the reasons for termination without jeopardizing the safety of the victim;
- Make specific recommendations, including probation violation, returning to the program, or any other intervention program;
- Inform the victim of the termination;
- Inform the referring agency of the termination and include the reason for termination; and
- Inform the offender of termination in documented contact.

## **K. Concurrent or Subsequent Intervention**

Concurrent or subsequent intervention for mental health, medical intervention or substance abuse may take place during the psycho-educational program.

## **XIV. BATTERERS TYPE PROGRAM CONTENT**

### **A. Model**

Program topics must closely follow a model that depicts an overall system of physical, emotional and sexual abuse including methods and tactics of power and control.

Those tactics include:

1. Intimidation;
2. Emotional abuse;
3. Isolation;
4. Minimizing, denying, and blaming;
5. Using children;
6. Using Gender role, power differentiation;
7. Economic abuse; and
8. Coercion and threats.

### **B. Content**

Domestic violence intervention providers should also address each of the following content areas in the intervention sessions:

1. The offender's full responsibility for their violent and abusive behavior;
2. The definition of domestic violence;
3. The myths and beliefs about domestic violence, including myths about provocation;
4. The cycle of violence;
5. The identification of behavior, emotional, and physical cues which signal escalating anger and the need for de-escalation strategies;
6. The offender's ability to identify and articulate feelings;
7. The improvement of listening and communication skills and listening with empathy;
8. The improvement of problem solving skills;
9. The improvement of negotiation and conflict resolution skills;
10. Stress management techniques;

11. Stereotypical gender role expectations;
12. The improvement of self-esteem;
13. The development and improvement of support systems;
14. The socio-cultural basis for domestic violence;
15. The effects of distorted thinking on emotions and behavior;
16. Self-control versus power and dominance;
17. The effects of domestic violence on partner, children, self, and others;
18. The relationship between alcohol and/or drug use and other compulsive behaviors;
19. The roles of ethnicity/culture and differences in physical abilities in domestic violence.

## **XV. CREDENTIALS FOR DOMESTIC VIOLENCE INTERVENTION PROGRAM PERSONNEL**

### **A. Purpose**

The purpose of these standards is to:

1. Promote uniform professional standards of competence and ensure quality psycho-educational interventions with offenders;
2. Provide public assurance that certified providers, supervisors, and facilitators are qualified based on a standardized set of criteria; and
3. Define the personnel appropriate to work with domestic violence intervention programs.

### **B. Standards for Intervention Providers**

Intervention providers must:

1. Be free of domestic violence in their personal lives.
2. Be free of all criminal convictions while providing domestic violence intervention and intervention, and for one year prior to providing these services. Also, be free of any criminal conviction for a violent crime or for a crime involving alcohol or drugs for three years prior to providing these services.
3. Not communicate or act in ways that perpetuate attitudes of sexism.
4. Refrain from all victim blaming and, instead, emphasize personal accountability of the individuals participating in the program.



5. Not abuse alcohol or drugs.
6. Immediately report to the victim, police, and any other appropriate agency any credible threat of violence.
7. Immediately report that a child has been subjected to abuse or alleged or suspected child abuse or neglect by a client.
8. Assess the safety of victims and notify victims of specific information regarding continued or future victimization.

### **C. Confidentiality Issues**

An intervention provider shall not disclose any confidential communications made by a client to the intervention provider during the course of intervention without the consent of the client. Also, no intervention program employee or associate, whether clerical or professional, shall disclose any confidential information acquired through that individual's work capacity. Finally, no person who has participated in therapy conducted under the supervision of an intervention provider, including but not limited to group therapy sessions, shall disclose any knowledge gained during the course of such therapy without the consent of the person to whom the knowledge relates.

Notwithstanding the above general rules of confidentiality, intervention providers have the duty to warn potential victims of imminent danger if the intervention provider believes that the victim may be at risk from a client because of threats made or behavior exhibited. Intervention providers are required by law to report suspected child abuse.

The above rules of confidentiality also shall not apply when:

1. A client acts in such a way as to indicate that he or she may be dangerous to the lives of others;
2. A client or a client's heirs, executors, or estate administrators file a law suit or a complaint against a intervention provider arising out of, or connected with, the care or intervention of such client by the provider; or,
3. A provider was in consultation with a physical or mental health professional against whom a suit or complaint was filed based on the case out of which the suit or complaint arises.

## **D. Prerequisite Credentials for Facilitators**

### **1. Education and Work Experience Requirements:**

The facilitator applicant must have a Bachelors degree in social science, human services, or a similar field, as well as:

- a. 104 hours of direct face-to-face contact facilitating or co-facilitating domestic violence intervention groups using a power and control model. This requirement must be completed in not less than six months;
- b. 40 hours of victim-centered training, which can include providing advocacy to battered women and their children, conducting women's and children's groups, attending victim panels or presentations at which victims discuss their victimization, and any other program or training where victim issues are taught;
- c. 40 hours of training on domestic violence intervention and or appropriate related training as determined by the certification board; and
- d. Attendance at 4 hours of domestic violence hearings.

### **2. Knowledge and Skills**

The facilitator applicant must be able to demonstrate the following:

- a. An understanding of the dynamics of domestic violence within the context of power and control;
- b. An understanding of the effects of domestic violence on victims and their children and the critical nature of safety plans;
- c. An understanding that domestic violence is deeply rooted in historical attitudes towards women and is intergenerational;
- d. An ability to recognize risk factors associated with homicide, suicide, domestic violence, self-mutilation, and other violently aggressive behaviors, including displaying weapons;
- e. An understanding of the phases of intervention including self-generated crises, impasses, plateaus, resistance, and relapse;
- f. A familiarity with state and federal laws concerning domestic violence, including the policies affecting intervention of court-ordered

program participants, child abuse, divorce and custody;

- g. An ability to actively listen and process;
- h. An ability to assess participant's comprehension and incorporation of material;
- i. An understanding of childhood trauma, physical, psychological, emotional or sexual abuse and their correlations to domestic violence; and,
- j. An understanding of grief and loss processes and self-help fellowship resources available in the local community; and
- k. A thorough knowledge of the Memorandum of Understanding that exists between the Department of Services For Children, Youth and their Families, law enforcement, and the Attorney General's Office.

### 3. Principal Duties

The principal duties of the facilitator are to:

- a. Facilitate or co-facilitate weekly intervention groups utilizing the established curriculum and techniques;
- b. Model appropriate boundary setting, confrontation, refraining, paraphrasing, reflection and clarification;
- c. Identify and eliminate collusion or complicity, and intra-group conflicts for individual and group growth;
- d. Communicate non-hostility, respect, unconditional acceptance of ethno cultural and lifestyle differences;
- e. Teach and model problem-solving skills and non-violent behavior options;
- f. Recognize and process denial and minimization and other defense mechanisms;
- g. Establish rapport and understanding in a non-judgmental and objective manner so as to build trust, reduce resistance, and elicit the necessary feedback to gauge understanding of intervention imparted;
- h. Appropriately confront acts of domestic violence and other counter-

productive behaviors; and

- i. Elicit self-disclosure to enhance participants' self-exploration.

#### 4. Continuing Education and Participation Requirements

An applicant for re-certification as a facilitator shall complete a minimum of twelve (12) clock hours of continuing education within one year.

Approved areas of training include:

- a. Substance abuse evaluation and intervention;
- b. Domestic violence and the law;
- c. Evaluation and intervention with families where domestic violence is present;
- d. Completion of a power and control model training;
- e. Child abuse;
- f. Education regarding mental health and/or mental illness; and
- g. Training in any other area that the applicant can demonstrate is pertinent to providing a domestic violence counseling intervention.

Methods of training include: Attending seminars, webinars, and workshops; academic course work; completing an accredited home study course; attending domestic violence related court hearings or trials; riding along with the police; working with a domestic violence service provider other than one's own intervention program; and submitting original papers related to domestic violence. At least 6 of the 12 hours shall directly pertain to intervention with persons who are the perpetrators and/or victims of domestic violence. In addition, at least 6 of the 12 required clock hours shall be obtained by attending seminars or workshops presented by qualified trainers external to one's organization. These hours are to be documented by a certificate signed by the presenter or by a designated official of the sponsoring organization or by email confirmation of webinar participation.

#### **E. Prerequisite Credentials for Supervisors**

The following are prerequisites for supervisors of certified programs:

- a. All facilitator education/work experience requirements;

The following education and experience levels:

- a. A master's degree in social sciences, education or similar field, plus two years of equivalent experience working with victims and domestic violence intervention programs. Only purposeful and substantive victim or domestic violence intervention programs working directly with facilitators or co-facilitators will fulfill this two-year requirement. This must include:
  - 104 hours of direct face-to-face contact facilitating or co-facilitating domestic violence intervention groups using a power and control model. These requirements must be completed in not less than six months; and
  - 40 hours of victim-centered training which can include providing advocacy to victims and their children, conducting victims' and children's groups, attending victim panels or presentations in which victims discuss their victimization, and any other program or training where victim issues are taught.

Other domestic violence experience, which may include the following:

- Conduct domestic violence training;
- Teach domestic violence in high school or post-secondary school;
- Develop implement monitor or evaluate domestic violence programs;
- Conduct research in the field of domestic violence; and
- Author publications in the field of domestic violence.
- This requirement may be fulfilled concurrently with other experience requirements.

## **F. Trainees**

A trainee must work under the direction of a trained facilitator and his/her supervisor, or under the direction of a domestic violence program to gain the field experience that is required.

Trainees are encouraged to:

- Spend twenty hours a week at an area domestic violence program during the first ninety day period of their apprenticeship, and

- Co-facilitate groups with a facilitator under the direction of a qualified supervisor.
- Experience may be paid or unpaid, or part of a university internship program; either way, it must be documented in writing, by the program provider.