DOMESTIC VIOLENCE INTERVENTION STANDARDS

REVISED 2023

APPROVED BY THE DOMESTIC VIOLENCE COORDINATING COUNCIL (DVCC) ON DECEMBER 18, 2023

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1.INTRODUCTION

BACKGROUND

The Delaware Domestic Violence Intervention (formally Batterer's Intervention) Standards were first adopted in 1994 and last updated in 2011 by the Domestic Violence Coordinating Council (DVCC) Treatment Committee and approved by the full DVCC Council in 2012. In 2016, external program evaluation of Delaware's Domestic Violence Intervention (DVI) Program was conducted with the overall goal of demonstrating the program's accomplishments, effectiveness and recommendations for improvement. [1]

In 2019, the Domestic Violence Coordinating Council (DVCC) Treatment Committee convened a workgroup made up of representatives from Family Court, Department of Corrections, Office of Defense Services, existing and prospective Domestic Violence Intervention Programs, Delaware Prevention and Behavioral Health Services, and victim services, to review, evaluate and update the 2011 Standards to reflect current and emerging practices in the field of domestic violence intervention.

The Domestic Violence Intervention Certification Panel (formerly Batterers' Intervention Certification Panel) is a subcommittee of the DVCC's **Treatment Committee**. The Panel is responsible for overseeing and ensuring that treatment programs meet all specified requirements of the Domestic Violence Intervention Standards prior to being added to the list of Certified Treatment Programs.

PURPOSE OF STANDARDS

The central purpose in establishing standards for DVI programs is to provide transparent and consistent minimum operating standards, intervention practices and credentialing for certified DVI programs and DVI providers in Delaware. These standards are intended to:

1. outline the specific education and training required to become a certified DVI program and/or provider;
2. establish a well-defined framework around assessment protocols, collaboration standards, intervention approaches, and standards of care;
3. incorporate trauma-informed, victim-informed, evidence-based, and best-practices; and
4. collect data to evaluate the utilization and efficacy of Certified DVI Programs.

With the understanding that domestic violence intervention is developing and that there is no singular profile of a person who commits acts of domestic violence, these Standards are designed to provide for a good balance between a basic structure to which all certified DVI Programs must adhere and the flexibility for each certified DVI Program to continually develop and update treatment approaches in order to be innovative, evidence-based and meet best practice standards within the field.

LIMITATIONS

Domestic Violence Intervention Programs are a specialized form of intervention. As such, there are limitations regarding outcomes, and regarding when, for whom, and how domestic violence intervention programs should be used. Domestic violence offender intervention/treatment continues to develop, and the Treatment Committee will remain current on the emerging research and will seek to modify these Standards with any improved understanding of the issues or best practices.

[1] Barbara Goldberg, Linda Nash, Rekha Shukla, Barbara Goldberg and Associates, LLC. (2017). *Evaluation of the Batterer's Intervention Program (BIP) of the Delaware Domestic Violence Coordinating Council (DVCC)*. https://dvcc.delaware.gov/wp-content/uploads/sites/87/2017/09/FinalReport_Evaluation_BIP2017-1.pdf

Intervention programs alone do not create offender accountability. Instead, they are a component of a larger community response that includes the courts, probation and parole, and the legal and law enforcement systems.

Because domestic violence is complex, intervention alone is not a guarantee that an offender will cease violence and abuse; however, the most recent evidence suggests DV intervention can have a positive impact on addressing the attitudes and beliefs of those who cause harm and provide alternatives to violence.

GUIDING PRINCIPLES

These Guiding Principles were revised to guide the work and revision of state standards and incorporate current and evolving research in the field. [2,3]

1. Domestic violence is harmful, serious, prevalent, and costly.
2. The priority for DV Intervention is victim and community safety.
3. The intervention of DV offenders requires a coordinated community response and multidisciplinary approaches.
4. DV Intervention should hold offenders accountable with respect and humility.
5. DV Intervention should be culturally informed, and gender diverse as domestic violence occurs across all genders, sexual identities, race, and ethnicities.
6. Intervention should be delivered by staff in DVCC-certified programs who are skilled in responding to DV and knowledgeable about the community being served.
7. Monitoring and assessing the quality and efficacy of intervention helps expand understanding and improve practices.

CONSIDERATIONS FOR DIVERSE POPULATIONS

This section serves to acknowledge and accept people of all different genders, orientations, cultures, and disabilities and outline the importance of more inclusive DV intervention and the ongoing research in various communities[4]. It's important to understand the societal and community risk factors[5] with domestic violence perpetration and how other forms of violence and oppression can impact how one responds to DV treatment. A thorough understanding of intersectionality[6] is important when working with diverse populations as well as an assessment of how various forms of oppression intersect with and impact the way domestic violence and accountability are understood and addressed within marginalized and diverse communities.

LGBTQ+

Historically, domestic violence has been named a gender-based issue. In the early 1970's, as part of a larger women's rights movement, the Battered Women's Movement began. Many minoritized groups were decentered and not well represented in these movements. This gave context for domestic violence

[2] (Guiding Principles for Engagement and Intervention with People Who Cause Harm through Intimate Partner Violence, 2023) CCI_Factsheet_DV_Guiding_Principles_IPV_04132022.pdf (innovatingjustice.org)

3 (Standards for Domestic Abuse Perpetrator Intervention, 2023) Standards for domestic abuse perpetrator interventions (publishing.service.gov.uk)

[4] Melissa Petrangelo Scaia, MPA and David Adams. (2018, April 23). *ABUSER INTERVENTION PROGRAMS: WHERE HAVE WE BEEN AND WHERE ARE WE HEADED?* BWJP. https://bwjp.org/site-resources/abuser-intervention-programs-where-have-we-been-and-where-are-we-headed/

[5] (Risk and Protective Factors for Perpetration, 2023) Risk and Protective Factors|Intimate Partner Violence|Violence Prevention|Injury Center|CDC

[6] Intersectionality Part One: Intersectionality Defined | Office of Equity, Diversity, and Inclusion (nih.gov)

to be viewed primarily from a heteronormative perspective. The LGBTQ+ community may exemplify gender stereotypes while never fitting into the sex or gender categories themselves. It is important to note the distinction between sex, gender, and gender roles for this reason.

As previously noted, the domestic violence intervention field is evolving. Research on domestic violence within the LGBTQIA+ community is growing; however, most DV Intervention programs have been designed and evaluated on cisgender men who cause harm to cisgender women. Because domestic violence in the LGBTQIA+ community is also prevalent, there is a need for DV Intervention programs to be specific and inclusive to the needs of LGBTQIA+ people who cause harm.[7]

Topics to Aid in Staff Training and Curriculum Development:

- Basic definitions of sexual orientation and gender identity
- Understanding what violence, power and control can look like in LGBTQIA+ relationships
- Understanding homophobia, heterosexism and hate crimes
- Criminal justice system trauma: experience with discrimination
- Gender stereotypes
- Transmisogyny and transmisogynoir
- Structural oppression
- Meyers Minority Stress Model[8]
- LGBTQIA+ Outing
- Dual Arrests
- LGBTQIA+ Power and Control Wheel
- Benefits and challenges of gender specific groups
- Inclusive language

WOMEN

Women who cause harm can have diverse experiences and needs relating to the impact of oppression based on gender and causing harm. Additional intersections with race, ethnicity and sexual orientation can impact how women respond to DV intervention.

Topics to Aid in Staff Training and Curriculum Development:

- Gender Stereotypes, Sexism, Patriarchy
- Intersectionality: Gender/race/ethnicity. Example: Racial bias and stereotypes with women of color and anger
- Dual Arrest
- Barriers accessing other services
- Trauma experienced in various systems
- Historical trauma and generational trauma
- Shared power between men and women *Note: Facilitators should be able to utilize trauma-informed approaches while simultaneously achieving the necessary accountability for offenders.*

DISABILITIES

Certified providers should be knowledgeable on Disability Justice and the Americans with Disabilities Act (ADA). Assessing a participant's need for accommodations is critical in the outcome and compliance with

[7] CCI_Monograph_DV_Invisible_Pain_Overlooked_Violence_01282022.pdf (innovatingjustice.org)

[8] Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence - PubMed (nih.gov)

the program as well as insuring additional and concurrent treatment needs are met. Certified programs should assess their overall program to ensure accessibility for people with disabilities as well as collaboration with services that support those with disabilities.[9]

Topics to Aid in Staff Training and Curriculum Development:

- Ableism and discrimination
- Societal alienation
- Invisibility vs. Hypervisibility: A program should include those that have any type of disability while not making a participant feel spotlighted.
- Guidelines when measuring participation online must be addressed at the beginning of an online program. Participation will most likely be measured differently online than in person.
- Facilitators should use a mix of teaching and facilitation methods to target the diversity of learning styles that can exist in a group.
- Ensuring proper accommodations are in place when measuring engagement, compliance and group participation is important. *Example: Overstimulation in people with neurodevelopmental disorders can look like disinterest or non-engagement. Some may need additional time to process topics or visual and written materials in addition to auditory facilitation methods.*
- Power and control dynamics

CULTURAL CONSIDERATIONS

Domestic Violence is a public health issue that has multiple layers of risk and protective factors. Certified programs should understand the intersections of oppression and domestic violence as community and societal factors, such as poverty. Incorporating anti oppression and anti-racism work into the foundation of DV Intervention is critical for working with offenders with various cultural backgrounds. Many people of non-dominant cultures have experienced bias within various systems. Facilitators should be aware of this type of trauma and make the distinction between consequences and bias.

Topics to Aid in Staff Training and Curriculum Development:

- Understanding Racial Oppression
- Analyzation of deviancy: Some people of nondominant cultures are stereotyped as deviant
- The impact of poverty
- Socioeconomic isolation/trauma as risk factors for DV perpetration[10]
- Religion/Spirituality: How religion/spirituality can contribute both positively and negatively to the process of accountability
- Accountability is viewed/practiced differently in certain cultures *Example: Restorative Justice and Transformative Justice approaches.*
- Importance of family and community
- Exploring themes of generational trauma
- Cultural norms of parenting
- Personal practice of anti-oppression work and understanding implicit bias[11]

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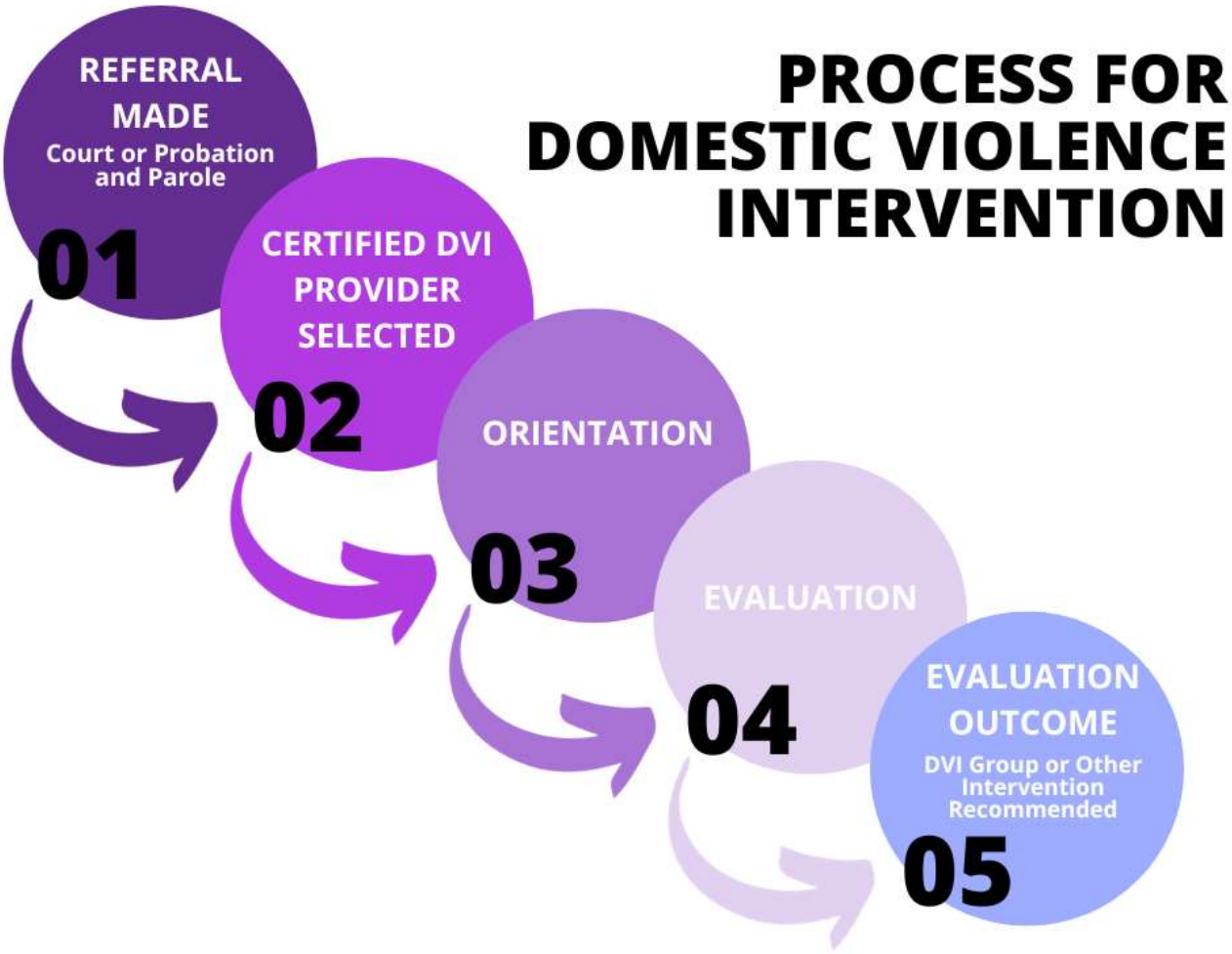
[9] Lund, E. M. (2011). Community-Based Services and Interventions for Adults With Disabilities Who Have Experienced Interpersonal Violence: A Review of the Literature. Trauma, Violence, & Abuse, 12(4), 171–182. https://doi.org/10.1177/1524838011416377

[10] (Laura A. Voith, 2020) How Trauma, Depression, and Gender Roles Lead to Intimate Partner Violence Perpetration Among a Sample of Predominately Low-Income Black, Indigenous, Men of Color: A Mixed Methods Study - Laura A. Voith, Hyunjune Lee, Katie Russell, 2022 (sagepub.com)

[11] Racial Justice is Centered - Additional Resources | Center for Justice Innovation (innovatingjustice.org)

OVERVIEW OF PROCESS FOR DV OFFENDERS



Note: Respondants of a Delaware PFA must receive their evaluation from a DVCC-Certified provider and may be able to attend a DVI group in the state where they currently reside with prior DVCC approval of that program.

2. EVALUATIONS FOR DV OFFENDERS

SYSTEM PROCEDURES AND FLOW

This section contains the suggested process for getting offenders into and through domestic violence intervention programs. Both providers and participants in a certified domestic violence intervention program must adhere to the same general procedures outlined herein.

REFERRALS

Any individual, criminal justice agency or provider may refer a person to a DVI Program. Individuals referred may or may not be Court ordered to attend.

REQUIRED MINIMUM SOURCES OF INFORMATION

For referrals made as part of a criminal order or a condition of supervision:

1. Probation and Parole provides a standardized Domestic Violence Program Referral form including the following:
   a) Level of supervision, county, court, Judge/Commissioner, original charge(s), final conviction, special conditions of supervision, active Protection From Abuse Order (PFA), known PFA history, employment status, history of DV with prior partners, number of prior DV victims, description of current offense
   b) Any applicable criminogenic history and information
2. Probation and Parole provides approved Delaware Justice Information System (DELJIS) report.

For referrals made as part of a civil disposition:

1. Referring Court provides respondent a list of DVCC-certified providers in the area who offer domestic violence intervention programs. The list shall include the provider's name and telephone number.
   a) The respondent must comply with the timeframe set by the court that issued the civil order.
2. When the referral is resulting from a Protection From Abuse Order, the referring court provides a copy of the Petition and the Civil Order.
3. When the referral is resulting from a custody or visitation order, the referring Court provides a copy of the Domestic Violence Program Referral Form.

For referrals made from Division of Family Services (DFS), the Participant or DFS shall provide the following:

1. DFS provides a standardized Domestic Violence Program Referral Form including the following:
   a) county, case worker, special conditions of treatment plan, active PFA, known PFA history, employment status, history of DV with prior partners, number of prior DV victims, description of current investigation and reason for referral.
2. DFS provides a copy of the case plan.

Note: Standardized DVI Program Referral Forms are located on the DVCC website.

ORIENTATION

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

Orientation should include an overview of:

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

EVALUATIONS

Evaluations are conducted prior to rendering offender intervention services to determine a participant's need for and intensity of domestic violence intervention services. Evaluations shall comply fully with the Standards.

Cost of the evaluation is determined by the Certified DVI Provider.

The evaluation is conducted after the participant attends required orientation.

The purpose of an evaluation is to allow Certified DVI Providers to make informed recommendations based on an assessment of a participant's risks and needs.

Evaluations shall result in a determination of 1) a participant's appropriateness for treatment, 2) recommendations regarding the level of intervention services, 3) recommendations on areas for which competencies need to be strengthened, and 4) other co-occurring issues such as drug or alcohol treatment or other mental health services needed.

Parameters of Initial Evaluations:

1. Evaluators shall not recommend alternative therapies such as couples counseling, anger management or stress management in lieu of domestic violence offender treatment. See *Contraindicated Intervention Methods*.
2. Evaluators shall not render legal opinions or recommendations other than recommendations specified in the Purpose of Evaluations section.
3. Evaluations shall not be used to determine guilt or innocence, or whether an act of domestic violence has occurred.

COURT-ORDERED PRE-SENTENCE EVALUATION

Optional evaluation performed by a Certified DVI Provider prior to the guilt phase or sentencing phase of a criminal proceeding.

Cost of the presentencing evaluation is determined by the Certified DVI Provider.

Certified DVI Providers may choose whether to complete pre-sentencing evaluations.

Cost of the evaluation is determined by the Certified Provider.

The evaluation is conducted after the participant attends required orientation.

COMPONENTS OF EVALUATIONS

Biopsychosocial Assessment: To assess and predict risk, needs, appropriateness for treatment and recommendations related to intensity and intervention strategies to be used, evaluations shall include a psychosocial assessment.

Psychosocial assessments shall:

1. be based on the DVI Program Referral form, available criminal justice information, available victim report, participant self-reports, collateral reports, previous domestic violence evaluations and treatment, and the use of validated assessment tools; and
2. assess for additional 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.

Required areas to assess: The following factors shall be assessed and shall assist in making intake evaluation determinations:

1. Client Information Sheets
   a) Basic identification information
   b) Demographic information
   c) Current legal status, including Protection From Abuse orders, court orders, Division of Family Services (DFS) treatment plans
2. Current Offense
   a) Nature of Offense
   b) Severity of offense
   c) Use of weapons/homicidal or suicidal threats
   d) Presence of children and surrounding circumstances
   e) Other
3. Psycho-Social History, with considerations of cultural context, including any risk factors.
   a) History of victimization, physical or emotional abuse, as a child or an adult
   b) Family and Childhood History
      i) History of neglect or abandonment
      ii) Witnessing of intimate violence perpetrated by adults in family or origin
      iii) Multiple primary care takers
      iv) Frequency of residence changes
      v) Sibling violence
      vi) Divorce or single parent upbringing
      vii) Parental loss
   c) Childhood Problems, including:
      i) School problems
      ii) Arrest as a juvenile
      iii) School discipline
      iv) Health problems
      v) Peer violence
      vi) Suicide attempts as a child
      vii) Drug and alcohol abuse
   d) Educational and employment history
   e) Employment, residential, and financial stability/instability
   f) History of any violent, abusiveness or neglectful behavior toward any intimate partners, children, animals and/or others
   g) Criminal history, including but not limited to: arrests, convictions, prior responses to community supervision, and prior violations of conditional release

    h) Intimate relationship history
        i) Multiple separations
        ii) Accusations by the offender toward partner of infidelity, drug abuse, or intimate partner using inappropriate behavior
        iii) Previous restraining orders/PFAs
        iv) General relationship patterns
4. Medical History
    a) Current conditions and medications
    b) Head injury
5. Substance Abuse and Addiction Assessment
    a) Alcohol and drug history
    b) History of substance use/abuse in family of origin
    c) Clinical assessment of current/recent use patterns and attitudes
    d) Criminal history related to substance use/abuse
    e) Use of substances at the time of the current offense
    f) Other addictions, i.e., gambling, sexual
6. Mental Health evaluation
    a) History of mental health treatment/diagnosis and current medication status
    b) Family mental health history
    c) History of suicidality and/or suicide attempts
    d) Current suicidal ideation/risk
    e) Current homicidal ideation/risk
    f) Current obsessive-compulsive thoughts and behaviors regarding the victim
7. Assessment for treatment amenability
    a) Attitude toward treatment
    b) Learning styles; kinesthetic, audio, visual
    c) Previous response to treatment (if applicable)
    d) Disabilities or special needs requiring accommodations
8. Assessment of risk of re-offending
    a) Risk factors associated with the likelihood of recidivism for the offender
9. Other factors for consideration
    a) Sexual orientation and/or gender identity
    b) Gender
    c) Language or cultural issues
    d) High level offender resistance
    e) Transportation barriers

10. Victim Safety
    a) Victim(s) contact information, if available
    b) Access to Victim(s)

Goals of the evaluation shall include the following:

1. Determination of the level of risk of reoffending (as measured by an approved risk assessment tool)
2. Identification of the presence of individual criminogenic factors/needs

3. Identification of offender strengths and protective factors (e.g., pro-social support, employment, education)
4. Assessment of amenability for treatment (defined as: The ability to comprehend treatment concepts and the physical and mental ability to participate in a treatment setting)
5. Determination of whether the offender is appropriate for and in need of domestic violence intervention services (see *Participants Found Inappropriate for Treatment* section for ineligibility thresholds)
6. Initial recommendation regarding the level of intervention services needed to reduce domestic violence dynamics.

OUTCOMES

PARTICIPANTS APPROPRIATE FOR TREATMENT

In cases where a participant is found to be appropriate for treatment, a recommendation will be provided to the referral source containing the advised intensity of intervention services needed and specific competency area for which the program will work with the participant to strengthen. See *Intervention* section for more detail.

1. A contract must be signed by the offender which includes:
   a) A minimum offender attendance requirement;
   b) Termination criteria;
   c) Program rules, regulations and fees;
   d) Disclosure of information that states the following will be reported to the appropriate person(s) including the victim identified by the provider, courts, law enforcement, Department of Justice (DOJ), DFS or probation:
      i) Any serious threats that the offender may make to do bodily harm to the victim or to any other person, or to commit suicide;
      ii) Offender police contact;
      iii) 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;
      iv) 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.
   e) Provider expectations, such as participation and homework, and that the offender will be held accountable for abusive and violent behavior;
   f) Notice that the victim will be contacted unless otherwise documented;
   g) Specific release of information for collateral intervention;
   h) A signed commitment by the participant to participate in the program and be violence-free.

PARTICIPANTS INAPPROPRIATE FOR TREATMENT

In those exceptional cases in which the approved provider discloses that domestic violence intervention services are inappropriate or not needed for a participant, both of the following shall apply:

1. Compelling clinical evidence will be well documented; and,
2. Assessment instruments and/or collateral information will be well documented.

In addition, at least one of the following criteria must be met:

1. Offender has documentable cognitive impairments and/or developmental disability(s) sufficient to interfere with comprehension of treatment concepts.

2. Offender has documentable impairments in mental and/or physical functioning sufficient to interfere in the treatment due to chronic mental illness or chronic physical illness. That otherwise cannot be accommodated by the program.
3. Offender is clinically evaluated as significantly psychopathic and/or unmanageable in the intervention program; based on a history of repeated failures to benefit from treatment and/or repeated non-compliance with criminal justice requirements.
4. Offender is clinically evaluated by an approved provider and found to meet at least one of the following criteria:
   a) Collateral or additional information collected during the evaluation revealed that the offender acted out of fear and self-preservation in the current incident;
   b) The offender has been identified as low risk. If any risk factors have been identified, evaluator has concluded that those risk factors identified do not indicate a need for domestic violence treatment in this case;
   c) Based on clinical evidence, the offender does not have a history of engaging in any of the following: coercion, threat, intimidation, revenge, retaliation, control, or punishment toward the victim in this case or in any other relationship(s).

If the intervention program is determined to be inappropriate for the offender, the Provider shall notify the referral source and include the reason for the determination. Appropriate referrals should be made.

CONCURRENT OR SUBSEQUENT INTERVENTION

If the DV evaluation outcome has found the participant appropriate for DV intervention, any recommended concurrent or subsequent intervention for mental health, medical intervention or substance abuse may take place during the psycho-educational program so long as the participant can reasonably comply with both. Best practice is for certified providers to involve concurrent treatment providers as a part of a larger multidisciplinary team to monitor compliance and progress between the various programs.

SUBSTANCE ABUSE AND MENTAL HEALTH

When untreated substance abuse/dependency is indicated, a recommendation must be made for participants/offenders to be evaluated by an appropriate Substance Abuse or Mental Health Treatment Provider. If DVI is in progress, a certified DVI Provider may recommend suspension to address these concerns. See *Discharge Section* for more information. Participants who are evaluated are not found appropriate for DV Intervention may need to complete Mental Health or Substance abuse interventions prior to attending DV Intervention. In these instances, DVI may not be effective until substance abuse or mental health is appropriately addressed.

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.

3. INTERVENTION/TREATMENT FOR DV OFFENDERS

The established guidelines promote consistency of intervention services statewide and are intended to be used as a guide for best practices in the operation of a domestic violence intervention program. The intervention guidelines intend to:

1. establish transparent fee schedules, eligibility criteria, assessment protocols and quality assurance;
2. ensure services and interventions provided to DVI participants are proportional and matched to a participant's level of risk, when available;
3. establish a consistent theoretical foundation for DVI programs to use as a framework; and
4. allow for programs to incorporate innovative components from established domestic violence intervention programs and encourage the ongoing development and adoption of evidence-based and best practices.

COST

DVI Programs may require participants to pay costs associated with attending an intervention program.

The purpose for charging a fee for service shall be to hold participants accountable to victims and the community for their use of violence, and to pay for the services provided.

Costs may include separate fees for attendance at a DVI orientation, and/or completion of a biopsychosocial assessment, and/or attendance per DVI group/class, or a one-time charge which covers all costs of participation.

DVI Programs shall establish and offer a sliding scale wherein the fee(s) for service shall be based on the participant's ability to pay.

DVI Programs shall establish criteria for determining a participant's ability to pay based on income information provided by the participant. This shall include, at a minimum, an evaluation of a person's income and consideration of the referral source.

ACCOUNTABILITY TO VICTIMS

Domestic violence intervention programs should be accountable to victims and their safety while holding offenders accountable for their violence and abuse. In doing so, DVI Programs are expected to have a collaborative and interactive relationship with the community's victim services agencies. To ensure DVI programs incorporate a victim informed approach, DVI programs shall:

1. prioritize victim's safety and protection as paramount;
2. develop procedures which adequately assess the safety and confidentiality of the victim;
3. ensure any victim contact is done in a way that is trauma informed and proper consent is given. A Victim Release form must be informed, time-sensitive and signed.
4. provide victim referral services to victim advocacy programs as needed.
5. ensure services to partners/victims are provided as a separate and distinct service and not only as a part of the DV intervention program;
6. keep victim contact records separate and secure from offender files;
7. establish cooperative relationships with local domestic violence victim service programs to ensure support, information, and advocacy for victims.
8. DVI Programs should not be the primary resource to victims of domestic violence.
   Note: *Some Victims want to participate and be advised of offender treatment progress. Best*

practices are that DV Intervention staff are adequately trained in victim advocacy and/or have a designated victim advocate as a part of the multidisciplinary treatment team.

COORDINATED COMMUNITY RESPONSE

A domestic violence intervention program should not exist without a coordinated community response to domestic violence and abuse. The priority of a coordinated community response to domestic violence is the safety and protection of victims and the community. A coordinated response to domestic violence includes community education that builds community awareness and results in a unified demand for a zero-tolerance response to domestic violence. To achieve a coordinated community response DVI Programs shall:

1. Develop a community-based approach.
2. Develop and maintain collaborative working relationships with organizations and systems that have contact with survivors or perpetrators of domestic violence. A Victim Release form must be informed, time-sensitive and signed.
3. Establish cooperative relationships with key stakeholders. *Examples are participating in cross-training efforts, creating cooperative outreach efforts, providing the public and partnering agencies with information regarding: the intervention program, cycles of abuse and components of domestic violence.*
4. Coordinate with other services including mental health, substance abuse and various social service providers in order to make appropriate outside referrals.
5. 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.
6. Participate on the DVCC Treatment Committee and the DVCC Certification Panel.
7. Provide the Courts, Probation and Parole and/or any other partnering agency with information regarding the intervention program, cycles of abuse and components of domestic violence. A Victim Release form must be informed, time-sensitive and signed.
8. Agree to a collaborative agreement or Memorandum of Understanding.

INTERAGENCY COMMUNICATION

Providers are required to notify the court or other officially designated monitoring source of the DVI participant's compliance with the court order or a substantive term of the provider's contract.

For Participants ordered to complete an intervention program as part of a civil order (i.e., Custody, DFS,) or Protection From Abuse Order, programs shall:

1. track the following compliance information:
   a) date orientation was completed,
   b) date evaluation was completed,
   c) date participant was terminated from the program, if applicable, and
   d) date participant successfully completed the program, if applicable.
2. Provide the Court with a verification of completion for any participant who has completed the program.
3. Attend Family Court Compliance Calendar hearings in the appropriate county to update court on progress and address any issues with program compliance.

For Participants under a criminal order or community supervision, programs shall:

1. define the frequency with which compliance information will be exchanged within an interagency agreement*;*
2. provide, at a minimum, the following information to supervision agencies using a Standardized DVI Program Form or similarly fashioned forms:
   a) results of the initial evaluation to include participants' appropriateness for treatment, recommendations regarding the intensity of intervention services and recommendation on areas for which competencies need to be strengthened;
   b) attendance reports;
   c) letters of enrollment;
   d) suspension and/or termination letters;
   e) status reports;
   f) completions notice (certificate or letter);
   g) letter outlining requirements needed before reinstatement after suspension or termination;
   h) letter of non-completion due to extenuating circumstances.

Note: PFA Respondents ordered to get a DV evaluation must have that completed by a DVCC-Certified provider. Out of state programs may be approved by the DVCC and Certification panel to attend for DVI group/classes in certain instances when a Delaware Certified program is not suitable. Out of state programs must be approved by DVCC ***prior to*** *attending the program. See DVCC Certification Panel Rules and Regulations for more information.*

BASIC PRINCIPLES OF DV INTERVENTION

Orientation, Evaluation, and Intervention shall always be provided by a DVCC-Certified DVI Provider.

DVI Providers should conduct a biopsychosocial assessment with every offender. The results of the assessment will inform the recommendations. Treatment strategies should be guided by information gleaned from a risk assessment.

Victim safety shall be the priority of all DV intervention. Intervention approaches should not participate in victim blaming or place the victim in a position of danger. See *Contraindicated Intervention Methods* for more information.

Interventions should be evidence-based, trauma-informed, affordable, and reflective of the diversity of each participant.[12]

MODALITY

GROUP INTERVENTION

Group intervention promotes the development of social and emotional skills, provides positive peer support, and can reduce shame[13]. Group intervention is the preferred modality for domestic violence intervention for offenders. See *Program Innovation* section for submitting alternative methods. Individual sessions may be recommended and provided based on the ongoing assessment that the

[12] Intimate partner violence perpetrator treatment: Tailoring interventions to individual needs. (apa.org)

[13] Professor Nicole Westmarland (Durham University Centre for Research into Violence and Abuse) and Professor Liz Kelly (London Metropolitan University Child and Woman Abuse Studies Unit). (2023). *The Domestic Abuse Perpetrator Intervention Standards*. https://www.gov.uk/government/publications/standards-for-domestic-abuse-perpetrator-interventions/standards-for-domestic-abuse-perpetrator-interventions-accessible#the-domestic-abuse-perpetrator-intervention-standards

offender can better benefit from individual services at this time. The referring agency will be informed of this recommendation.

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. See *Considerations for Diverse Populations* for more context. 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.

GROUPS AND GENDER

It is common practice to assign participants to group based on gender, separating by men and women solely, and based on the development of practices addressing DV in heterosexual relationships with women in heterosexual relationships being disproportionally affected by DV. Due to the diversity and fluidity of gender identity and sexual identity, that model is not always ideal or reflective of the needs of the LGBTQIA+ and gender diverse communities who have different intervention needs and risk factors.[14] Programs should consider what is appropriate based on participant needs/comfort and with the understanding of the ways addressing domestic violence can look different in offenders who are women and LGBTQIA+ communities, to the extent possible the client should be consulted about what group fits best for them. Every effort should be made to ensure an equitable treatment option is available for everyone. Facilitators should be trained and experienced on best practices of working with LGBTQIA+ populations and gender diverse communities in order to model and ensure safe spaces.[15] Refer to *Considerations for Diverse Populations* for more information.

LENGTH OF PROGRAM

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

1. Domestic Violence Offender/Predominant Abuser Type[16]

The evaluation will identify offender risk level, which shall determine the type of intervention group, and length of the program intervention, with a minimum of 15 sessions attended for low-risk offenders, and up to 25 weeks of attendance for high-risk offenders within a specified period. Sessions will be held once per week.

2. Domestic Violence Offender/Resistant Type [17]

The evaluation will identify offender risk level, which shall determine the type of intervention group, and the length of the program intervention, with a minimum of 12 sessions attended and up to 15 weeks attended within a specified period. Sessions will be held once per week.

[14] (Mulvaney, 2022)CCI_Monograph_DV_Invisible_Pain_Overlooked_Violence_01282022.pdf (innovatingjustice.org)

[15] (Cannon, 2019) What Services Exist for LGBTQ Perpetrators of Intimate Partner Violence in Batterer Intervention Programs Across North America? A Qualitative Study | Springer Publishing

[16] Domestic Violence Offender/Predominant Abuser Type shall be defined as at least one act of domestic violence; use of violence, coercion, intimidation, isolation or other tactics instilling fear such as stalking. Violence, coercion, intimidation, isolation, stalking or other tactics of control are employed to establish and maintain relationship dominance over their intimate partner.

[17] Domestic Violence Offender/Resistant Type shall be defined as at least one act of violence that is a response to violence, coercion, intimidation, isolation, stalking or other tactics of control by their intimate partner. Resistant violence is not employed to establish and maintain dominance over their partner.

TIME

Each group session will be a minimum of one hour. Preferred length of time is 90 minutes to 2 hours. Alternatively, individual sessions will be 45 minutes to an hour long.

SIZE OF GROUP

Certified Providers should set group size based on experience, training, facilitation skill and group needs.

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

CO-FACILITATION

Group interventions may be co-facilitated. Co-facilitators should model healthy communication, collaboration, respect, and equality. Co-facilitators should be knowledgeable and experienced with working with the specific populations and intensity level of their group.

VIRTUAL GROUPS

Virtual groups can ease barriers and be a necessary accommodation for some offenders. In-person groups are the primary modality so careful consideration should be made when determining appropriateness of Virtual Groups. Programs should consider best practices with virtual groups and guidance from their licensing bodies with regards to appropriate platform and confidentiality. Programs must outline criteria for determining eligibility and how engagement and compliance will be measured and submit along with other required program materials in the Initial Application Process or via the Program Modification form.

THEORETICAL BASIS

Since domestic violence is a larger public health issue, the framework and foundation of these intervention standards are based on concepts from three theories, the transtheoretical model/stages of change, social cognitive theory, and the social ecological model.

The intervention models and modalities outlined below are based upon a psycho-educational intervention and cognitive behavioral intervention.

INTERVENTION MODEL

Historically DVI programs have used the Duluth Model. While many components of that model are utilized effectively today, the best practices are to use the model that works best with the community the DVI program serves. The *Core Competencies for Curriculum Development* section below and the *Considerations for Diverse Populations section* in Chapter 1 were designed as guides to help programs adapt models and curriculums that center the diverse needs of their participants.

Programs with the capacity and expertise to integrate the treatment of high-risk offenders should adopt an intervention model based on a DV Risk Assessment, referral form and other evaluation information to best meet the criminogenic needs of offenders with additional risk factors or concurrent intervention needs.

CORE COMPETENCIES FOR CURRICULUM DEVELOPMENT

Certified DVI programs should utilize curriculums that are reflective of the community they are providing services to. Curriculums can be adapted or created with the following core competencies reflected.

1. The offender is fully and solely responsible for their violent behavior and must accept full responsibility;
2. The definition of domestic violence;
3. Power and control tactics;
4. The myths and beliefs about domestic violence, including myths about provocation;
5. The identification of behavioral, 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 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. Identifying Healthy Relationships Skills and Traits;
13. The improvement of self-esteem;
14. The development and improvement of support systems;
15. The socio-cultural basis for domestic violence;
16. The effects of distorted thinking on emotions and behavior;
17. Self-control versus power and dominance;
18. The effects of domestic violence on partner, children, self, and others;
19. The relationship between alcohol and/or drug use and other compulsive behaviors;
20. The roles of ethnicity/culture and differences in physical abilities in domestic violence.

PROGRAM INNOVATION

To ensure the integrity of the Standards, variance from the Standards is prohibited unless approved by the DVCC Certification Panel. When appropriate, variance from the Standards must be done under conditions that assure the highest standards for victim safety, participant rights and other ethical concerns. Programs and/or partner agencies may request approval from the DVI Certification Panel to incorporate methods, practices, or programming which varies from the protocol outlined in these Standards. Examples include:

1. Program innovation or modifications which aim to incorporate best practices, expand, or improve current programming;
2. Program innovation or modification in response to an identified trend or need;
3. Scientific research conducted under the supervision of an Institutional Review Board which extensively reviews procedures to ensure the safety and ethical treatment of participants in the research, and thereby the program;
4. External program evaluation.

Written requests to incorporate innovative practices shall be made to the DVCC Certification Panel using the *DVI Request for Program Modification Form* at least 90 days prior to the anticipated date the change will go in effect or to be reviewed as part of the DVCC Certification Panel annual review process. In extenuating circumstances, where innovation was unanticipated, requests shall be made as soon as practical.

CONTRAINDICATED INTERVENTION METHODS

Certified DVI Providers are prohibited from using the following methods/models in their DVI programs:

1. Anger Management
   a) **Anger Management shall not be recommended in place of a DVI program**. Anger Management is a shorter-term psycho-educational program used for anger prevention and control. DVI programs are more specific to intimate partner violence and comprehensive, focusing on victim safety and offender accountability.
2. Couples, Marriage, or Family Therapy
   a) **In no instance shall couples, marriage or family therapy be started prior to a careful assessment of the offender and the start of an appropriate intervention program.** Domestic Violence Intervention for Intimate Partner Violence is for the person who causes harm, not the victim, therefore Certified Providers should not recommend any couples programs in place or in addition to Domestic Violence Intervention.
3. Additional inappropriate approaches or techniques include:
4. Intervention which promotes stereotypical beliefs about male and female roles in violence and misuse of power; and any intervention that supports retribution and revenge;
5. Psychodynamic interventions which link experiences and unconscious motivations as the central cause of violence;
6. The misuse of systems theory approaches which treat the violence as a mutually circular process, blaming the victim;
7. Addiction counseling models which identify the violence as an addiction;
8. Communication enhancement or anger management techniques, such as fair fighting techniques, which lay primary causality on anger;
9. Colluding or any minimizing or excusing abuse;
10. Theories or techniques which identify poor impulse control as the primary cause of violence; and,
11. Methods which identify psychopathology on the part of either party as a primary cause of violence and thus denies personal responsibility.

DISCHARGE

There are four 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. **Unsuccessful Completion**- If the offender does not successfully complete the program or is not compliant with the program standards, 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.
3. **Suspension**- Suspension can happen for the following reasons:
   a) Recurrence of violence (violent conviction) and/or a breach of condition of the court order;
   b) 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;

c) failure to abide by contract between DVI program and participant;

d) failure to participate and attend sessions; or

e) attending group under the influence of alcohol and/or drugs or unaddressed substance abuse/mental health concerns that need referral.

4. **Termination of Intervention**-Termination of intervention occurs when the service provider chooses to expel the offender from the program.

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

   a) Document clearly and specifically the reasons for termination without jeopardizing the safety of the victim;

   b) notify the referring agency of non-compliance with the program requirements;

   c) inform the victim of the termination;

   d) inform the referring agency of the termination and include the reason for termination; and

   e) inform the offender of termination in documented contact.

4. CERTIFIED DVI PROVIDERS

OVERVIEW OF CERTIFIED PROVIDERS

Certified Programs are made up of the following specific staff positions with different requirements:

Requirements	Evaluator	Supervisor	Facilitator
Education	MS/MA and Professional License	MS/MA	BS/BA
Facilitation Hours	0	104	104
Training Credits	90	90	90
Continuing Education	12	12	12

The Trainee position is an entry level position designed for those new to DV Intervention to gain the experience necessary to facilitate groups. See Trainee requirements below.

Programs should include victim services staff/advocates participating in their case review board to help guide the decisions of treatment, conduct case reviews, and address any concerns or needs that can arise. Other disciplines should also be considered.

Note: Anyone certified under the DVCC certification process and employed by a certified DVI Program *prior to the approval of these updated standards remains certified under their Facilitator or Supervisor role but must continue to fulfill annual continuing education requirements.*

DVI PROGRAM STAFF REQUIREMENTS

PREREQUISITE CREDENTIALS FOR EVALUATORS IN A CERTIFIED PROGRAM

Credentialing as an Evaluator is required for any staff who conducts initial evaluations, intake evaluations, biopsychosocial evaluations and assessment, risk assessments, or needs assessments.

Evaluators must obtain approval for INDIRECT ACCESS to DELJIS as provided for in *the Required User Agreements* section.

Evaluators are permitted to provide treatment recommendations to the Courts, supervising agencies and referral sources. Evaluators are not permitted to facilitate groups unless they also meet the requirements to become a Facilitator or Supervisor.

Evaluators must complete the required continuing education requirements of 12 hours annually to remain certified. See *Continuing Education* Section.

Education and Work Experience Requirements:

The Evaluator applicant must have a master's degree in a social science, human service, or a similar field, as well possess a valid professional license (e.g. LCSW, LMSW, LPC, LMHC) from the State of Delaware, or is under the supervision of a DVCC DVI Program Supervisor who is licensed in Delaware.

The Evaluator must also complete 90 hours total of training in the following areas:

1. 40 hours of victim-centered training.

a) Up to 10 hours of victim-centered training that has taken place within the past 5 years may be credited for experience which results from direct contact with persons who are victims or survivors of domestic violence. Such experience can include providing advocacy for persons who are victims of domestic violence and/or clinical counseling which directly addresses issues related to a client's experience as a victim of domestic violence.
b) Up to 10 hours of victim-centered training may be credited for graduate level coursework which relates to advocacy, victimology, domestic violence, sexual violence, or similar subject matter.

2. 10 hours of elective training, completed within the past 5 years, which relate to the field of domestic violence. Examples of acceptable training topics include but are not limited to: DV in LGBTQIA+ community, ethics, group dynamics, motivational interviewing, trauma focused interventions, substance abuse, mental health, cultural competence. *All training must be completed using an approved educational format as stated below.*
   a) Up to 5 hours of elective training may be credited for graduate level coursework which relate to the field of domestic violence.

3. 40 hours of training, completed within the past 5 years, which is focused on domestic violence offenders/abusive partner. *Training hours must be completed using an approved educational format as specified below.*

Approved training formats include credits from an accredited institution of higher education, or Continuing Education Units from conferences, seminars and webinars sponsored or endorsed by a state or nationally sanctioned domestic violence organization, or related organizations. Trainings must consist of seminars and webinars which directly address issues of domestic violence victims and/or offenders. Finally, seminars and webinar programs not utilizing the above stated methods, but for which sufficient documentation can be provided as to their quality and relevance, will be considered by the Certification Panel of the Delaware DVCC.

PREREQUISITE CREDENTIALS FOR SUPERVISORS

Credentialing as a Supervisor is required for any staff who leads offender groups either individually or as a co-facilitator.

Supervisors from a Certified DVI Program are permitted to provide supervision to Facilitators and Trainees. Supervisors who meet the following requirements and hold a valid professional license (e.g. LCSW, LMSW, LPC, LMHC) from the State of Delaware may also conduct evaluations and provide supervision to Evaluators.

Supervisors must complete the required continuing education requirements of 12 hours annually to remain certified. See *Continuing Education* Section.

Education and Work Experience Requirements:

The Supervisor applicant must have a master's degree in a social science, human service, or a similar field, as well as:

1. 104 hours of direct (face to face) contact co-facilitating domestic violence intervention groups completed at a DVCC-certified DVI program or at a program for which the Certification Panel of the Delaware DVCC determines to be equivalent to those certified by the Delaware DVCC.
2. 90 hours of training in the following areas:
   a) 40 hours of victim-centered training.
      i) Up to 10 hours of victim-centered training that has taken place within the past 5 years may be credited for experience which results from direct contact with persons who are victims or survivors of domestic violence. Such experience can include providing advocacy for persons

who are victims of domestic violence and/or clinical counseling which directly addresses issues related to a client's experience as a victim of domestic violence.

ii) Up to 10 hours of victim-centered training may be credited for graduate level coursework which relates to advocacy, victimology, domestic violence, sexual violence, or similar subject matter.

b) 10 hours of elective training, completed within the past 5 years, which relate to the field of domestic violence. Examples of acceptable training topics include but are not limited to: DV in LGBTQIA+ community, ethics, group dynamics, motivational interviewing, trauma focused interventions, substance abuse, mental health, cultural competence. *All training must be completed using an approved educational format as stated below.*

i) Up to 5 hours of elective training may be credited for graduate level coursework which relate to the field of domestic violence.

c) 40 hours of training, completed within the past 5 years, which is focused on domestic violence offenders/abusive partner. *All training hours must be completed using an approved educational format as specified below.*

Approved educational formats include credits from an accredited institution of higher education, or Continuing Education Units from conferences, seminars and webinars sponsored or endorsed by a state or nationally sanctioned domestic violence organization, or related organizations. Trainings must consist of seminars and webinars which directly address issues of domestic violence victims and/or offenders. Finally, seminars and webinar programs not utilizing the above stated methods, but for which sufficient documentation can be provided as to their quality and relevance, will be considered by the Certification Panel of the Delaware DVCC.

PREREQUISITE CREDENTIALS FOR FACILITATORS

Credentialing as a Facilitator is required for any staff who leads offender groups either individually or as a co-facilitator.

Facilitators must work under the supervision of a Supervisor.

Facilitators must complete the required continuing education requirements of 12 hours annually to remain certified. See *Continuing Education* Section.

Education and Work Experience Requirements:

The facilitator applicant must have a bachelor's degree in a social science, human service, or a similar field, as well as:

1. 104 hours of direct (face to face) contact co-facilitating domestic violence intervention groups completed at a DVCC Certified DVI program or at a program for which the Certification Panel of the Delaware DVCC determines to be equivalent to those certified by the Delaware DVCC.
3. 90 hours of training in the following areas:
   a) 40 hours of victim-centered training.
      i) Up to 10 hours of victim-centered training that has taken place within the past 5 years may be credited for experience which results from direct contact with persons who are victims or survivors of domestic violence. Such experience can include providing advocacy for persons who are victims of domestic violence and/or clinical counseling which directly addresses issues related to a client's experience as a victim of domestic violence.
      ii) Up to 10 hours of victim-centered training may be credited for graduate level coursework which relates to advocacy, victimology, domestic violence, sexual violence, or similar subject matter.

b) 10 hours of elective training, completed within the past 5 years, which relate to the field of domestic violence. Examples of acceptable training topics include but are not limited to: DV in LGBTQIA+ community, ethics, group dynamics, motivational interviewing, trauma focused interventions, substance abuse, mental health, cultural competence. *All training must be completed using an approved educational format as stated below.*
    i) Up to 5 hours of elective training may be credited for graduate level coursework which relate to the field of domestic violence.
c) 40 hours of training, completed within the past 5 years, which is focused on domestic violence offenders/abusive partner. *All training hours must be completed using an approved educational format as specified below.*

Approved educational formats include credits from an accredited institution of higher education, or Continuing Education Units from conferences, seminars and webinars sponsored or endorsed by a state or nationally sanctioned domestic violence organization, or related organizations. Trainings must consist of seminars and webinars which directly address issues of domestic violence victims and/or offenders. Finally, seminars and webinar programs not utilizing the above stated methods, but for which sufficient documentation can be provided as to their quality and relevance, will be considered by the Certification Panel of the Delaware DVCC.

PREREQUISITE CREDENTIALS FOR TRAINEES

For existing Certified DVI programs, Trainees must work under the direction of facilitator from a Delaware Certified Program and their supervisor to gain the required field experience.

For new programs applying for certification, Trainees must work under the direction of an approved domestic violence program or approved supervisor to gain the field experience that is required. The DVCC Certification Panel will determine the feasibility if this after review of the Initial Application.

Initial listing as a Trainee is valid for one year from the date of approval in order to allow the applicant time to develop competency in the required areas. Trainees may begin accumulating co-facilitation hours once approved.

Requirements:

1. Submit a DVI Trainee Application to DVCC Certification Panel
2. Attend required DVCC trainings and meetings set in the conditions of approval.

CONTINUING EDUCATION REQUIREMENTS

Evaluators, Supervisors and Facilitators working in DVCC certified DVI Programs must complete **12 clock hours** of continuing education every calendar year. A minimum of 6 of the 12 hours must directly pertain to intervention with domestic violence offenders/abusive partners. The additional 6 hours can be related to domestic violence victims or issues directly related to domestic violence. Each staff member must document their hours utilizing the *DVCC Continuing Education Log* and keep copies of supporting documents such as certificates of attendance. Refer to the *DVCC Certification Panel Rules and Procedures Manual* on the DVCC website for submission procedures.

Approved educational formats include credits from an accredited institution of higher education, or Continuing Education Units from conferences, seminars and webinars sponsored or endorsed by a state or nationally sanctioned domestic violence organization, or related organizations. Trainings must consist of seminars and webinars which directly address issues of domestic violence. Additional related continuing education topics can include, for example: substance abuse, mental health, domestic violence law, primary vs resistant offender, trauma and the brain, etc. Finally, seminars and webinar

programs not utilizing the above stated methods, but for which sufficient documentation can be provided as to their quality and relevance, will be considered by the Certification Panel of the Delaware DVCC.

Hours from a training which pertains to both domestic violence victims and offenders may be credited to either victim-centered or offender focused training. In addition, such hours may be divided and applied in any proportion to both victim-centered and offender-focused training. However, the total number of hours credited must not exceed the total number of hours which were included in the training, e.g., an applicant who attends a 6-hour seminar may credit 3 hours to victim-centered training and 3 hours to offender-focused training. That applicant cannot however apply 6 hours to victim-centered training and 6 hours to offender-focused training.

HOW TO BECOME A CERTIFIED DVI PROVIDER

To be considered for certification, new programs must complete the DVCC Initial Application for Certification. The initial application includes questions which measure a program's consistency with the Standards. As part of the initial application, the applicant is required to provide the following:

1. Statement of Qualification form for each staff member facilitating, supervising, or conducting evaluations within the program
2. A Letter of recommendation from 1 victim service agency (must not be within the same agency as the DVI program)
3. Copies of program materials (curriculum, contracts, confidentiality agreements, evaluation tools, etc.)
4. Copies of any MOU or agreements between Program and Supervising Agency(ies)
5. All necessary paperwork to obtain approval for INDIRECT ACCESS to DELJIS information as outlined in the *Required Authorized User* section herein.

New Applications should be submitted to DVCC to be reviewed by the Certification Panel.

Based on application and staff experience, programs can be considered for the following certification statuses:

1. <u>Conditionally Approved</u>: For programs/providers that meet the basic qualifications, but all staff are new to DVI, thus requiring additional supervision and oversight. This is a temporary status of one year to give time for new programs to meet qualifications to become fully certified. Under this status no external referrals to these programs may be made. Conditionally approved programs do not meet the DVI treatment requirements (evaluation, orientation, groups, etc.) for system referrals. The Certification Panel may also require oversight, meetings, and specific trainings to assist with becoming fully certified. Refer to the *DVI Program Staff Qualifications* section for requirements on starting under Trainee status.
2. <u>Certified</u>: Existing DVI programs/providers that meet the requirement to become a DVCC-Certified DVI program and can satisfy all standards set forth herein. Certified Programs will be listed as DVCC-Certified DVI programs and can receive system referrals.
3. <u>Not Approved</u>: Programs and Staff that do not meet the qualifications written herein to become certified will not be approved.

PROGRAM ADHERENCE TO STANDARDS

Assessing each programs' compliance to these standards will involve auditing in three domains:

1. adherence to the theoretical and operational aspects of the Standards as setout herein;

2. facilitator competence in delivering the program, and

3. data reporting to determine program utilization and efficacy.

A program's adherence to theoretical and operational aspects of the Standards shall be audited by the Certification Panel, in at least one of the following ways:

1. Recertification report whereby Certified DVI Programs must complete a detailed report addressing the programs consistency with the Standards.
2. Staff competence in delivering the program shall be evaluated through an analysis of staff continuing education requirements of 12 clock hours every year to determine if minimum requirements regarding foundational training and participation in ongoing professional development are met. Staff shall use *the DVCC Continuing Education Log* to track continuing education. See *Continuing Education Requirements* section.
3. Program utilization and efficacy shall be evaluated on a yearly basis through the collection and reporting of data via the *DVI Program Data Reporting Form*.

REQUIRED USER AUTHORIZATION

Prior to receiving referrals from supervising agencies, any staff member who will receive and/or review the DVI Program Referral and Evaluation Form must obtain approval for INDIRECT ACCESS to DELJIS, DVCC staff will submit necessary paperwork to obtain approval for INDIRECT ACCESS for the Program staff. As part of the Initial Application for Certification and Annual Review process, DVI Program Programs must complete a signed DELJIS Rules and Regulations, Acceptable Use Policy and fingerprints for staff member(s) receiving or reviewing referrals. Proxies will not be accepted unless this information is on file with the DVCC and DELJIS.

PROGRAM NON-COMPLIANCE WITH THE STANDARDS

DVCC-Certified Programs are required to comply with the DVCC Certification Panel Rules and Procedures.

When applying for certification or recertification, all information requested in the Initial Application and/or Annual Report for recertification shall be submitted.

All Certified DVI Programs shall comply with the quality assurance process as outlined in *Program Adherence to Standards* section of these Standards.

Non-compliance includes but is not limited to the following circumstances:

1. When a DVI Program and/or partner agency fails to meet any of the Standards as contained herein.
2. When breakdowns in interagency communication or agreements occur which threaten the integrity of DVI Programs.

Grievances: Any victim, offender or community member that has concerns or questions regarding a Certified DVI Provider or their treatment practices may submit concerns to the DVCC. Grievances will be reviewed by DVCC and/or the Certification Panel to decide appropriate remedy, if any. Below outlines possible outcomes with noncompliance.

In the event of non-compliance with the Standards, the Certification Panel may impose any of the remedies or sanctions listed below to assist programs.

1. A request from the Certification Panel to the DVI program to review the DVI Program using any of the quality assurance measures outlined in the *Program Adherence to the Standards* section of these Standards.

2. A delay or denial of approval for recertification.
3. Scheduling of a collaboration meeting with parties involved or effected by interagency breakdowns.
4. Issuance of additional required trainings to be completed by DVI programs or providers.
5. Recommendation to the Treatment Committee to assist in determining the possibility of systemic drivers contributing to a DVI program's non-compliance or interagency breakdowns.
6. A recommendation to the DVCC to modify the non-compliant programs certification status to any of the following:
   a) Conditionally Approved (or if already on Conditionally Approved status, termination of this status);
   b) removal from referral lists for noncompliance;
   c) temporary revocation of certification until steps can be taken to rectify non-compliance;
   d) or any other sanction or remedy that the Council deems just in the circumstances or that is outlined in the DVCC Certification Panel Rules and Procedures.

5. DEFINITIONS

Ableism: Discrimination or prejudice against those that are disabled.

Abuse: Pursuant to Delaware Code Title 10, Section 1041(1), "abuse" means conduct that constitutes any of the following:

- Intentionally or recklessly causing or attempting to cause physical injury or a sexual offense
- Intentionally or recklessly placing or attempting to place another person in reasonable apprehension of physical injury or a sexual offense
- Intentionally or recklessly damaging, destroying, or taking the tangible property of another person, including inflicting physical injury on any companion animal or service animal.
- Engaging in a course of alarming or distressing conduct in a manner that is likely to cause fear, emotional distress, or to provoke a violent or disorderly response
- Trespassing on the property of another when the trespasser has been excluded by a court order
- Child abuse
- Unlawful imprisonment, kidnapping, or interference with custody and coercion, or
- Any other conduct that a reasonable person under the circumstances would find threatening or harmful.

Anger Management: A psycho-educational program to address a person's struggles or inability to manage their disruptive, angry behavior.

Approved Risk Assessment Tool: A risk assessment tool which has been approved by the Certification Panel as a reliable instrument to predict treatment risk and treatment services to be matched in order to target and reduce an offender's level of risk. The tool is utilized to assess risk of recidivism, static risks, dynamic risks, and criminogenic needs in order to determine treatment needs, aid in diagnosis, and inform treatment planning.

Assessment Tool: An approved assessment tool which has been found to be validated for use in assessing the specific treatment needs for which it is intended to measure or assess and to be used for aiding in diagnosis and informing treatment planning. Examples of assessment tools include the Michigan Alcohol Screen Test (MAST) and the Beck Depression Inventory (BDI).

Battering: The systematic use of violence often used to support other forms of abuse in an attempt to gain power and control.

Biopsychosocial Assessment: An inventory taken of a DVI participant's family, social, relationship, abuse, substance use, mental health, and criminal history, along with a current measure of a participant's level of perceived accountability and responsibility for the instance offense.

Certified Provider and Certified Treatment Program or Certified Program: An individual or agency, respectively, who advertises or sets him/her/themselves forth as having the capacity, competencies, and training to evaluate, and provide intervention services and/or treatment to court ordered domestic violence offenders in the State of Delaware, and is certified by the Domestic Violence Coordinating Council as meeting the requirements as defined in these standards to provide Domestic Violence Treatment to offenders.

Co-facilitator: A domestic violence intervention group co-leader who has been approved by the Domestic Violence Certification Panel to have met all Supervisor, facilitator, or trainee requirements established under these standards and conducts groups alongside a Certified Facilitator.

Cognitive -Behavioral Intervention: Relies on a cognitive behavioral approach to teach participants strategies to manage risk factors, for coping, and on skill building in areas of cognitive, social, emotional, functioning.

Colorism: Prejudice against those with darker skin

Contraindicated Intervention Methods: Refers to methods that are not advised and prohibited under these standards due to being ineffective and harmful when used in DV Intervention.

Criminal Justice Agency: The criminal justice agency that has jurisdiction and/or responsibility for supervision of the offender.

Domestic Violence: Pursuant to Delaware Code, Title 10 section 1041(2) "domestic violence" means abuse perpetrated by 1 member against another member of the following protected classes: a. Family, as that term is defined in §901(12) of this title, regardless, however, of the state of residence of the parties, or whether parental rights have been terminated; or b. Former spouses; persons cohabiting together who are holding themselves out as a couple, with or without a child in common; persons living separate and apart with a child in common; or persons in a current or former substantive dating relationship. The term also includes, but is not limited to the following definitions:

Domestic Violence Intervention (DVI) Certification Panel or Certification Panel: The DVI Certification Panel is delegated the authority by the Treatment Committee under the Domestic Violence Coordinating Council to review all program and provider applications for certification and recertification, including those applications seeking a different status, in order to determine whether an applicant has met the minimum requirements for certification.

Domestic Violence Offender/Predominant Abuser Type: Shall be defined as at least one act of domestic violence; use of violence, coercion, intimidation, isolation or other tactics instilling fear such as stalking. Violence, coercion, intimidation, isolation, stalking or other tactics of control are employed to establish and maintain relationship dominance over their intimate partner.

Domestic Violence Offender/Resistant Type: Shall be defined as at least one act of violence that is a response to violence, coercion, intimidation, isolation, stalking or other tactics of control by their intimate partner. Resistant violence is not employed to establish and maintain dominance over their partner.

Face-to-Face Contact Hours: The actual time an applicant or Approved Provider spends with an offender in person, in the same room, at the same time conducting evaluations, sessions, or other therapeutic interventions.

Facilitator: A domestic violence intervention group leader who has been approved by the Domestic Violence Certification Panel to have met all facilitator requirements established under these standards.

Family: Pursuant to Delaware Code Title 10, section §901(12), "family" means spouses; a couple cohabiting in a home in which there is a child of either or both; custodian and child; or any group of persons related by blood or marriage who are residing in 1 home under 1 head or where 1 is related to the other by any of the following degrees of relationship, both parties being residents of this State:

a. Mother;
b. Father;
c. Mother-in-law;
d. Father-in-law;
e. Brother;
f. Sister;
g. Brother-in-law;
h. Sister-in-law;
i. Son;
j. Daughter;
k. Son-in-law;
l. Daughter-in-law;
m. Grandfather;
n. Grandmother;
o. Grandson;
p. Granddaughter;

q. Stepfather;
r. Stepmother;
s. Stepson;
t. Stepdaughter.

Fees: Payment in exchange for DVI services

Gender: Socially constructed aspects of men/women

Homophobia: Prejudice against same-sex relationships

Intersectionality: A framework created by Kimberlé Crenshaw to provide a lens to understand the ways in which multiple forms of oppression intersect and interact with each other, often exacerbating each other.

Intimate Partner: A relationship between two people, who can be: former spouses; persons cohabiting together who are holding themselves out as a couple, with or without a child in common; persons living separate and apart with a child in common; or persons in a current or former substantive dating relationship.

Intimate Partner Violence: Abuse or domestic violence where an offender and the victim are intimate partners.

Intimate Partner Violence (IPV)/Domestic Violence (DV) Victim: An individual who has been the target of abuse or domestic violence.

LGBTQ Outing: Sharing privileged information about someone's sexual orientation or gender without their consent.

Meyers Minority Stress Model: A framework created by Ilan H. Meyer to describe the additional stress that members of marginalized groups experience as a result of the prejudice and discrimination experienced.

Nuclear family: A couple and their children (regarded as the basic social unit).

Program Integrity: Refers to the extent to which an intervention program is delivered in practice, as intended in theory and design.

Program or Provider: An agency or individual, respectively who provides domestic violence intervention services and/or treatment.

Psycho-educational: Structured educational approaches to intervention that are based on social learning theory and cognitive behavioral 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.

Racism: Prejudice, discrimination, or antagonism by an individual, community, or institution against a person or people on the basis of their race or ethnicity.

Risk: A risk is referring to the danger of a repeated offense (i.e., low, moderate, or high risk)

Sex: Division of men and women based on reproductive organs

Sexism: Prejudice, discrimination, or antagonism by an individual, community, or institution against a person or people on the basis of their sex or gender (usually against women and girls).

Sexual Orientation: Based on genders, who someone is sexually attracted to.

Sliding Fee Scale: A sliding fee scale is a policy and procedure that is written and available to all clients and is based on criteria developed by the Certified Provider. The fee scale is based on the offenders' ability to pay. The fee scale is made available to each participant and to the DVCC Certification Panel on a yearly basis or anytime the fee scale changes.

Proximal Outcome Data: Data which measures the changes that happen within the participants as a result of participation in the programs (i.e., changes in attitudes, skills and intentions).

Social Ecological Model: A framework for prevention that considers the complex interplay between multiple levels of influence (individual, interpersonal, organizational, community and societal), and the idea that behaviors both shape and are shaped by the social environment. This model allows us to

understand the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. It suggests that in order to prevent violence, it is necessary to act across multiple levels of the model at the same level.

Social Cognitive Theory: Explains human behavior in terms of a three-way, dynamic, reciprocal model in which personal factors, environmental influences, and behavior continually interact.

Supervisor: An individual who has been approved by the Domestic Violence Certification Panel to have met all facilitator and supervisor requirements established under these standards and who provides oversight, guidance, and evaluation to trainees and facilitators.

Trainee: An individual who has been approved by the Domestic Violence Certification Panel to have met all Trainee requirements established under these standards and may conduct groups only as a co-facilitator, alongside a Certified Facilitator or Certified Supervisor.

Transmisogynoir: Prejudice, discrimination, or antagonism by an individual, community, or institution against black transgender women.

Transmisogyny: Prejudice, discrimination, or antagonism by an individual, community, or institution against transgender women

Transtheoretical Model/Stages of Change: Describes a sequence of steps to successful behavior change: 1. Precontemplation; 2. Contemplation; 3. Preparation; 4. Action; and 5. Maintenance.

Treatment Risk: An offender's level of risk based on the offenders' total risk profile including risk of recidivism, static risks, dynamic risks, and criminogenic needs.

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