

CT Domestic Violence Offender Program Standards

CJPAC Subcommittee

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CT Domestic Violence Offender Program Standards

Subcommittee of the Criminal Justice Policy Advisory Commission

I. Introduction

Domestic violence is a pattern of violent and/or abusive behaviors used by a person intended to exert power and control over another in the context of an intimate relationship. The violence which involves coercive control may take many forms including physical and psychological abuse, threats, stalking, and intimidation as well as economic, sexual, and emotional abuse. Although there may be contributing factors such as alcohol/substance use or mental health problems which make violence in the context of an intimate relationship even more complex, these factors are not the proximate cause. Domestic violence, as a learned behavior, is supported by a system of beliefs and attitudes and requires a variety of approaches to prevent, reduce, and eliminate it. Domestic violence offender programs must emphasize the accountability of individual perpetrators. The purpose is to educate offenders and teach skills that support a non-violent lifestyle and promote healthy relationships.

Research shows that men perpetrate the vast majority of serious violence in intimate relationships against female partners; therefore, these standards are designed to address the patterns and dynamics of male to female violence, control, and abuse. These standards are intended to serve as a framework for new and existing program providers to develop and deliver services to people arrested for committing a crime(s) of violence against an intimate partner or former intimate partner or people identified as needing services in order to prevent acts of domestic violence. These standards are established for the development and delivery of services primarily for men involved in heterosexual relationships who have acted abusively toward a partner or spouse and are not meant to be generalized in whole to other offenders or types of services for family violence offenses. There is little research or best practice model for effective, validated programs for intimate partner violence by female and lesbian, gay, bisexual, transgendered, and queer (LGBTQ) offenders. Programs working with female and LGBTQ intimate partner offenders should integrate and adapt available gender and LGBTQ specific assessment and intervention strategies to address unique risk factors and needs associated with domestic violence within these populations. As valid methods of intervention become available they should be incorporated into the delivery of services.

Whenever possible and appropriate, community program providers working with offenders need to identify ways to cooperate, collaborate and coordinate information and services with agencies serving victims/survivors. Program providers should actively incorporate input and feedback from other community and governmental agencies, particularly those working directly with victims/survivors of domestic violence.

Every provider offering domestic violence offender services (i.e. batterer intervention) shall comply with all Connecticut statutes regarding non-discrimination.

II. Guiding Principles

The following principles are intended specifically for individuals arrested for committing a crime of domestic violence against an intimate or former intimate partner; however, these principles are universal and applicable to those who perpetrate any act of family violence.

1. Domestic violence is illegal and will be treated as a criminal act under the law.
2. The primary goals of domestic violence offender programs are the cessation of all forms of violence and abuse and the development of skills for safe, respectful, and healthy relationships.
3. The safety and rights of victims/survivors is of paramount importance and shall not be compromised for the preservation of a relationship or any other reason.
4. The autonomy and right to self determination of victims/survivors will be respected and facilitated through both the sharing of program goals and appropriate referrals to supportive, trauma-informed domestic violence services available in the community.
5. Offenders are solely responsible for their intentional choice to engage in violent, coercive, and/or abusive behavior and, through swift and immediate consequences, will be held accountable for their actions without displacing blame on the victim, alcohol or substance abuse, or physical or mental illness.
6. Providers of services for domestic violence offenders are responsible for ensuring interventions and the manner in which services are delivered are the most effective for facilitating behavior change.
7. Offenders are capable of changing their behaviors, attitudes, and beliefs and living a non-violent lifestyle; programs offer tools intended to foster each participant's potential to change. Whether or not an offender chooses to change their behavior and beliefs remains their responsibility.
8. While providers are accountable to individual offenders in the manner detailed in the Domestic Violence Offender Program Standards, they are also expected to be accountable to victims and the wider community. Providers are responsible for attending to issues of victim safety, security, and rights to self-determination; consequences to secondary victims; and the impact on public safety and social justice in the community.

III. Definitions

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.

Accountability - A process whereby offenders are open to feedback regarding power, control, coercion, domination, and other fear-inducing behavior as they work to achieve lives free of violence and abuse. Accountability ultimately rests with person who chooses to use violence. Though neither the community nor the victim can impose accountability, they can support and invite the offender to choose accountability. The process requires the periodic examination of the offender's conduct, particularly as it relates to any victim, current partner and children. It also entails the development and periodic evaluation of a plan to assure responsible, non-coercive conduct and to provide restitution to the victim. This process may afford offenders an opportunity for healing and restoration because it continues to solidify a commitment to a violence-free life and can offer hope for the future as they develop the capacity for enduring relationships based on respect, honesty and partnership.

Admission- To accept a domestic violence offender for group program participation for the purposes of rehabilitation.

Assessment- Determination of an appropriate course of assistance based on a formal, in-person screening.

Critical Incident- An occurrence or set of events inconsistent with the routine operation of the facility, or the routine care of a client. Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to clients, personnel, or others; incidents involving neglect or abuse of a client; fire; unauthorized disclosure of information; damage to or theft of property belonging to a client or the facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

Coercive Control- Use of constraints to restrict and regulate the freedoms, choices, and daily activities of another person in order to oppress, isolate, make them dependent

Collusion- Activities or attitudes that seem to promote, minimize or excuse the offender's abusive actions, behaviors and beliefs or that contribute to the offender's denial of or rationalization for the abuse. Collusion includes, but is not limited to, legitimizing the use of abuse against a victim; defending abusive actions or behaviors for any reason; laughing at jokes that disparage women and/or violence; and supporting distortions or contempt of victims either implicitly or explicitly.

Domestic Violence- A subset of family violence as defined by CT state law, domestic violence is a criminal act or pattern of violent and/or abusive behaviors used by a person intended to exert power and control over another in the context of an intimate relationship. The violence which involves coercive control may take many forms including physical and psychological abuse, threats and intimidation as well as economic and emotional abuse. Although domestic violence may be a learned behavior and there may be contributing factors such as alcohol/substance use or mental health problems which make the violence in the context of an intimate relationship even more complex, these factors are not the proximate cause.

Domestic Violence Offender Program- A psycho-educational program operating in an individual or, ideally, group format with trained facilitators focused on those who perpetrate intimate partner violence serving as one component of a coordinated community response to domestic abuse where the main goals are to address the on-going safety needs of victims, hold abusive individuals accountable for their choice to

engage in abusive and/or controlling behavior, and facilitate the development of skills and beliefs that support a non-violent lifestyle and promote healthy relationships.

Facilitator- A trained domestic violence instructor who leads offenders in a group setting to help them learn, build self-awareness, hold members accountable, and lead by example. The facilitator/co-facilitator has the authority to determine progress of an offender and to recommend continued participation or termination from the program.

Intake- Written information about a client serving as a basis for assessment or services, obtained by the program at time of admission to a program and included in client record.

Interventions - Refers to the array of legal actions, family confrontations, employee assistance programs, neighborhood safety strategies, offender programs and community education efforts undertaken to stop the violence and abuse of individual offenders, persuade them to end coercive control, and encourage them to develop skills and strategies to achieve violence-free lives.

Lethality Assessment- An evaluation using an evidence-based instrument of a program participant's potential for causing physical injury to another person by considering the participant's violent or abusive behavior including threats directed towards the current or most recent intimate partner; the frequency and severity of the domestic violence or psychological abuse; the participant's domestic violence or psychological abuse toward previous intimate partners; the participant's access to weapons, suicidal or homicidal thoughts or ideation, suicide attempts, access to the victim; and the status of the participant's relationship with the current or most recent victim.

LGBTQ- Term refers to the collective community of lesbian, gay male, bisexual, transgendered, and queer/questioning people.

Monitoring- Consists of observation, critique and consultation about the performance/operation of a domestic violence offender program by an outside, unaffiliated agency knowledgeable about the safety interests of victims of domestic violence.

Offender- A person who commits acts of domestic violence or abuse against another person who becomes the victim of such acts in the context of an intimate relationship or after the relationship ends.

Participant and Program Provider Agreements- Documents detailing the obligations between the individual community-based provider(s) offering services and the domestic violence offender seeking the services in order to support successful outcomes.

Participant Record- A file that includes, but is not limited to, all communication, records and information on an individual participant maintained by the program including: an intake assessment, dates and summary of contacts with the participant, records of the participant's compliance and non-compliance with program requirements, lethality assessments, and a summary of victim safety checks.

Program- An individual or an agency operating a community-based domestic violence offender program that is designed to prevent the recurrence of abusive and/or controlling behavior; "program" addresses issues of power and control, the beliefs and values that lead to domestic violence in our society, and a participant's responsibility for choosing to engage in domestic violence, but does not include a program solely addressing alcoholism or use/abuse of controlled substances.

Program Participant- A domestic violence offender who is accepted into community-based domestic violence offender services either under a court order or on a voluntary basis.

Provider- An agency or individual who works with domestic violence offenders in accordance with established state of Connecticut program standards.

Psycho-Education - Any exchange of information that is intended to assist with improving an individual's, couple's, or family's psychological, emotional, relational well-being. The approach typically focuses on teaching skills, conveying information, and changing specific targeted behaviors in areas of communication, conflict resolution, coping, stress management, and emotional regulation change; this evidence-based model can be tailored to the specific needs of the to achieve the best outcomes. Complementary with other evidence-based theories and models such as cognitive-behavioral and learning-theory, the psycho-educational approach works well in group modalities and fits well with role-playing and behavior rehearsal.

Recidivism- The verifiable recurrence of domestic violence, any criminal re-offense or violation of a court order relating to domestic violence or another crime against a person after an offender has begun a domestic violence offender program, regardless of whether the act results in arrest and/or prosecution.

Referral Source – The entity and/or individual recommending an offender participate in a domestic violence program. Entities and/or individuals include, but are not limited to, any court; Office of Adult Probation; Office of the Bail Commissioner; an attorney representing a domestic violence offender; the Board of Pardons and Paroles; the Department of Correction; and any prosecutor acting on behalf of the state of CT.

Restitution- Actions on the part of an offender intended to demonstrate the complete acceptance of responsibility for abusive conduct and beliefs in an effort to restore the victim, may include paying all costs arising from the violence, acknowledging to the victim, friends and family the wrongfulness of the abusive behavior.

Screening- The process of determining, preliminarily, the nature and extent of a individual's problem in order to determine the person's service needs. At a minimum, a screening shall include a brief personal history related to abuse; a review of the individual's criminal record, an assessment of strengths and resources, and a determination of risk factors and referral needs.

Substance Abuse- Substance-related and addictive disorders may include misuse and/or abuse of alcoholic beverages, illegal and/or controlled substances and may involve a component of physical addiction.

Victim, Primary- A person who has been the recipient of another person's actual or threatened use of violence and/or intimidation in an attempt to exert power and control over the person and/or create or cause to be created conditions that result in physical or psychological harm.

Victim, Secondary- Those persons who, while not the direct recipient of another person's use or threatened use of violence and/or intimidation, have been impacted by witnessing or indirectly experiencing the violence, threats of violence, and/or intimidation committed against another person; may also include those whose expected and appropriate care, comfort and security have been negatively impacted by the victim's experience of violence, threats and or intimidation by the abusive party.

IV. Program Content

Domestic violence offender programming emphasizes the accountability of individual offenders. The purpose is to educate participants and teach skills that support a non-violent lifestyle and promote healthy relationships. The primary goal of the program is to stop violent and abusive behaviors. This goal takes priority over any other intervention and educational objectives. The following areas of program content are the minimum standards for programs conducted in-person and are to be considered best practice.

Programs, whether time limited or open-ended, are encouraged to use a variety of learning tools including audio-visual media, homework assignments, behavior modeling, role play, direct instruction, handouts, group exercises, and other forms of facilitation to address diverse learning styles, stimulate participation, and maintain dynamic interactions.

Providers should receive training on and be mindful of gender role stereotypes, cross cultural issues, ethical practices, sexism, racism, classism, homophobia and other forms of oppression.

Areas of Program Content

- A. Introduction** The program should begin with individual introductions and a review of program rules, attendance policy, guidelines for successful program completion, causes for dismissal from program, confidentiality guidelines and other provisions of the Participant Agreement. Facilitators must inform participants of agency protocol for reporting program status to the referral and the referral process for additional services.
- B. Education** The educational content of a Domestic Violence Offender Program should provide information to help the participant understand the dynamics of domestic violence within the context of cultural learning and male socialization. Programs should challenge all beliefs and attitudes used to justify the use of violence or abusive behavior in intimate partner relationships. At a minimum the following content areas should be included in the program and addressed by the facilitators:
 - 1.** Definition of abuse – emotional, financial, physical, psychological, and sexual forms. Ensure non-physical forms of domestic violence are not minimized. Affirm that domestic violence occurs across all ethnic and racial groups, religious affiliations, income and education levels, and with all ages.
 - 2.** Define and discuss the dynamics of power and control. Discuss the effects of power/control and violence on a relationship and the impact on victims both primary and secondary including those who witness the violence.
 - 3.** Awareness of the intent of abusive and violent behavior. Imparting an understanding that violence does not “just happen” and is targeted and planned for an intended specific outcome.
 - 4.** Explore the individual attitudes and beliefs which support or lead to the choice to engage in violent or abusive behavior.
 - 5.** Discuss and address erroneous beliefs regarding male entitlement, cultural issues with male privilege, and traditional sex role stereotypes.

6. The importance of accepting responsibility for using abusive, violent, coercive and/or controlling behaviors and words. Programs shall treat domestic violence as a choice and the sole responsibility of the person who commits that abuse/violence. Programs shall recognize that violence is a learned pattern of behavior supported by a system of beliefs and attitudes. Work with participants will include discussions about intergenerational patterns of violence. Justifications for abuse will be confronted and discussed.
 7. The program should inform participants about the impact of abuse and violence on the larger community, including other members of the household, extended family, neighbors, co-workers of the offender and the victim, police and courts, corrections, hospitals and health services, community agencies and public services. Programs may use a range of methods and sources such as books, newspapers, magazines, audio-visual programs, group member experiences and other examples to illustrate the ripple effects of domestic violence.
 8. Trauma is an important concept to review with participants including exposure during childhood to domestic violence, personal history of sexual/verbal/physical or emotional abuse, and their current methods for dealing with or avoiding their trauma history. Methods for healing from past traumas should be explored. A trauma history should not be used as an excuse for domestic violence.
 9. Programs shall impart to participants that abusive and violent behaviors can be eliminated and, with help, intimate partner relationships and families can heal.
 10. The program shall inform participants that completion of a Domestic Violence Offender Program is not a guarantee that their abuse will stop. Facilitators shall explain to participants that further work may be necessary and that being non-abusive requires an on-going commitment and continual effort on the part of the abusive person.
 11. Facilitators should work with participants to develop an individualized accountability plan to anticipate and prevent violent behavior including developing positive support systems and techniques such as control plans.
- C. Values Assessment** There should be process time provided to allow participants to acknowledge and examine personal attitudes, experiences, feelings and beliefs (perceived or imagined) used to justify and reinforce their use of violence. The program should guide participants to acknowledge their violent behavior, take responsibility for their choices, and enhance motivation for positive change within their lives and personal relationships.
- D. Behavioral Change** Participants who sincerely wish to eliminate their violent and abusive behavior may benefit from specific training that teaches egalitarian, respectful strategies for decision making, communication, and conflict resolution. Programs should teach interactional strategies to maintain equitable, nonviolent relationships. The program should also emphasize that lasting (long term) behavioral change is the measure of successful completion of the program, not simply finishing a certain number of sessions.

E. Families There shall be discussion and education around the effects of violence on families and children specifically:

1. The impact of abuse on the victim. Programs shall take special care not to blame the victim(s) for the abuse or collude with participants. Programs should discuss the short and long term effects of violence on the victim. When appropriate participants should be encouraged to take responsibility by making amends for consequences of prior abuse and violence.
2. Defining and discussing healthy relationships, development of self, realistic expectations in an intimate partner relationship, jealous feelings, fidelity, healthy sexuality, sexual respect and positive peer relationships.
3. Effective communication skills in intimate partner relationships, parenting and intergenerational violence, developmental considerations for communication with children, healthy conflict resolution in the family structure, the incompatibility of responsible parenting and domestic violence, discussion on the frequent co-occurrence of domestic violence and child abuse, the short and long term effects of trauma and domestic violence on children. Consider referral to parenting groups if appropriate.

F. Communication There shall be discussion and skill building around the following:

1. Ability to listen and respond demonstrating respect for others
2. Ability to identify and express feelings respectfully
3. Ability to delay gratification and manage anxious and jealous feelings
4. Understanding elements of healthy intimacy, boundaries and communication
5. Distinguishing between passive, passive-aggressive, aggressive and assertive behaviors
6. Resolving conflict using skills such as negotiation and compromise
7. The right to individual self determination

G. Contributing Factors The program shall educate participants about common contributing factors that add complexity but are not the proximate cause of domestic violence such as: substance-related and addictive disorders and mental illnesses. Addressing substance use disorder, alcohol-related disorder, and addiction(s) should include definitions of alcoholism, the use of various substances, to include prescription drugs, and compulsive behaviors with negative life consequences. These conditions can affect the severity and frequency of domestic violence but are not the reasons for the violence. Discussions on violence perpetrated under the influence and when clean/sober should be included in the program.

Addressing mental illness as relevant should cover the signs and symptoms of conditions especially those marked by anger, impulsivity, and/or behavioral instability. Mental health issues may affect the severity and frequency of domestic violence incidents, but in no way serve as an excuse for the violence. Emphasis should also be placed on the participant's responsibility to effectively manage and monitor their

mental illness (e.g., comply with treatment plan, recognize signs of relapse/recurrent symptoms, etc.) and comply with treatment.

V. Prohibited Approaches

Because certain methods or techniques have the potential for a negative impact, they are deemed inappropriate for use in work with domestic violence offenders. Any methods that 1) endanger the safety of the victim; 2) reinforce the offender's denial of responsibility for the abusive behavior; 3) place blame for the offender's abusive behavior on anyone other than the abusive person; or 4) support the offender's sense of entitlement to abuse or control the victim are strictly prohibited.

Other approaches to work with domestic violence offenders are considered inappropriate for use prior to successful completion of domestic violence offender program participation and acceptance of responsibility for violent or abusive behavior. Some methods or techniques may be used with caution as deemed appropriate by a qualified provider concurrently or subsequent to an evidence-based model of group programs with domestic violence offenders so long as the safety of the victim is the primary deciding factor. Such approaches may complement but cannot substitute for the group program model.

The following approaches are **prohibited** from use in domestic violence offender programs including, but not limited to: curricula, homework, group materials, discussions, policies, and staff training.

1. Victim Blaming

Any intervention approach that blames the victim or in any way makes the victim responsible for the offender's behavior is prohibited. There is no behavior on the part of the victim which causes or excuses abuse. Perpetrators bear sole responsibility for their actions. Use of such themes as provocation or "pushing buttons" is revictimizing and should be discouraged.

2. Victim Coercion or Mandates

Any approach that coerces, mandates, or encourages voluntary participation of the victim is prohibited.

3. Entitlement Approaches

Approaches which contribute to the offender's belief in the entitlement to abuse or control the victim, such as patriarchal belief systems, religious doctrine that reinforces men as heads of households, are prohibited.

4. Alternative Dispute Resolution

Alternative dispute resolution services, such as mediation, community dispute resolution, and arbitration may allow offenders the opportunity to further exercise control over the victim.

5. Circular Causality Process

Any approach that treats the abuse as a mutually circular process, or any other model that minimizes the responsibility of the offender, views the responsibility as mutual, and/or places responsibility for the abuse on the victim is prohibited.

6. Anger Management

Communication enhancement or anger management techniques that identify anger or stress as the primary cause of abuse are prohibited. Anger management, stress

management, and communication skills should not be emphasized as the primary cause of abuse, but rather be incorporated as part of a comprehensive approach.

7. Impulse Control Models

Theories or techniques that identify poor impulse control as the primary cause of violence are prohibited.

8. Containment, Displacement, and Cathartic Approaches to Emotional Regulation

Teaching appropriate emotional regulation skills (aka managing or processing emotions) and addressing the inability to experience and identify emotions can be appropriate components of a Domestic Violence Offender Program. Approaches that emphasize the containment (i.e. stuffing, suppressing), the displacement (e.g. hitting a punching bag) of negative emotions (e.g. anger), or cathartic expressions of emotions (e.g. venting) are not considered optimal methods for managing negative emotions; such methods may pose a threat or increase risks to victims, others, and/or the offender himself. Ultimately, offenders should take full responsibility for self-regulation (i.e. not making another person responsible for quelling their emotions and/or reducing their arousal) and learn appropriate non-harmful (to self and others) skills to safely manage challenging emotions.

9. “Fair Fighting” Approaches

The use of “fair fighting” techniques that focus on conflict through combative methods and/or embrace the hierarchical order of winning/losing resulting in power or dominance is prohibited. “Fair fighting” implies that the problem is one of mutual strife or combat without recognizing the inherent imbalance of power in an abusive or violent dynamic.

The following approaches cannot substitute for the group program model with domestic violence offenders, however they may be used **with caution** as deemed appropriate by a qualified provider concurrent or subsequent to successful completion in an evidence-based group program model.

10. Couples, Marriage and/or Family Therapy

Couples therapy, marriage and/or family therapy are inappropriate as primary intervention for offenders. These approaches may endanger the victim by placing the victim in the position of self-disclosing information that the offender may subsequently use against the victim and by giving the offender an opportunity to contact the victim. Such approaches avoid placing sole responsibility on the offender and may implicitly blame the victim for the abuse.

11. Faith-based Counseling

Faith-based counseling sessions are appropriate as supplemental to group or individual sessions, not as a substitute. Methods that reinforce the offender’s sense of entitlement to special treatment and/or used to justify power or privilege to abuse, control, manipulate, coerce or compel another person.

12. Mental Health or Substance Abuse Treatment

Mental health and/or substance abuse treatment cannot be substituted for a Domestic Violence Offender Program. Any approach that places emphasis on mental health and/or substance-related and addictive disorders as the primary or proximate cause of violence, or fails to address substance-related and addictive disorders and/or mental illnesses as non-

causal issues separate from domestic violence (as defined herein) is prohibited. Medication management and alternative forms of treatment are also prohibited as the primary or sole method in working with offenders.

13. Addiction Counseling Models

Addiction counseling models, some of which identify abusive behavior as an addiction and the victim and/or children as enabling or co-dependent in the abuse, are prohibited.

14. Psychoanalytic and Psychodynamic Approaches

Psychoanalytic and/or psychodynamic approaches (e.g. object relations) and related mechanisms (e.g. ego defenses) that emphasize early childhood experience and/or unconscious processes as the primary cause of abuse may lessen the offender's responsibility for the abuse (e.g. transference) and impede required behavioral change. These approaches are not appropriate for Domestic Violence Offender Programs and may provide the offender with justification for using violence and abuse against the victim. In addition, any approach that identifies psychopathology of the offender and/or the victim as the primary cause of abuse is prohibited.

VI. Approach to Program Delivery

Domestic violence offender programming emphasizes the accountability of individual perpetrators. All approaches to working with offenders should consider and maintain as paramount the safety of victims. The use of materials and instructional approaches should be undertaken in a manner that demonstrates non-discrimination and sensitivity to diversity of all kinds. Language, topics, and techniques must accommodate diverse populations and participants of varying backgrounds while actively avoiding stereotypes and assumptions.

The group format is regarded as the best practice for working with domestic violence offenders, with some exceptions, and should be used whenever possible. Group format can provide a greater degree of accountability and enables examination of attitudes, values, and behaviors while decreasing an offender's isolation and dependence on the intimate partner. Where group participation is genuinely not possible due to a specific, demonstrated need that cannot be accommodated in a group setting, a planned, structured program of individual interventions may be considered. All aspects of such work with offenders should adhere to the principles and approaches of the state's offender program standards and cover the same topics, skills, and goals. Program providers may also augment group work with individual sessions when demonstrated to be clinically necessary. In rare circumstances when an offender requires individual sessions prior to, concurrent with, or in lieu of a group modality due to specific, demonstrated need(s), the provider may accommodate or make appropriate referrals for an offender. The provision of individual services should not in any way support or reinforce an offender's sense of entitlement to special treatment.

Instructional Guidelines

1. **Comprehension** The program materials and content should be developed and used in a manner that will maximize the comprehensibility of participants from various levels of education, literacy, cognitive skill, and learning styles.
2. **Modalities** Programs should incorporate a variety of modalities and provide a range of social learning opportunities. Skill development can be fostered by using tools of role play, rehearsal/practice, group exercises, and modeling that all support behavior change while affording constructive feedback. Instruction in the forms of facilitated discussion, direct teaching, audio-visual media, handouts and worksheets can address different learning styles, stimulate interaction, and maximize comprehension.
3. **Inclusion** Programs can demonstrate respect for and understanding of the different cultures of participants by using representative examples and materials that incorporate respectful references to cultural considerations. Cultural and social influences that contribute to and support violent or abusive behavior should be explored, respectfully challenged, and alternatives presented. The use of language that does not specify gender, sexual orientation, or the relationship between offender and victim (i.e. wife, boyfriend, etc.) is needed to create openness and demonstrate staff acceptance of diverse populations and lifestyles.
4. **Multilingual** Programs that offer bilingual services or services in languages other than English shall ensure that staff is able to demonstrate awareness and understanding of the

culture of participants as well as the language. Program materials should be made available in languages appropriate to the participants being served.

5. **Participant Responsibility** During all interactions with participants, program staff shall maintain a focus on offender, not victim, behavior. Instances of denial, blaming, minimizing, justifying and rationalizing by offenders shall be directly addressed by program staff. Participants should be engaged anticipating and preventing violent behavior through the development of an individualized plan that includes: building positive support systems, taking responsibility for one's actions, and creating healthy alternative responses.
6. **Evidence-based Interventions** With adequate training in use of various approaches, program staff shall support the efforts of participants to take responsibility for their choice to use violence or act abusively by utilizing techniques that include but are not limited to:
 - a. Motivational Interviewing
 - b. Cognitive-Behavioral approaches
 - c. Strength-based strategies
 - d. Positive behavioral reinforcement strategies
7. **Behavioral Change** Programs should teach skills to establish and maintain social interactions and relationships that are equitable, non-abusive, and non-violent. Participants are expected to learn, utilize, and sustain communication and conflict resolution skills that are effective, non-abusive, and respectful.

Program Innovation

The development of effective domestic violence offender programming is an evolving process. Efforts by program providers to develop or modify a program with a new approach or topic, must be done so in a manner consistent with the principles of victim safety and offender accountability and in accordance with the Guiding Principles set forth in the CT State Domestic Violence Offender Program Standards.

Innovation Guidelines

1. **Intent** Innovations or variances on program content must not be undertaken as a means to circumvent or to avoid upholding the Domestic Violence Offender Program Standards. Modifications to program approach, content, or format require the identification of a specific purpose and need and should be undertaken within a specific context. Innovations must remain compatible with the overall intent of the Program Standards.
2. **Specialized Populations** Programs may design tracks or services geared towards certain populations with identified issues, such as repeat offenders, female offenders, LGBTQ offenders, or non-violent coercive controlling offenders, that might benefit from adaptations to existing program content or format. The approach(es) may address the intended population(s) through emphasis and/or inclusion of additional relevant materials and techniques.
3. **Outcomes** Efforts to innovate must be undertaken with a plan to track and monitor the impact of program modifications. Program providers should assess whether innovations or modifications are resulting in the desired outcome or anticipated benefit. Programs must document the impact of program modifications as well as all obstacles encountered, adverse effects, diminishing benefit(s), and all efforts to mitigate such problems.

VIII. Program Intake Procedures

The intake process is considered an essential component of the provision of services and should be viewed as an opportunity to assess and engage the participant in the program; and serves as an opportunity to begin the process of change. Whenever possible, the intake and assessment procedures should be conducted and/or administered in person directly by the program staff who will be working with the participant. The intake and assessment procedures are intended to: (1) determine an individual's appropriateness for the program; and (2) to assess factors associated with risk, need, and potential responsiveness relevant to the program.

Best practices suggest that matching/tailoring the program delivery to characteristics of the individual is likely to improve outcomes. Although assessments can be actuarial, unstructured-clinical and structured-clinical judgment, whenever appropriate and feasible valid and reliable assessment instruments should be used. Assessment tools to consider for use with domestic violence offenders seeking services may include but are not limited to:

- Conflict Tactics Scale-Revised (CTS-2)
- Beck's Depression Inventory – Short Form (BDI-II)
- Domestic Violence Screening Instrument (DVSI-R)
- Adult Substance Use Survey- Revised (ASUS-R)
- *Inventory of Beliefs about Partner Abuse* (IBAPA)

Assessment instruments should only be administered by qualified professionals. Assessment is viewed as an ongoing process; therefore, reassessment and appropriate modifications will be necessary.

The following details cover the steps and content of the participant intake procedures and serve as the minimum standard to which a program must adhere.

Interview

Providers shall interview and document background information provided by the offender in order to determine the offender's appropriateness for the program and to help the perpetrator take full responsibility for their violent and abusive behaviors. Components of an intake shall include; if available:

1. Review of: court order(s); criminal record, police report(s); Department of Children and Families reports, terms and conditions of probation and/or parole; signed releases for providers to obtain access to such reports will be requested as part of the intake, as possible
2. Offender's contact information to include: full legal name, current address, date of birth, driver's license number, make and model of vehicle
3. Educational and employment histories (including diagnosed and undiagnosed learning impairments, developmental disabilities, and literacy skills)
4. Current living situation (current partners, relationships, residences, employment, etc.)
5. Present financial circumstances (income, debt, expenses, current child support and arrears)

6. Present Circumstances:
 - a. Presenting problem and related history (e.g. reason for referral, precipitating events, duration of violence, most violent incident, most recent violence, other acts of violence and abuse)
 - b. Current or prior protective and restraining orders alleging abuse including victim(s), bail orders, custody and visitation orders, divorce decrees, standing criminal protective orders and willingness to violate such orders)
7. Personal History:
 - a. Cultural considerations and/or preferred languages (written and spoken)
 - b. Family history (e.g. violence, traumas, discipline, alcohol and drug use, police and court involvement)
 - c. Relationship history (amount of time together, separations (number and length), and current relationships):
 - i. Married, separated, divorced, cohabitating
 - ii. Abusive or violent relationship histories
 - iii. Proximity and access to the victim(s)
 - iv. Last contact with victim(s) (methods)
 - v. Previous offender intervention programming and outcome of enrollment;
 - vi. Addresses and physical locations of all children (including biological, step children, children in offender's current household), if any– including custodial caregivers
 - vii. Child custody and visitation arrangements (terms and conditions), if any
 - viii. Referrals or active involvement with Department of Children and Families
 - ix. Whether children were present during the incidents of violence
 - x. Whether children have ever been removed from the home and reasons why
 - d. Substance related and use disorders and addictive disorders (types of drug/alcohol abuse, history of driving under the influence, drugs or alcohol use when behavior is abusive)
 - e. Previous interventions for addictions, treatment undertaken, and resulting outcomes
 - f. Weapons (e.g. firearms/access to, knives, etc. including those for hunting)
 - g. Other legal involvements (to gather information on respect for authority and willingness to follow rules)
 - h. Medical history (especially head injuries and other conditions or impairments)
 - i. Mental health conditions and treatment history (any mental health diagnoses, recent hospitalizations, current prescribed medications, compliance with prescribed medications, outcomes of previous or current counseling)
 - j. History of suicide and homicidal behaviors/thinking, current plans, motivations, means available, willingness to develop an alternative plan
 - k. The offender's own victimization(s) and efforts to heal from the trauma (to the extent that it may help efforts to take responsibility for use of violence)
 - l. History of injury to pets or animals
8. A history and profile of the perpetrator's violent behavior should be developed, based on descriptions from criminal justice agencies, victim(s), and other service providers

9. The program shall make every effort to initiate intake within three (3) weeks of the perpetrator's first contact with the program

Program Acceptance

An offender who is accepted for services is determined to be capable of benefitting from the goals of the program. Acceptance for services is determined following the interview and is subject to the review of additional information that may result in a participant being not or no longer appropriate for services. The Domestic Violence Offender Program will review the Participant Agreement verbally during the intake process and, after answering any questions, require the participant to sign the agreement. The offender's signature indicates that they agree to comply with the terms of the agreement. The participant shall be given a hardcopy of the agreement.

Program Non-Acceptance

If the Domestic Violence Offender Program determines, at the time of intake or subject to additional information becoming available, that the offender is not or no longer appropriate for services, the program must provide the offender and the referral source timely notification in writing of the decision and the basis for dismissal. As appropriate, the program may make recommendations for other assessments, interventions, treatment services; or criminal justice action.

IX. Program Rules of Conduct

Domestic Violence Offender Programs are required to ensure that each program session, whether individual or group, is conducted in an environment that is respectful, productive, and free of violence, intimidation or bias. Providers shall review the Rules of Conduct at the start of each program session as a regular reminder to all participants that the primary goal of the program is to eliminate any and all forms of violence and abuse, including during program sessions. Providers shall hold participants accountable for their behavior and shall take appropriate action, up to and including dismissal, in response to any violations of the Rules of Conduct.

1. **Participants** shall openly and honestly engage each program session.
2. **Participants** shall refrain from any and all violence, abusiveness and disruptive behavior during program sessions.
3. **Participants** shall take full responsibility for their abusive behavior and make every effort to learn non-abusive alternatives.
4. **Participants** shall maintain confidentiality regarding personal information and identity learned from or about any other program participant.
5. **Participants** shall attend all sessions free of alcohol, non-prescription drugs, prescription drugs used abusively, or any substance that could impair the ability to function or might jeopardize the safety of self or others.
6. **Participants** shall not have any weapons in their possession while attending sessions.
7. **Participants** shall not engage in intentionally distracting behaviors (e.g. sleeping, texting).
8. **Participants** who perpetrate a new, documented or confessed incident of abuse or violence may be required to undergo a re-assessment to determine whether it is appropriate to continue or re-start in the program and whether specific conditions may need to be implemented and added to the participant agreement. Decisions regarding re-assessment, continuation, and new conditions will be made following consultation with the participant's criminal justice system referral source.

X. Program Completion

Participants shall be considered to have completed the Domestic Violence Offender Program once they have fulfilled the requirements set forth in the Participant Agreement including, but not limited to:

- Compliance with court orders related to participation in an offender program
- Compliance with Program Rules of Conduct
- Attendance and active participation (including processing of personal behaviors and/or feelings) in program sessions
- Completion of all homework and other assignments
- Expressed and demonstrated acceptance of responsibility (by word and/or action) for all violent and abusive behavior without blaming the person(s) they victimized or others
- Has not engaged in any threatening, harassing, stalking of the victim(s) or attempted any prohibited contact with the victim(s)

Written notice of program completion shall be provided to the referral source.

Dismissal from the Program

Guidelines for sanctions or dismissal actions are necessary to ensure such decisions are consistent and fair and to prevent discrimination.

A program may decide to dismiss a participant who is non-compliant with the program rules and/or Participant Agreement, fails to make appropriate use of the program, or is determined to be inappropriate for the program. Examples of circumstances that may result in dismissal from the program include but are not limited to the following:

- Documented or confessed incidents of physical assault, threat, stalking, or psychological abuse
- Violation of protective or restraining orders or other court orders pertaining to safety of victim, partner, and/or children
- Disruptive or threatening behavior during program
- Violation(s) of rules of conduct or Participant Agreement, including failure to attend or engage, resulting in disruption to the program
- Failure to abide by program rules regarding use of drugs or alcohol

Decisions on sanctions or dismissal from the program for any of the above offenses or violations of the rules of conduct will be made by the program in consultation and communication with the referral source and may involve meeting with the participant when safe to do so. Prior to dismissal, a program may impose sanctions or conditions on a participant in response to inappropriate or counter-productive behavior(s). Implemented sanctions will be conveyed to the referring agency as part of the regular reporting process.

In the event of a dismissal, program staff will inform the participant directly whenever possible and provide the reasons for the decision. Timely notification regarding the dismissal of a

participant from a program must be made in writing to the referral source and shall include a summary of the participant's attendance, compliance with rules of conduct, abuse while in the program, the basis for the dismissal and, where appropriate, recommendations for assessments for additional services or criminal justice action. The program shall indicate to the referral source whether the participant is continuing to exhibit signs of violence or is deemed amenable to services.

The Domestic Violence Offender Program may not reject an offender based on race, class, age, personal disabilities, religion, sexual orientation, gender identity, educational attainment, ethnicity, or national origin.

Re-Admission to the Program

After a dismissal from the program, the following steps may be undertaken to determine whether it would be appropriate to re-admit a participant into the program:

1. re-assessment by the program provider in consultation with the referral source and other involved authorities (i.e., probation, parole)
2. repeat of the intake and assessment process
3. specific conditions/additions to the Participant Agreement as deemed necessary

XI. Victim or Partner Contact

In the interest of victim safety and to uphold clear and appropriate boundaries, domestic violence offender program staff shall not initiate contact (verbal and/or written) or work with victims, current or past partners, or family members of participants in the offender program. Response to contact initiated by victims, partners, or family members, as with all other program activities, shall be guided by principles of victim and community safety (see *Guiding Principles*). Programs that are contacted by victims may provide information about the specific program goals and shall provide referral information for the statewide domestic violence hotline number and contact information for the local victim service program(s). Victims may also be offered contact information for the offender's referral source such as Adult Probations, Criminal Court, or Parole.

Any victim who reports any violent or abusive incident shall be advised by the program staff of resources available from the appropriate law enforcement agency and the local domestic violence service agency.

Victims who make contact with the program shall be told that participation in and/or completion of domestic violence offender program is no guarantee of behavior change, an end to violence, or safety for them or their children; and that living a violence-free lifestyle requires long-term commitment and continuing effort on the part of the offender.

Victims shall not be made to feel obligated in any way to participate in the domestic violence offender program. Program staff shall not disclose any information shared by a victim or current partner with the participant.

XII. Participant Agreement

The Participant Agreement is to be reviewed and completed in person at intake by each professional providing services. Along with the Agreement, the intake process shall include a review of all agency guidelines, fee schedules, and program rules of conduct. The domestic violence offender services fully comply with any and all Judicial/Court and State of Connecticut standards and guidelines. The staff providing services is qualified, trained, and fully supervised. The purpose of these services is to educate and teach skills to stop intimate partner violence and promote healthy relationships.

1. I understand that my participation in the intervention/services has as its primary goal the elimination of any and all forms of domestic violence and abuse – physical and psychological. Therefore, I agree to cease all violent and abusive behaviors; and agree that as I learn through the program the varied definitions of violence and abuse, I will cease such behavior and adapt my thinking and behavior to be consistent with those new understandings.
2. I agree to share openly, honestly, and completely all details of my past and current violent and/or abusive behavior and supporting attitudes and beliefs as deemed relevant by the provider.
3. Because language can be violent and abusive, I agree to not engage in any sexist, racist or any other potentially discriminatory or offensive language or any language that makes generalizations about and/or criticizes any group. I also agree to be open to changing both my behaviors and attitudes regarding criticisms and/or generalizations about any group.
4. I agree that when I believe that there is any risk I might engage in violent or abusive behaviors, it is my responsibility to immediately take action to prevent an occurrence (e.g. time-out, call police) and contact the provider as directed (i.e., emergency contact).
5. In order to avoid any and all violent and abusive behaviors and learn strategies to lead a non-violent lifestyle, I agree to develop, follow and regularly update an accountability and responsibility plan.
6. I agree to comply fully with any and all orders of protection/restraint. I understand that providers will notify the appropriate authorities should I violate a protective or restraining order.
7. I agree to comply with all court-ordered family obligations (e.g. child support).
8. I agree to fully comply with and participate in any and all assessments deemed necessary by the referring entity (e.g. Court, Family Relations, Probation, Bail, and/or Prosecutor) and/or the provider.
9. I agree to fully comply with the policies of the provider and the referring entity; and to participate fully and meaningfully with the interventions, including assignments and frequency, durations, and methods of interventions/services.
10. I agree to arrive on time, participate over the duration of the session/class, and leave only when the session/class is concluded.

11. I agree to not attend sessions/classes/groups with a weapon or under the influence of any illegal substance, alcohol or misuse of prescription drugs.
12. Because substance use/abuse (including misuse of alcohol) is often a contributing factor to the violence and abuse in complex ways, I agree that the provider may make recommendations regarding reduction/elimination, assessment, and/or treatment.
13. I understand that the provider may make recommendations for additional services (e.g. mental health assessment and/or treatment).
14. I am aware that there is no assurance of confidentiality of information and the provider will be communicating with and sharing information with the referring entity (e.g. Court, Family Relations, Probation, Bail, and/or Prosecutor).
15. I agree to pay the provider the agreed upon fees at the agreed upon time and in the agreed upon manner.
16. I have been provided with details on the procedures for making a complaint about the services I have been received.
17. If the service is a group modality, I agree to maintain confidentiality of other group members and to treat all members of the group respectfully. I understand that any disruptive and/or threaten behavior in a group will not be tolerated; and that I will be asked to leave the group and may be dismissed from the group as a result.
18. I understand that any violations of this agreement can and will be reported to the referring entity and may result in dismissal from the program or an increase to my level of legal sanction and/or supervision, and may affect the disposition of my court case.

Name of Participant

Signature of Participant

Date

Name of Provider

Signature of Provider

Date

XIII. Participant Confidentiality

The following details cover the steps and measures of participant confidentiality and serve as the minimum standard to which programs must adhere.

All programs shall establish and comply with written policies and procedures regarding participant confidentiality and provide notice of the policies and procedures to all who provide direct services and those with access to participant records. The program shall not disclose, without the participant's consent, any confidential communications made by a participant to the program staff during the course of the program other than information required by the referral source and/or the court (including Family Relations, Bail, Probation) as a condition of participation in the program and/or for purposes of supervision and adjudication and/or disposition of the case.

Programs shall have a written release of information to be signed by participants at intake that allows the program and any appropriate agencies including the referral source to communicate regarding the participants' enrollment and participation in the program.

Programs shall comply with all legally mandated state reporting requirements regarding suspected child abuse and neglect and the duty to warn third parties.

The participant agreement addresses the requirement to maintain the confidentiality of other group members (see Participant Agreement #17). Groups are closed to those other than participants, program staff monitors and other professionals necessary for the functioning of program services. Those providing services to the deaf, offering foreign language translation and interpretation, or bringing information critical to the group may also attend as deemed necessary and be required to sign appropriate confidentiality agreements for the protection of participant information.

XIV. Participant Records

To the extent allowed by state and federal law, participant program records will be treated confidentially. Nothing in this section, however, limits the use of participant program records in a criminal investigation, legal proceeding, or in communications with the referring entity.

Participant records shall be maintained in a secure manner. The program shall have written policies and procedures to safeguard the record and information contained in the record against loss, theft, defacement, tampering and unauthorized access or use.

All entries into participant records shall be legible, dated, and signed by the staff member making the entry. Copies of all service documentation including assessments, exit interviews, and reports shall be kept in the participant file. A program shall have written policy and procedures for correcting errors on record material by lining through, initialing the error, and inserting the correct material either above the error or at the end of the entry. Further, the policy and procedures shall forbid the use of "white-out" or any action which obliterates the error.

A program shall have written policy and procedures for the storage, retention period, and method of disposal of participant records. Participant records should be kept for a minimum of three years after the participant concludes the program.

Record Content

Participant information shall contain, as a minimum standard, the following information:

1. Intake and assessment information
 - Participant's name, date of birth, and current address
 - Date of initial contact/intake
 - Assessments of the offender made prior to acceptance into the program
 - Relevant medical information to include substance abuse history, mental health diagnoses, and incidents of traumatic brain injuries
 - Originals of signed releases of information
 - Original signed Participant Agreement
 - Initial participant accountability plan with updates and additions documented
 - Documentation of participant's attendance and level of participation
 - Emergency contact information (not the abused partner)
 - Court orders, probation or parole orders; information as to any current or past violations, offenses, and new arrests and/or police reports, as available
2. Payment schedule
3. Service notes completed for each participant after every session to include:
 - The time, date, location and description of services provided
 - The signature of staff providing the services
 - A service note for each contact for services that shall include: personal responsibility and accountability
 - Updates to participant accountability and responsibility plan
 - Details of any referrals made and participant follow-through

- Communications with the referral source
- 4. A summary of program outcome (completion, discharge, re-admission)
- 5. Documentation of any refusal to provide requested information or to sign authorization or release forms

Access to Records

Upon written request, a program shall provide a participant an opportunity to review information in their record if approved by the referral source within a reasonable time of receiving the request and shall provide a copy of the record, if requested, upon payment of the cost of duplication.

A program may deny or limit a participant's access to their record under the following circumstances, but not limited to:

1. The program determines that the disclosure of the records is reasonably likely to endanger the life or safety of the participant or another person
2. The program will not disclose information provided to the program by any other source
3. When the program determines that the information was compiled by the program in reasonable anticipation of, or for use in, a civil, criminal, or administration action or proceeding involving the program.

XV. Participant Accountability Plan

Providers of domestic violence offender programming should require and assist each participant to develop a written accountability and responsibility plan. As a counterpart to the victim's safety plan, every offender's plan should maintain a focus on keeping the offender's victim and current, as well as future, partner(s) safety. Accountability and responsibility planning is an on-going process beginning at intake and intended to increase the offender's self-awareness, honesty, acceptance of responsibility for their violence and abuse. Over time as a participant's plan is reviewed and revised the offender should become progressively more accountable for their use of violent and/or abusive behavior and the resulting consequences.

1. Programs shall support the development of plans by providing information through the offender curriculum. Additionally, providers should work with the unique needs and circumstances of each participant in assisting with the development of a plan.
2. Plans should include specific and concrete steps and strategies to be identified and implemented by the participant in order to create a safe, non-violent lifestyle. Throughout the program, participants should be afforded opportunities to practice steps and strategies.
3. Elements of each participant's plan should include:
 - a. Description of the conduct to stop and for which to be accountable
 - b. Identification of beliefs, values, and thought patterns used to justify violent and abusive behavior and blame others
 - c. Exploration of the full range of effects and consequences of the choice to use violent and abusive behavior on victims, children, family, community, and the participant
 - d. Description of steps participant is using to prevent patterns of violence and abuse and counter excuses, beliefs and behaviors that have supported such behavior
 - e. Strategies being adopted for treating former, current and future partner(s) and children in a continually safe and respectful manner
 - f. Acceptance of full responsibility for the participant's choices, the consequences, and, if appropriate, ways to make reparations and restitution for harm caused
4. Accountability and responsibility plans should include provisions for when a participant is in crisis. Referrals to services for addictions, mental illness, suicidal ideation and other problems should be included.
5. Under no circumstances should the terms of a plan require, or imply authorization of or permission for, conduct that violates the terms of a court order or other legally binding obligations (i.e. restraining or protective orders that prohibit contact with the victim).

XVI. Provider Agreement

This Provider Agreement must be reviewed and signed by professionals providing domestic violence offender programming to individuals or groups of individuals referred or mandated by the Court, Probation, Parole, Family Relations, Bail, DCF, other State agency/department, or self-referred for a domestic violence crime. It is the intention of this agreement that all domestic violence offender services fully comply with any and all Judicial/Court and State of Connecticut standards and guidelines; and that any professional providing these services is qualified, trained, and appropriately supervised. These established standards are intended to serve as a framework for new and existing service providers to develop and deliver services to people arrested for committing a crime(s) of violence against a current or former intimate partner. Whenever possible and appropriate, community program providers working with participants need to identify ways to cooperate, collaborate and coordinate information and services with agencies assisting victims/survivors. The purpose of these services is to educate and teach skills to domestic violence offenders that support a non-violent lifestyle and promote healthy relationships. Offenders should be treated with respect and compassion and at the same time be held responsible for eliminating all violent and abusive behavior and supporting belief systems. The safety of the victim(s) and potential victims will always be paramount.

1. I understand that domestic violence is an incident and/or pattern of violent and/or abusive behaviors used by a person intended to exert power and control over another in the context of an intimate relationship. The violence which involves coercive control may take many forms including physical and psychological abuse, threats and intimidation as well as economic and emotional abuse. Although there may be contributing factors such as alcohol/substance use or mental health problems which make violence in the context of an intimate relationship even more complex, these factors are not the proximate cause. Domestic violence, as a learned behavior, is supported by a system of beliefs and attitudes and requires a variety of approaches to prevent, reduce, and eliminate it. Domestic violence offender programming emphasizes the accountability of individual perpetrators. The purpose is to educate participants and teach skills that support a non-violent lifestyle and promote healthy relationships.
2. I agree with and my work will support the following guiding principles. These principles are intended specifically for individuals arrested for committing a crime of domestic violence against an intimate or former intimate partner; however, these principles are universal and applicable to those who perpetrate any family violence offense.
 - a. Domestic violence is illegal and will be treated as a criminal act under the law.
 - b. The primary goals of domestic violence offender programs are the cessation of all forms of violence and abuse and the development of skills for safe, respectful, and healthy relationships.
 - c. The safety and rights of victims/survivors is of paramount importance and shall not be compromised for the preservation of a relationship or any other reason.
 - d. The autonomy and right to self-determination of victims/survivors will be respected and facilitated through both the sharing of program information and appropriate referrals to supportive, trauma-informed domestic violence services available in the community.
 - e. Perpetrators are solely responsible for their intentional choice to engage in violent, coercive, and/or abusive behavior and, through swift and immediate consequences, will

- be held accountable for their actions without displacing blame on the victim, alcohol or substance abuse, or physical or mental illness.
- f. Program staff shall directly address offender efforts to deny, blame, minimize, justify and rationalize behavior.
 - g. Providers of services for domestic violence offenders will be responsible for ensuring interventions and the manner in which services are provided are the most effective for facilitating change in an offender's behavior.
 - h. Offenders are capable of changing their behaviors, attitudes, and beliefs and living a non-violent lifestyle; programs offer tools intended to foster each participant's potential to change. While providers are responsible for delivering services in the manner most effective for facilitating behavior change, a participant is ultimately responsible for choosing to change their behavior.
 - i. While providers are accountable to individual offenders in the manner detailed in the Domestic Violence Offender Program Standards, they are also expected to be accountable to victims and the wider community. Providers are responsible for attending to issues of victim safety, security, and rights to self-determination; consequences to secondary victims; and the impact on public safety and social justice in the community.
3. All individuals receiving domestic violence offender services must sign the Participant Agreement prior to engaging services; as appropriate and feasible I will ensure that each participant adhere to all requirements of the Participant Agreement.
 4. I understand that domestic violence offender services differ from the practice of counseling and/or psychotherapy; the relationship with the client/participant differs from the standard therapeutic relationship/alliance; and that many standards of counseling/psychotherapy practice, such as "Confidentiality" may not apply.
 5. I will directly and consistently address instances of denial, blaming, minimizing, justifying and rationalizing by offenders.
 6. I understand that my obligations are not just to the participant (i.e. client); my obligations extend to the victims and potential victim(s)/survivor(s).
 7. I understand that the safety of the victim(s) and potential victims will always be paramount; and I will act accordingly.
 8. I reaffirm the ethical guidelines and standards of practice of my profession and will only provide services for which I am specifically trained and qualified; specifically, I will only provide domestic violence offender services or counseling/psychotherapy intended to address issues of domestic violence with proper training and experience.
 9. I agree to seek appropriate supervision as necessary from a qualified supervisor or colleague with expertise in domestic violence offender services.
 10. I agree to follow best-practices in domestic violence offender services; and to stay informed of the same.
 11. I agree to refrain from all of the prohibited practices (as defined by these standards) when providing domestic violence offender services as well as any behavior or action that creates the appearance of a personal alliance with the offender (i.e. collusion) thus compromising the effectiveness of the program.

12. I understand the importance of objectivity and that any collusion or alliance with the participant is not in keeping with ethical and best-practice standards, and may place the victim at risk. I agree to be vigilant about and avoid any collusion or alliance with the participant.
13. I recognize that group sessions can be a potentially sympathetic environment for participants to reinforce one another's oppressive attitudes, behaviors, and actions against women and victims in particular. I will be mindful of this dangerous side effect occurring in group sessions and will develop and employ the skills necessary to address, eliminate and prevent this dynamic.
14. I agree to immediately notify all appropriate authorities (e.g. Probation Officer, Police Department, and Family Relations Officer) should I have any concerns regarding risk and potential harm to victims, others, and/or the participant.
15. I will adhere to all standards of "duty to warn" and mandated reporter requirements (e.g. Child Protective Services/CT DCF)
16. I attest to the following regarding my professional practice:
 - a. All licenses I hold are current, and there are no known reasons that they may be at risk of revocation or suspension.
 - b. I am in good standing with any and all professional organizations related to my professional practice.
 - c. I have and will continue to abide by the ethical guidelines of my professional discipline.
 - d. I am not aware of any actions against me for any ethical violations or malpractice.
 - e. I currently, and will continue to, maintain professional malpractice insurance appropriate to my scope of practice and with minimum limits generally considered adequate by professionals standards of practice
17. I agree to engage in regular and on-going professional supervision and training specific to domestic violence and the provision of services to offenders.
18. I agree to actively address input and feedback as appropriate from community and governmental agencies and/or service providers, particularly those working directly with victims/survivors of domestic violence.
19. I recognize and take responsibility for personal values and biases to ensure the respectful provision of services in a culturally-responsive and competent manner without discrimination.
20. Details about the agency's grievance procedure will be provided at intake including information on how to make complaints in order to resolve problems or concerns about the services received. The procedures should inform participants of their right to file a formal complaint with the Department of Public Health (DPH) and/or the profession's licensing Board regarding individual practitioners and/or facilities.
21. I will provide the referring agency Court, Probation, Parole, Family Relations, Bail, DCF, other State agency/department all information required for any actions, decisions, and/or hearings regarding sanctions, supervision/monitoring, dispositions, and protective and restraining orders. I agree to make timely reports all violations of the Participant Agreement in a manner consistent with the nature of the infraction.

22. I agree to furnish completely objective reports that are primarily focused on the goals of domestic violence offender services including: accountability, responsibility, changes in behavior and cognition; and the elimination/reduction of abusive beliefs and behaviors; and I will make any and all referrals deemed necessary.

23. I understand that if I do not comply in full with this agreement and/or if the participant does not comply fully with the terms of the Participant Agreement, the disposition of the case and/or any sanctions and/or supervision may be significantly impacted.

Name of Provider

Signature of Provider

Credentials/Licenses of Provider

Date

XVII. Provider Ethics

Professionals have a primary obligation to provide the highest quality professional support to those seeking services. Agencies employing staff to provide direct services to domestic violence offenders are obligated to provide initial ethics training for all staff and on-going training as part of supervision for all direct service staff. Each agency shall have policies and procedures covering internal staff monitoring as well as protections for staff who report unethical or questionable behavior of colleagues to agency administrators.

The foundational ethical imperative for providing offender services and programming is the protection of victims while holding offenders accountable for their choice to engage in violent behavior. To that end, professionals engaged in work with domestic violence offenders agree to:

1. Be committed to the safety and welfare of survivors of domestic violence and their children; avoid interventions or actions that may increase the risk to victims or their children; consider the safety of victims, potential victims, and their children in decisions related to working with offenders; and remain focused on the prevention of new incidents of abuse and on addressing the impact of prior violent or abusive acts
2. Comply with all agency, state and federal laws and regulations as well as policies on confidentiality, duty to warn, and reporting of suspected child abuse and neglect
3. Be free of claims or potential claims of professional negligence and/or malpractice under all professional licenses recently or currently held
4. Refrain from any conduct in direct conflict with principles and beliefs central to the efforts to end domestic violence; live free of violence and conduct that could compromise the effective delivery of services
5. Maintain professional boundaries at all times; never exploit relationships or develop sexual or inappropriate social relationships with those receiving services or the victims of those receiving services
6. Maintain objectivity and avoid collusion or alliances with offenders that would compromise ethical and best practice standards
7. Never allow alcohol or drugs to impair the ability to function in a responsible and professional manner while performing work duties
8. Recognize and take responsibility for personal values and biases to ensure the respectful provision of services without discrimination toward any participant
9. Provide services in a culturally-responsive and competent manner regardless of the race, ethnicity, gender, religion, sexual orientation, economic status, and/or disability of participants
10. Ensure that all participants are provided with a clear description of services, rules, and fees in a manner that accommodates language needs and literacy limitations
11. Maintain accurate and complete records of all work with participants in a manner that is consistent with state and agency policy and any release of information

12. Commit to continuing education and maintaining a knowledge base and skill set consistent with issues and techniques which represent best practice for working with domestic violence offenders

XVIII. Duty to Warn

As required by state law, any imminent risk of harm posed by a program participant (i.e. making direct threats against the life and safety of a victim, others or themselves) must result in direct and timely notification of law enforcement by the program provider. Providers shall have a written policy detailing the procedures, timeframes, and responsible staff to undertake the notification of the appropriate law enforcement entities commensurate with the assessed level of risk.

Program providers shall make timely notification to the criminal justice system referral source regarding any *Duty to Warn* actions taken involving a program participant.

Regardless of whether the program has had prior contact with a victim or current partner of a participant, no attempt should be made to locate or notify the victim.

Providers will comply with all legally mandated reporting requirements, including the Duty to Warn, regarding suspected incidents of child abuse and neglect involving program participants. Department of Children and Families has on line resources for mandated reporter training available at: [www.ct.gov\DCF\TA\MRT](http://www.ct.gov/DCF/TA/MRT)

Program providers shall make timely notification to the criminal justice system referral source regarding any such notifications.

XIX. Provider Responsibility to Staff

Agencies employing staff to provide direct services to domestic violence offenders have obligations to uphold with respect to the hiring, supervising, and training of staff such that professional conduct, effective interventions, and victim safety are promoted. These agencies shall orient all staff to the CT state program standards including the guiding principles, agreements, confidentiality, and ethics. Regular and on-going professional supervision shall be provided and required of all staff engaged in the direct provision of services to offenders. Agencies shall utilize internal monitoring mechanisms, training, and supervision to identify, eliminate, and prevent collusion with offenders both overtly and subtly.

Agency administrators shall ensure that employees who are responsible for hiring direct service staff receive training on how to interview and assess candidates to work with domestic violence offenders. The hiring process shall include questions for applicants about the use of violent, abusive, and/or coercive behaviors in personal and professional relationships and a list of examples of specific behaviors that disqualify candidates for employment. Agencies will work to recruit and hire qualified staff who reflect the ethnic and linguistic communities being served by the agency and will ensure all staff are provided meaningful training on matters of diversity and cultural competency. Direct service staff shall be provided regular opportunities for professional training.

In the event that an independent professional, one not employed by or managing an agency with multiple staff, is providing offender services, the professional should at a minimum meet the standards set forth for supervisory staff and should regularly seek and obtain professional (i.e. qualified peer or collegial) supervision specific to domestic violence and working with offenders.

Direct Service Staff

The duties of staff who work directly with domestic violence offenders should focus on holding participants accountable for their violent or abusive behavior; confronting denial, minimization, justifications for violent or abusive actions, and counter-productive behaviors; and challenging attitudes of victim-blaming, sexism, and expressions of power and control over others. Staff shall enforce rules of conduct, participant agreements, and accountability plans of individual participants. Direct Service staff shall support positive change of participants by building rapport with participants, effectively delivering educational curriculum, providing feedback, recognizing of efforts, and modeling respectful, non-abusive conduct. Direct service staff will demonstrate tolerance of diverse cultures and lifestyles and create an environment supportive of learning and personal reflection necessary for change.

Staff who provide direct services to domestic violence offenders must be free of violence and criminal convictions in their own lives. No direct service providers will be currently involved in the criminal justice system. Direct service staff must agree to refrain from any criminal action or connection involving moral turpitude. Upon acceptance of employment, direct service staff shall be required to sign a statement that they are and will remain free of violence, substance abuse, and conduct that could bear adversely on their ability to provide services effectively.

Staff shall agree to never allow alcohol or drugs to impair the ability to function in a responsible and professional manner while performing work duties.

Staff who provide direct services to program participants should not have any sexual contact or inappropriate social relationships with participants. Immediate notification of a supervisor about any current or past personal, business or professional relationship with a program participant is required of all staff.

Staff working directly with domestic violence offenders must meet the following initial educational and work experience requirements to ensure the quality and effectiveness of services provided:

- A bachelor's degree in social science, human service or related field
- A minimum of 40 hours of didactic training on domestic violence and offender services

Staff must have documented professional training on their legal and ethical responsibilities under the state mandated reporting laws (i.e. duty to warn, report of child abuse). They must have education and experience in domestic violence group dynamics, group process, and group facilitation skills. Specific areas about which direct service staff should be skilled and knowledgeable, and able to provide documentation, include but are not limited to:

1. Dynamics of intimate partner violence and abuse (including coercive control)
2. Characteristics and tactics of domestic violence perpetrators
3. Legal statutes (state and federal) addressing domestic violence including firearm laws and mandated reporting laws
4. Effects of violence, victimization and trauma on an intimate partner
5. Impact of violence and abuse on children
6. Victim safety and sensitivity to victims
7. Assessment and interviewing skills
8. Risk factors associated with homicide, suicide, or further domestic violence and interviewing skills
9. Teaching problem-solving and emotional regulation skills as well as non-controlling alternatives to violent and coercive behavior
10. Methods for rapport and trust building and strategies for effective confrontations
11. Behavioral change, accountability, and ethical considerations including collusion and boundaries
12. Connections between substance abuse/addiction, mental illness, and domestic violence
13. Demonstrated ability to provide services in a culturally competent manner

Direct service staff working with offenders should be capable of demonstrating the following skills:

1. Ability to actively listen and process using reflection, clarification, and paraphrasing
2. Ability to recognize and process denial, minimization, and other defense mechanisms
3. Methods for communicating respect and tolerance of diverse cultures and lifestyles
4. Methods for assessing a participant's comprehension and ability to learn and incorporate new ideas and strategies

Supervisory Staff

Program staff must possess substantial, demonstrable skills, knowledge, and experience in order to be able to effectively supervise and support direct service staff. Program staff qualified to provide supervision to direct service staff must meet the following criteria:

- A Masters degree in a relevant field of study
- A licensed from the CT Department of Public Health (e.g. LCSW, LPC, LMFT, and Licensed Clinical Psychologist)
- A minimum of three years of experience working directly with domestic violence offenders and/or victims of domestic violence including a minimum of one year of experience in group facilitation
- Meet criteria as supervisor consistent with licensure requirements of professional discipline of practice or appropriate accrediting body

The purpose of supervision is to provide an in-person, structured process by which direct service staff can reflect on their practice, improve their skills, address training and educational needs, gain perspective on the offender tactics and dynamics, and ensure compliance with program standards. Supervisors and direct service staff shall work together to hold offenders accountable for their use of violent and/or abusive behavior while challenging attitudes of victim blaming, sexism, and power and control over others.

Supervision shall focus on monitoring, improving, and providing feedback to staff in order to increase effectiveness and support professional growth. The supervisory process shall uphold professional and ethical standards of conduct. The agency shall ensure a written record of formal supervision of staff is maintained and protected in a secure fashion. Agencies should seek and provide supplemental supervision and other supports to direct service staff who may require and benefit from additional contact and oversight.

Continuing Education

Agencies providing programming to domestic violence offenders shall make available to staff additional professional education or training focused on the enhancement of skills to work with offenders. A minimum of 12 hours a year of continuing education and/or internal agency trainings pertinent to domestic violence offender programming, including legal/legislative updates, should be required of all direct service staff.

Continuing professional education may be obtained through classes, seminars, workshops, or conferences. Opportunities also include experiential learning through attendance at domestic violence-related court hearings or trials, domestic violence fatality review meetings, domestic violence task force meetings, and ride-alongs with local law enforcement.

Agencies must maintain written or electronic records of continuing education/training for each staff.

XX. Outside Collaboration and Observation

Domestic Violence Offender Program Providers, in particular those operating outside the arena of the CT Judicial Branch funding and oversight, need to be accountable in a manner consistent with victim safety, security, and self-determination and the effective and timely delivery of services designed to eliminate an offender's violent and abusive behavior. Independent observation is an essential method by which Domestic Violence Offender Program Providers can be accountable in their work with offenders to the community and to the perspective of victims of domestic violence. Observation by local agencies that provide domestic violence services will build community collaborations that yield better strategies for victim safety, offender accountability, and the elimination of domestic violence. Through observing the delivery of services and reviewing program principles and curriculum, observers can assess the work with offenders as it directly relates to the safety of domestic violence victims.

A. Observer Requirements

Independent program observers shall be representatives from community-based domestic violence service programs and separate from the Domestic Violence Offender Program Provider. Observers should be supervisory level staff with an advanced knowledge of domestic violence and understanding of offender intervention work.

B. Observation Design

Program observation efforts shall be designed through a written agreement between the provider and the local domestic violence program that details methods and frequency by which work with offenders will be observed and feedback provided. This agreement shall include:

1. Identification of the staff responsible for design and implementation of program observation from each organization
2. Terms to honor the confidentiality of participants
3. Provisions for the safety of monitors throughout the process
4. Commitment to keep the focus of observation on the performance of staff specific to offender accountability and the promotion of victim safety
5. Criteria for observers to follow in the evaluation of direct service provision, not participants
6. Specifics on the format for exchange and follow-up on feedback from observers
7. A commitment that the providers will involve observers in the review and revision of policies, procedures and curriculum
8. Provisions for a formal, annual evaluation of the observation activities

C. Compensation

Domestic Violence Offender Program Providers shall make provisions in budget and program operations to support independent observation of their delivery of services. Providers will compensate programs for services rendered in a manner that is mutually acceptable.