

**MAKING CHILDREN MORE VISIBLE:
A *systemic* look at
how batterer intervention programs
address parenting, co-parenting
and children's experiences of
intimate partner violence**



**South King County, Washington
January 2009**

Preamble

This report is a goodwill message to families and practitioners who want to enhance the safety and autonomy of victims of battering and their children.

South King County is very progressive – we have many skilled and committed people who want children to be safe and live their lives to the fullest extent possible.

Many have contributed to this report over an extended period, and it is likely that not all will agree with every portion and conclusion. We recognize that great strides have been made in dealing with domestic violence and the children involved. The problem is enormous, however, and we can do better.

A domestic violence safety and accountability audit is transformational. It involves the very people who know about systems and their effects, examining how their own agencies can link together to create a culture of change.

This report shows what can be achieved when we focus on improving the lives of children and families. Our community can take the knowledge and experience from this report and apply it to our systems and practices. We can lead the nation in effectively addressing parenting, co-parenting and children's experiences of intimate partner violence.

South King County Domestic Violence Safety and Accountability Audit

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**MAKING CHILDREN MORE VISIBLE:
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Executive Summary

In 2007, practitioners in South King County, Washington, with the leadership of the South King County Community Network, envisioned a project to determine how batterer intervention providers were addressing the needs of children in domestic violence cases. They decided to use the Praxis Safety and Accountability Audit model, which illuminates the gaps between agency practices and the lived experience of victims, to identify what was needed in the community.

A multi-disciplinary team formulated an audit question to guide the process of observing, listening, interviewing and reviewing how cases are responded to by different agencies. The question is: How do batterer intervention programs address parenting, co-parenting and children’s experiences of intimate partner violence?

This audit is a systemic rather than a program review. It does not evaluate individual agency performance; it shows how the many agencies that intervene in domestic violence cases can improve outcomes for battered women and children. Many communities have used the Praxis audit to improve their responses to domestic violence, but this is the first audit focusing on Batterer Intervention Programs (BIPs).

The Audit Team learned about the prevalence of intimate partner violence and its effects on children. Fifty percent of men who frequently assault their wives also frequently assault their children, and the U.S. Advisory Board on Child Abuse and Neglect suggests that domestic violence may be the single major precursor to child abuse and neglect fatalities in this country.¹ It is a social problem across the nation, and South King County reflects that. The Audit Team learned in detail what the “gaps” are between what agencies do, and the day-to-day local experience of the people they are working with. They then researched constructive ways these gaps could be closed, focusing on safety for women and children and offender accountability.

The Audit Team appreciated the enthusiastic cooperation and openness of the BIP providers (and related agency staff) who participated in the project. Their involvement helped identify the positive work being done, and the areas that need attention. The Audit Team organized their findings into four “gaps,” providing detailed examples and recommendations for change.

¹ Murray Straus and Richard Gelles, *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*, Transaction Publishers, 1990, and U.S. Advisory Board on Child Abuse and Neglect, *A Nation’s Shame: Fatal Child Abuse and Neglect in the United States, Fifth report*, U.S. Department of Health and Human Services, 1995.

Gap One is a broad, system-wide problem – that children’s experiences of battering are not made adequately visible to the intervening agencies. Information gathered and shared by interveners unintentionally tends to ignore children. The Audit Team asked battered mothers about their experiences, reviewed files and forms used by BIPs, and listened to the experiences of BIPs, leaders within the domestic violence field, criminal justice practitioners, child advocates and supervised visitation program staff. The examples of domestic violence, and its effects on the mothers and children are horrific.

Some BIPs and other agency personnel demonstrated a deep understanding of the effects of domestic violence on children, and had forms and practices that built that understanding into their work. However, to make that understanding more commonplace, there are several venues where practitioners could come together to improve forms, practices and information sharing. These venues could also produce tools and materials that raise public awareness and provide guidance for practitioners and parents.

Gap Two found that the effects of abuse on children (including battering of their mother and the use of children as a tactic of abuse) are inconsistently addressed by BIPs and other agencies. BIPs are expected to individualize their programs to the needs of offenders, but the Audit Team found that the limited examples of this reflected a lack of resources available to BIPs. BIPs do appear to have widely varying ways of addressing children’s needs within their courses, and Appendix E gives examples of program materials and approaches. This appendix suggests three levels of response to the needs of children, and offers practical ways to engage men in re-thinking their beliefs about fatherhood, partnership and how they can take responsibility for their past abuse and model non-violence.

Children’s needs do not much figure in the response of other practitioners who intervene in domestic violence cases. Criminal and civil court interventions often act at cross-purposes. Domestic violence advocates, BIPs and Child Protective Services do not work closely together, nor do they understand each other’s roles. Additionally, there is a concern that if BIPs are not adequately connected to other agencies, their work is unaccountable and not trustworthy. Practitioners suspect that some BIPs are ineffective; those BIPs feel mistrusted, so are less likely to collaborate.

Recommendations to address the inconsistent responses to children include encouraging networking, conducting cross-training, learning about each practitioner’s roles and rewarding agencies that model collaborative practices. BIPs are encouraged to build a child focus into all curriculum aspects.

The third gap found that the referral agencies, domestic violence victims/survivors and the community do not adequately understand the role of BIPs. BIPs are used as a catchall for batterers – to stop battering, to punish, to make better parents, to assess danger, to determine appropriateness for visitation or custody, etc. Thus, the expectations of BIPs can be different, inconsistent – and unrealistic. By their mere

existence, BIPs create several expectations – that they will solve domestic violence, address children’s needs, and that they can do all this on their own.

Conversely, some practitioners see BIPs as ineffective. Many do not see the distinctions that exist between BIPs, general parenting programs, and specialized parenting programs that address domestic violence. The Audit Team recommends strategies to educate practitioners on what BIPs need from their partner agencies to be more effective, what is a reasonable expectation of success and what different programs offer. There is a need to understand current research controversies about BIPs, and how difficult it is to change culturally entrenched behavior. This weave of culture, entitlement and expectation needs careful exploration.

Gap Four found that BIPs cannot hold offenders accountable or provide effective programming without adequate information and support from the network of agencies that refers offenders and supervises their cases. Current task forces that bring agencies together are poorly supported by government agencies, offenders shop around programs to evade responsibility, and many BIPs operate in relative isolation without the information exchange they need to effectively work with offenders. Recommendations that improve the systemic infrastructure will create a more seamless approach. Interagency problem-solving and protocol development can build trust – on the foundation created by the South King County Audit Team – which will lead to more effective responses to domestic violence that fully account for the experiences of children.



Acknowledgments

A special thank you goes to the community of batterer intervention programs who serve South King County for ongoing support of the project. Without their willingness to be self-evaluative and their commitment to improving the response to families, our community would not have been able to implement this Audit.

The South King County Audit Team would like to thank the South King County Community Network (SKCCN) for convening and providing funding for this Audit. A special thanks goes to board members Betty Nomura, Venus Talarico and Lora Dear, as well as to community service providers Devon Klein and Tracee Parker, and SKCCN staff Denese Bohanna and Jennifer Cooper for the hours contributed to discussing the feasibility of the Audit, exploring potential areas for research and their commitment to adult victims of domestic violence and their children.

The Audit Team representatives dedicated a minimum of twenty hours per month for more than nine months to thoroughly investigate how batterer's intervention programs, and the systems that surround them, dealt with issues of parenting, co-parenting and children's reactions to intimate partner violence. In order to make this project successful, some of these staff members received permission from their agencies to contribute time and agency resources to the Audit. Additionally, these agencies allowed the Audit Team representatives access to their institutional practices by allowing team members to interview staff, observe practice, analyze case files and conduct focus groups with their staff and/or clients. At least three of the Audit Team members were not compensated by agencies to participate; they donated their own time. The South King County Audit Team owes a debt of gratitude to the following participating agencies:

- Aby & Associates
- Associated Behavioral Health Care
- Batterer intervention providers who took time to serve on the Audit Team, participate in focus groups, and/or be interviewed²
- City of Seattle, Sexual Assault and Domestic Violence Prevention Division
- Domestic Abuse Women's Network (DAWN)
- King County Prosecuting Attorney's Office, Domestic Violence Unit
- Safe Havens Supervised Visitation Center
- Sound Mental Health
- South King County Community Network Board and Staff
- Valley Cities Counseling and Consultation
- YWCA South King County Office

² Anonymity was offered to all batterer's intervention providers to encourage their openness and reduce their fear of being individually criticized. The majority of providers chose to remain anonymous. Only those who explicitly agreed to their names being used are named in this report.

We would like to thank the Audit Team for their dedication, wisdom and ongoing support of system change efforts. The Audit Team are visionary leaders in this community who continue to remind us that respect and institutional empathy across agencies are required elements to improving our response to domestic violence victims and their children. Their willingness to think critically and be self-evaluative contributed to the success of this project and the possibility for future endeavors. Thank you.

Audit Team:

- Amy Heyden, Planner, Domestic Violence & Sexual Assault Prevention Division, Human Services Department, City of Seattle
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- Betty Nomura, Community Representative
- Tracee Parker, Project Coordinator/Program Supervisor, Safe Havens Visitation Center
- Kellie Rogers, Children's Advocate, YWCA, and Supervised Visitation Monitor/Safe Havens Visitation Center
- Krystal Starwich, Legal Advocate, Domestic Abuse Women's Network (DAWN)
- Venus Talarico, Associated Behavioral Health Care, Domestic Violence Counselor, and SKCCN Board Member

Audit Team Staff:

- Denese Bohanna, Audit Coordinator
- Jennifer Cooper, Assistant Audit Team Coordinator and intern from the University of Washington School of Social Work

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- The South King County Community Network board members
- Mark Adams, Family Services – Domestic Violence Intervention Program
- Nancy Bradburn-Johnson, King County Superior Court Commissioner
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- Merrill Cousin, Executive Director, King County Coalition Against Domestic Violence

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- Jorene Moore, Director, King County Superior Court, Family Court Operations
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- Wendy Ross, Domestic Violence Advocate, King County Prosecuting Attorney's Office
- Sandra Shanahan, Supervisor, Protection Order Advocacy Program, King County Prosecuting Attorney's Office
- Susie Winston, Sound Mental Health Director, Counseling Services
- Ed Whalen, Probation Officer, Domestic Violence Court Unit, King County

Defining the Issue: Locally, Statewide and Nationally

Description of the Community:

With a 2004 population of 1,777,143, King County is the twelfth most populous county in the nation and the most populous county in Washington State. The area generally known as South King County (SKC) is a suburban area south of Seattle, WA. It is home to nearly 650,000 people of very diverse cultures. It consists of seventeen separate cities, towns and unincorporated areas of the county. The area includes eight school districts that routinely report they serve students who speak more than seventy languages at home. Over 36% of the population are persons of color. Due to its "more affordable housing" and the presence of several refugee relocation programs, SKC attracts many immigrant and refugee families.

SKC includes major Boeing assembly plants but is largely left out of the great wealth concentrated in the east region of the county. Rather, SKC is a suburban mix of old, established communities and very new areas with rapid housing growth (until the recent downturn) throughout the area.

According to the South King County Council of Human Services 2005 report, "A Matter of Need":

- SKC includes 40% of all King County households with children. More than one out of every three households with children in SKC is headed by a single parent – over 23,000 households.
- SKC has the largest proportion of the county's children – 42%. SKC is home to 80,600 families with young families - nearly twice as many as in any other part of the county.
- While King County as a whole has a high per capita income (\$44,135 in 2002, 143% of the national per capita income of \$30,906,), nearly 10,000 SKC families live below the federal poverty level – more than in any other part of the county. More SKC residents are on food stamps and in the state's Temporary Aid to Needy Families program than in any other part of the county. SKC has more than twice the number of public school students enrolled (over 45,000) in the federal Free and Reduced Price Lunch Program as Seattle, and more than three times as many as in East and North King County combined.

Description of the Problem:

National:

Around the world over the last thirty years, there has been a developing response to the social and historical problem of men's violence against women and children.^{3 4} This is a problem entrenched in our society, shaped by men's historical entitlement to own and control both women and children. The civil rights movement of the sixties which focused on justice for people marginalized due to their ethnicity and culture, (most especially African Americans), laid the groundwork for the next wave of social change. The women's movement highlighted the gross differences in social and economic power between men and women, and worked to make it more equitable. The battered women's movement, a subsection of the wider women's movement, used grassroots organizing to address intimate partner violence against women and, to some extent, child abuse. Movements to address child abuse created awareness, resources and laws to safeguard children from abuse.

In the last ten years nationally, there is a greater awareness of the need for the state to intervene carefully in ways that increase safety for victims of domestic violence and reduce the opportunity for offenders to continue their violence. While many interventions have been focused on separating and protecting the victim from the abuser, the audit

³ Women experience more intimate partner violence than do men: 22.1% of surveyed women, compared with 7.4% of surveyed men, reported they were physically assaulted by a current or former spouse, cohabiting partner, boyfriend, girlfriend, or date in their lifetime; 1.9% of surveyed women and 3.4% of surveyed men reported experiencing such violence in the previous 12 months. Approximately 1.3 million women and 835,000 men are physically assaulted by an intimate partner annually in the United States (Tjaden & Thoennes, 2000, 2006).

⁴ According to *Child Maltreatment 2006*, the most recent report of data from the National Child Abuse and Neglect Data System (NCANDS), approximately 905,000 children were found to be victims of child abuse or neglect in calendar year 2006. Of this number, 64.1% suffered neglect, 16 percent were physically abused, 8.8% were sexually abused, 6.6% were emotionally or psychologically maltreated, and 2.2% were medically neglected. In addition, 15.1% of victims experienced "other" types of maltreatment such as "abandonment," "threats of harm to the child," and "congenital drug addiction."

team also recognize that offenders will likely continue to have some contact with their victims, so there is a need to provide resources that reduce their inclination to abuse.

This work on domestic violence can be controversial: because of the gender analysis, which is challenging to some people; because some women perpetrate violence against their male partners; and because domestic violence occurs in same sex relationships to a similar degree as in heterosexual relationships. We believe all types of domestic violence require a response that addresses the level of risk and danger to the victims. However, the vast majority of intimate partner violence perpetrators are male, and this report focuses on how men's violence against women impacts children.

According to the U.S. Department of Justice, trends in family violence include the following:

Reported and unreported family violence:

Family violence accounted for 11% of all reported and unreported violence between 1998 and 2002. The majority (73%) of family violence victims were female; about three-fourths of the persons who committed family violence were male. Of these roughly 3.5 million violent crimes committed against family members, 49% were crimes against spouses and 11% were sons or daughters victimized by a parent.⁵

The most frequent **type of family violence** offense was simple assault. Murder was less than half of 1% of all family violence between 1998 and 2002. About three-fourths of all family violence occurred in or near the victim's residence. Forty percent of family violence victims were injured during the incident. Of the 3.5 million victims of family violence between 1998 and 2002, less than 1% died as a result of the incident. Females were 84% of spouse abuse victims and 86% of victims of abuse at the hands of a boyfriend or girlfriend.⁶

Fatal family violence:

About 22% of murders in 2002 were family murders. Nearly 9% were murders of a spouse, 6% were murders of sons or daughters by a parent, and 7% were murders by other family members. Children under age 13 were 23% of murder victims killed by a family member and just over 3% of non-family murder victims. The average age among sons or daughters killed by a parent was 7 years, and 4 out of 5 victims killed by a parent were under age 13. Among incidents of parents killing their children, 19% involved one parent killing multiple victims.⁷

According to the Washington State Coalition Against Domestic Violence in a survey of women in Washington and Idaho showed 44% of respondents reported having experienced intimate partner violence in their adult lifetime.⁸

⁵ U.S. Department of Justice Office of Justice Programs *Bureau of Justice Statistics Family Violence Statistics Including Statistics on Strangers and Acquaintances* June 2005

⁶ Ibid.

⁷ Ibid.

⁸ Robert Thompson, Amy Bonomi et al., "Intimate Partner Violence Prevalence, Types, and Chronicity in Adult Women," *American Journal of Preventive Medicine* 30, no. 6, 2006.

In a Florida study, 60% of the women killed were separated or in the process of leaving.⁹

Fifty percent of men who frequently assault their wives also frequently assault their children, and the U.S. Advisory Board on Child Abuse and Neglect suggests that domestic violence may be the single major precursor to child abuse and neglect fatalities in this country.¹⁰

Washington State:

General Information about Domestic Violence

Between January 1, 1997 and June 20, 2006, at least 359 people in Washington State were killed in domestic violence incidents, including 32 children who were killed within the context of intimate partner violence. Washington police agencies reported responding to 49,986 domestic violence calls in 2007, including 11,433 violations of protection orders. Domestic violence agencies reported providing emergency shelter to 6,147 victims and their children, while also having to refuse 36,522 requests for shelter.¹¹

Local:

A recent federal Safe & Bright Futures grant provided for a two-year intense inter-agency effort to study the impact on local children and to design services to better support children.¹² They found that:

- Approximately 39,064 to 78,129 children and youth living in King County are exposed to domestic violence yearly, based on national estimates and 2000 U.S. Census data. These estimates suggest that 128,913 King County children and youth have been exposed to domestic violence sometime during their childhoods.
- At the time of referral to Child Protective Services, approximately 47% of families in King County have indications of domestic violence. Based on this percentage, 2,415 King County families with approximately 3,687 children were referred to CPS with indications of domestic violence in 2004.
- King County Office of the Prosecuting Attorney's Protection Order Advocacy Program Statistics (2004) indicated that 63% of families served (1,691 families with 2,879 children) included provisions for children in protection orders.

⁹ If I Had One More Day: Findings and Recommendations from the Washington State Domestic Violence Fatality Review, Kelly Starr and Jake Fawcett for the Washington State Coalition Against Domestic Violence, 2006, and Neil Websdale, *Understanding Domestic Homicide*, Northeastern University Press, 1999.

¹⁰ Murray Straus and Richard Gelles, *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*, Transaction Publishers, 1990, and U.S. Advisory Board on Child Abuse and Neglect, *A Nation's Shame: Fatal Child Abuse and Neglect in the United States, Fifth report*, U.S. Department of Health and Human Services, 1995.

¹¹ Washington State Association of Sheriffs and Police Chiefs, *Crime in Washington 2007*.

¹² King County Safe & Bright Futures Project Final Report, *Developing a Plan for Infants, Children and Youth Exposed to Domestic Violence*, Dec. 2006, Public Health: Seattle & King County.

- In 2004, community-based domestic violence programs provided services to over 2,400 households in King County. Many domestic violence victim service programs offer services to children when their mothers participate in programs.

Family Court Services (FCS) of King County Superior Court completed 292 domestic violence and risk assessment cases in 2007. FCS also provided 324 parenting evaluations in cases involving a variety of issues such as domestic violence, substance abuse, mental health and child abuse and neglect. FCS served over 2,500 children in 2007 with 38% of the children between the age of birth to five, 24% between the ages of six to 11 and 38% between the ages of 12 to 18.

Additionally, an extensive local “Green Book Initiative” project involved over 200 people in developing guidelines for inter-agency responses for children who are involved in both child maltreatment and domestic violence. Training for Child Protective Service Workers on implementation of those guidelines began in the fall of 2008.

Project Overview:

This audit was undertaken at the request of the South King County Community Network (SKCCN¹³) and was funded by State of Washington funds awarded by the state Family Policy Council to the South King County Community Network. The process of the audit, this report and all findings and recommendations are entirely the product of the South King County Audit Team and may not reflect the official views or opinions of SKCCN.

Washington State is fortunate to have a very unique system of Family Policy Council¹⁴ community public health and safety networks. It is a state-community partnership mandated by the legislature to work on problem behaviors that affect children, youth and families, such as domestic violence, child abuse and neglect, youth violence, substance abuse, teen suicide, school dropouts, teen pregnancy and male parentage and out of home placements of children. A board consisting of community volunteers and service providers runs each local network. Together they work to engage their respective communities to understand the needs of children and families in their area and to find solutions to those problems. SKCCN has chosen to concentrate its efforts on improving the community responses to children exposed to domestic violence and to stopping domestic violence.

The SKCCN 2007-2009 Work Plan, approved by the state Family Policy Council, calls for SKCCN to work collaboratively with community partners to design a workable system of community responses to children exposed to domestic violence.

SKCCN has reviewed national literature on best and promising practices for children exposed to domestic violence and found that responsible approaches call for

¹³ For more information go to <http://www.skccn.com>

¹⁴ For more information go to <http://www.fpc.wa.gov>

coordinated and integrated community responses. While there is a complex array of formal victim services, there are few specialized programs for children. No real *system* currently exists to respond to children affected by domestic violence. SKCCN is focused on building new partnerships as it further explores domestic violence from parenting perspectives.

Locally, there is a social and legal response to domestic violence. Most domestic violence offenses that are adjudicated in the criminal courts are misdemeanor offenses that result in a combination of sanctions. Typically, this may be a sentence of probation for up to two years and completion of a Batterer Intervention Program (BIP). Local community based programs, many of which are private providers, typically provide these BIP services and there are 12 providers certified through the Washington Administrative Code in South King County. Most programs involve weekly attendance in a group-based program designed to raise offenders' awareness of the effects of their abuse, change their beliefs of entitlement to use abuse and teach non-controlling behaviors that promote non-violence. All of these programs are required by state regulations to include education regarding the effects of the offender's violence on their children, as well as the children's mother.

However, "the system's" enforcement of offender's attendance, participation and/or completion of these programs is inconsistent; and the programs themselves experience obstacles (for example, lack of resources, inconsistent backup by the system) in trying to address these inconsistencies. There are also concerns with some BIP's enforcement of attendance, participation and completion. There is also a lack of state oversight to ensure that programs are meeting the WAC requirements.

Consequently, SKCCN believes that a review of both the systemic response to domestic violence, its effects on children and the program resources that are offered can benefit from an audit that provides constructive suggestions for moving the community forward. SKCCN hopes to help build a model of promising practices that makes the problem of domestic violence and children visible and, in turn, make the solutions more effective.

Helpful Terms to Know as You Read this Report:

A Legal Definition of Domestic Violence

(Revised Code of Washington RCW 26.50.010)

(a) Physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm, bodily injury or assault, between family or household members; (b) sexual assault of one family or household member by another; or (c) stalking as defined in RCW 9A.46.110 of one family or household member by another family or household member.¹⁵

¹⁵ Washington State Legislature Revised Code of Washington <http://apps.leg.wa.gov/rcw/default.aspx?cite=26.50.010>

A Legal Definition of Family or Household Members

This means spouses, former spouses, persons who have a child in common regardless of whether they have been married or have lived together at any time, adult persons related by blood or marriage, adult persons who are presently residing together or who have resided together in the past, persons sixteen years of age or older who are presently residing together or who have resided together in the past and who have or have had a dating relationship, persons sixteen years of age or older with whom a person sixteen years of age or older has or has had a dating relationship, and persons who have a biological or legal parent-child relationship, including stepparents and stepchildren and grandparents and grandchildren.¹⁶

A Coordinated Community Response to Domestic Violence

The term “Coordinated Community Response” (CCR) was first coined in Duluth, Minnesota where advocates for battered women organized to improve the criminal justice system response to battering. The organizing methods were innovative in that the advocates collaborated closely with government agencies and found ways to improve the safety of victims and the accountability of offenders working with, instead of alienating practitioners. In this process, the system itself also develops a greater accountability to its partner agencies. The Audit team recognizes the complexity of such coordination in King County, with 38 different prosecution and law enforcement jurisdictions. In its training “Building a Coordinated Community Response,” the Battered Women’s Justice Project recommends that an effective CCR demonstrate the following seven key elements, at a minimum:

1. Written policies that centralize victim safety and offender accountability;
2. Practices that link intervening practitioners and agencies together;
3. An entity that tracks and monitors cases and assesses data;
4. An interagency process that brings practitioners together to dialogue and resolve problems;
5. A central role for victim advocates, shelters and battered women in the process;
6. A shared philosophy about domestic violence; and
7. A system that shifts responsibility for victim safety from the victim to the system.

Batterer Intervention Programs

This report uses the term “Batterer Intervention Programs” (BIPs) to describe group-based intervention programs targeting male domestic violence offenders. This term emphasizes a focus on stopping violence and an educational, rather than a therapeutic, approach. The Audit team believes most programs nationally and locally use a combination of educational and therapeutic approaches. “BIPs” is the most common term used nationally for such programs.¹⁷ To practitioners, there is a clear distinction

¹⁶ Ibid.

¹⁷ The Washington Administrative Code refers to them as Domestic Violence Treatment Programs (DVTPs).

between “Anger Management” programs and BIPs, both in philosophy and content. Anger management is a term that gained widespread use in the 1980s. Its philosophy assumes that offenders have trouble managing their anger, which causes them to lose control and be violent. It sees violence as an individual problem, and does not focus so much on the control behind the violence.

In contrast, Batterer Intervention Programs focus on:

- Making victim safety central and providing information to victims;
- Monitoring offender’s level of risk;
- Reporting any further acts of violence and setting consequences for an offender’s violation of his participation contract;
- Cooperating with victim advocacy programs that may monitor the BIP;
- Seeing violence as intentional behavior designed to control someone;
- Changing offenders abusive beliefs and behavior towards their women partners and, to some extent their children; and
- Learning about the effects of abuse and encouraging non-violent alternatives.

In King County, programs generally take place weekly for approximately one and one half hours duration for 26 weeks and continue with one and one half hour sessions monthly for six months. Participants may join a class at any point and complete their session requirements from that date. Some programs are culturally specific, so have greater potential to provide a safer space for men to talk about their experiences and prevent them from hiding behind their culture to justify their abuse. One or more facilitators may facilitate BIP classes and regular compliance reports are provided to the referral agency, typically probation.

Fathering after Violence Programs

Group-based programs that combine most elements of BIPs and thus have a major focus on understanding the effects of domestic violence on children, the need for belief change and holding offenders accountable for their violence while encouraging positive behavior change elements of the BIP listed above. “DV Dads” is a local example of these programs, based on the Caring Dads Program from London, Ontario.

General Parenting Programs

These are also group-based programs, but with a focus on building parenting skills, child development and conflict resolution. They may be open to anyone interested, so participants may be mothers, fathers or anyone interested in learning general parenting skills. Parenting programs may not have a focus on addressing violence and typically do not focus on the safety of the adult domestic violence victim or the accountability or monitoring of offenders.

Domestic Violence Safety and Accountability Audits

Praxis International Inc. of Minnesota has developed the “Domestic Violence Safety and Accountability Audit.” This particular audit process was designed to illuminate the “gaps”

between victim needs and organizational responses. Therefore this report uses the term “gaps,” describes them in detail through “findings,” and offers recommendations to address them.

Many people's understanding of an Audit is of a highly qualified outsider coming in, examining records, and producing a report. In contrast, this Audit is carried out by a local multi-disciplinary team who look at how work routines and ways of doing business strengthen or impede safety for victims of battering.

By asking **how** something comes about, rather than looking at the individual in the job, this Audit process discovers systemic problems and produces recommendations for longer-lasting change. By encouraging collaboration across agencies, the Audit is designed to leave communities with new skills and perspectives that can be applied in an ongoing review of their coordinated community response. It is built on a foundation of understanding: 1) institutional case processing, or how a victim of battering becomes “a case” of domestic violence; 2) how a response to that case is organized and coordinated within and across interveners; and 3) the complexity of risk and safety for each victim of battering.

The Audit will...	The Audit will not...
<ul style="list-style-type: none"> • Focus on institutions and systems • Focus only on those portions of batterers intervention that relates to how they address parenting and children's experiences • Gather information from multiple perspectives with regards to the audit question. • Focus on how the current <u>system</u> as a whole works. • Report findings only as aggregates. • Allow participating BIPs to preview findings and recommendations before any release to the public. 	<ul style="list-style-type: none"> • Evaluate or conduct a performance review of individual providers within agencies. • Focus on individual workers or individual treatment providers • Audit all BIP processes and programs • Identify either strengths or weaknesses of any individual provider or specific agencies or programs.

Readers are reminded that the focus of this report is to document processes and practices that need attention and improvement.

Audit Methodology

In May 2007 Praxis International provided Institutional Safety and Accountability Audit (“Audit”) training to two representatives from South King County Community Network and one community batterer intervention provider. In November 2007, the SKCCN Board committed to convening a community-based Audit. The SKCCN is the sponsoring agency and the primary source of funding for the audit. The SKCCN serves as the convener of the community-based process and recognizes that it is the community-based Audit Team that is responsible for the content and findings of the Audit. The findings and recommendations that come from the Audit are a product of the community-based Audit Team, not of the SKCCN.

- . SKCCN committed considerable resources to this Audit:
 1. It loaned staff to serve as Audit Coordinator and a paid intern to serve as Assistant Coordinator.
 2. It sent a team of three people to Minnesota to be trained in the audit process in May 2007.
 3. It sponsored and paid the expenses for an Open House in September 2007 and Audit Training in February 2008.
 4. It paid for all related Audit costs, such as incentives and snacks for focus groups and team meetings.
 5. It contracted with two nationally recognized consultants to help guide the audit.

The roles of SKCCN and other community partners were set forth in a Partner’s Working Agreement (see Appendices).

After months of careful discussion and assistance from the Battered Women’s Justice Project in Minneapolis, the Audit Committee agreed on an Audit Question that set the scope for the project:

How do batterer intervention programs address parenting, co-parenting and children’s experiences of intimate partner violence?

The Audit Team held its first meeting on January 16, 2008. Each agency that participated on the Audit Team signed a Working Agreement that included Ground Rules, (See Appendix B) detailing the long-standing commitment and expectations of each agency and their representatives. Once all parties agreed, eight practitioners, mostly frontline workers, were selected to participate on the Audit Team. With guidance from Rhonda Martinson and Graham Barnes of the Battered Women’s Justice Project, the Audit Team members participated in mapping, observing, interviewing and text analysis as determined by the scope of the Audit Question. They met to discuss the Audit findings, recommend changes in policy, procedure and training and strategize on how best to implement the recommended changes. Team members are expected to help implement audit solutions as well as monitor and evaluate changes into the future.

The Audit Team met at least monthly for a minimum of ten months, working two to six hours per meeting. The focus of these first few meetings was to familiarize the Team with the Audit process, get to know fellow Audit Team members, discuss the Audit Question and assist the Audit Coordinator. In February 2008, the Audit Team participated in a two-day Audit Training led by Rhonda Martinson and Graham Barnes. Topics covered during this Audit Training included: 1. Definitions of battering, domestic violence, safety and risk; 2. Problematic features in institutions of social management; 3. Audit trails; 4. Case processing; 5. Audit question and scope; 6. Focus groups, interviewing; observations and text analysis. During the course of the Audit, team members had the opportunity to participate in a variety of additional trainings and Praxis International Audio Conferences.

In February 2008, the Audit Team entered the “data collection phase” of the Audit process, which included interviews, observations, focus groups, a survey and text analysis of files and records. During this part of the audit, each Audit Team member volunteered to complete interviews and observations by the end of August 2008. Team members were encouraged to interview and observe practitioners who worked outside of their own system; for example, batterer intervention providers did not observe or interview their colleagues. Instead, they focused on the broader system. By the end of August, the Audit Team had:

- Completed 28 interviews (See Appendix D for complete list of interviews);
- Surveyed seven BIPs¹⁸ about how they address the needs of children and how BIPs collect information, collaborate with other agencies and hold offenders accountable;
- Held eight focus groups that involved 22 domestic violence survivors, nine victim advocates, two domestic violence prosecutors, 11 batterer intervention providers, and 17 men who have attended intervention programs to stop violence against women;
- Reviewed 15 offender files from community batterers intervention programs;
- Observed intervention programs, civil court proceedings and programs

Audit Team members had the opportunity to debrief all of their interviews and observations with the Audit Coordinator as a small group or with the entire Audit Team during Audit Team meetings.

The BWJP Technical Assistant and the Audit Team members facilitated a series of focus groups with survivors of domestic violence to gain additional information to the Audit Question. The survivor’s focus group participants discussed their experiences with BIPs and their observations of the impact domestic violence had on their children. They also explained how these various systems met their needs and ways in which such systems could be improved to better protect victims and their children. There was also one focus group facilitated with men who have completed or are in the final stages of

¹⁸ All certified providers in South King County were invited to be interviewed. Of those seven agreed. Others participated through focus groups.

completing the intervention program discussing their experience of the program, changes they had made and how they see their roles as partners and fathers.

In June 2008, the Audit Team performed its text analysis of forms, records and files used in the processing of cases. With the help of the Technical Assistants, the Audit Team reviewed 15 offender files from three different batterer intervention providers. They also reviewed literature, curricula, research, program outlines about BIPs, the effects of domestic violence on children, and promising practices.

During the entire data collection phase of the Audit, Team members noted each observed institution's strengths and problem areas. The Audit Coordinator kept a list of those that were identified during Audit Team meetings, interview and observation debriefings, focus groups and the text analysis work session. By the fall of 2008, the Team (or coordinator) compiled all of the collected information, which the Team reviewed and discussed. From this review the Audit Team determined the gaps in the system and made recommendations for improvements.

Domestic Violence Safety and Accountability Audit Report's Gaps, Findings and Recommendations for Change

This is the critical section of the Audit Report. After nine months of data collection, the Audit Team was prepared to write the results of the analysis and develop recommendations for the community. The Audit Team worked closely with Rhonda Martinson and Graham Barnes from the Battered Women's Justice Project to draft the content of this section of the report. The Audit Team developed community recommendations that address each gap. Some recommendations may be repeated if they apply to several gaps.

GAP ONE: Children's experiences of battering are not made adequately visible.

While children are largely invisible within the system responses to domestic violence, we found an almost universal desire to find ways to improve responses to children. Addressing this gap is a "big picture goal" that shapes and underlies all the recommendations. Concern for the well being of children is widespread. That concern can serve as a magnet to draw together disparate systems, agencies and practitioners. The Audit Team believes that the gaps and findings are not the shortcomings of individuals or agencies, but rather are systematic problems that reflect a fragmented approach. By making children's experience visible, practitioners can start "connecting up" all the parties involved in domestic violence intervention and work towards a common goal of improving the lives of children and families.

Findings: What contributes to children's invisibility, and contributors to this gap between children's experience and our response?

1.1 The legal systems that respond to domestic violence are organized to focus on the needs of adult survivors and batterers. Children’s needs and experiences are almost invisible as the legal system responds to domestic violence cases.

The invisibility of children is unintentionally systemic. Information is gathered and action is taken, but the focus of that action does not address children’s needs. Law enforcement incident reports were found that did not document the presence of children and/or their witnessing or experiencing the intimate partner abuse. The criminal court response focuses on the offender and the direct victim in the incident, so there is no encouragement to collect or act on information about the context of the violence and its effects on children. Some law enforcement officers fail to include children in a police report unless the children are the direct victims. However, the Domestic Violence Supplemental Form, approved for use by the King County Sheriff’s Office and adopted by a variety of other jurisdictions, clearly encourages documentation of child witnesses. However there appears to be an inconsistent application and use of the form by law enforcement.

In Protection Order Court, hearings and orders do not always clearly define conditions of visitation, making the enforcement and accountability responsibilities of law enforcement more difficult. For example if times dates and locations of visitation are not clearly stated in the order, law enforcement may be unsure how to enforce the order. They may then revert to mediating or encouraging parties to compromise when this may not be safe or appropriate for the parties.

Probation officers rarely require batterers to attend specialized parenting classes that address violence, even though defendants may have been ordered to do so by the criminal court. One probation officer suggested that many of his colleagues do not understand the need for specialized parenting classes, so tend to approve whatever program the offender selects. Furthermore, probation officers and BIPs may not be aware of Protection Order Court conditions of visitation, so may not try to enforce them.

BIP intake forms varied widely in the number and kinds of questions asked about children, but most do not focus on children. Progress reports to referral agencies rarely mention children. Perhaps most telling about the invisibility of children was a theme of commentary during interviews of BIP providers. At least three providers reported that many offenders describe having watched their mothers be abused. However they seldom recognized or acknowledged the impact of their violence on their own children.

The systemic invisibility of children in the various interventions within the criminal and civil legal systems often means that children’s needs are neither recognized nor addressed. It will likely continue the failure to understand the impact of battering on the emotional well being of children and the potential to disrupt their developmental process. Because children are relatively invisible, the likelihood that men who batter will continue to exploit them and use them as pawns and battering tactics is increased.

1.2 Forms used by BIPs to collect information vary greatly in how much detailed information is sought about children. BIPs have a range of forms as well as a range

of questions from multiple questions related to parenting and children, to only a few. One provider of a specialized parenting program utilized a batterers' intake form that included 42 questions focusing on children; one BIP used a victim-centered inventory of abusive behavior that included only one question related to children ("Used your children to threaten you . . ."); and yet another BIP's victim-centered inventory of abusive behavior included seven questions that dealt with children:

Has your abuser ever: (check all that apply)

1. *Told you that you would lose custody of the children?*
2. *Told you he would leave town with the children?*
3. *Told you he would not pay child support if you left?*
4. *Called you names in front of the children?*
5. *Told you that you were a bad parent?*
6. *Asked the children about you/where you went/who you talked to/what you did that day?*
7. *Hassled you while visiting the children?*

The number and specificity of questions tend to reflect the degree to which parenting and children's issues are incorporated into the core BIP program.

It should be noted that the last two examples are questions asked of victims. Intake questions should also be posed to batterers about their use of children, perhaps borrowing from the very thorough 42-question intake form of the specialized parenting program for batterers.

1.3 Survivors reported: "No one asks us questions about the children or how the children are doing." Practitioners seldom prioritize the needs of children unless it is the focus of their job (for example child protection workers, children's advocates, visitation center staff). In one focus group, one parent bluntly stated that no one who works with her asks her about her children. Many survivors expressed a desire for more information and help to develop parenting skills for themselves to deal with children who had witnessed or experienced violence.

1.4 Professional controversies exist about how to intervene on behalf of children without further disadvantaging mothers. There is widespread agreement across professions that the most important way to protect children from men's violence is to protect their mothers. But by focusing only on the adult survivors, opportunities are lost to help mothers address their own concerns about the impacts on the children or to provide direct services to children. Several domestic violence advocates disagreed with any suggestion that women should be referred for parenting classes or counseling. They fear that such referrals could be used against the women in custody battles, and have seen mothers and children left in worse circumstances despite well-intended intervention. Other advocates spoke out strongly against what they deemed "mental health" approaches that suggest either the adult survivor has psychological problems or the battering could be explained and addressed by understanding (and providing therapy for) the batterer's unhappy childhood.

1.5 The impact of domestic violence on women and children typically continues for many years. Survivors report being bombarded with court fights over custody and

visitation. Some described spending many thousands of dollars to fight their abuser in court, while others lost their homes and “everything I had worked so hard to get.” The criminal justice system responds on an incident-by-incident basis rather than seeing the whole picture, and battered mothers often feel like their experience is not understood or validated. Interviews with judges/court commissioners and a judicial administrator highlighted the problems they see with an incident-based system being unable to address the context of violence that battered mothers and children deal with day-to-day. In the few minutes judges and commissioners have to consider issues, they all too often don’t have the whole story.

Some other survivors also reported that domestic violence and subsequent court appearances stigmatized them in their churches, thus costing them an important support system. Two Latina mothers reported feeling they were not seen as important because they didn’t speak English very well. One described how her abuser used her immigration status against her, and another said that her ex-partner made racist remarks about her, apparently in an attempt to collude or bond with practitioners or community members in general against her (for example, “She’s a wetback, you know,” or “She just came for the money,” etc.). This particular woman stated that practitioner’s responses to comments like this impacted her trust in them and her feeling that she could access them for help.

When asked about the impact of the violence on their children, women in several different focus groups told heart-felt stories of how children:

- Went from getting straight A’s in school to failing;
- Would beg not to have to visit with their fathers but were forced to because of court orders;
- Who became so violent (especially boys) that others, even their mothers, feared them;
- Even as young babies, were “snatched” violently out of the mother’s arms;
- Had their feelings so mixed up they both missed and feared their fathers, especially boys;
- Struggled for years with anger issues of their own;
- Were told by their father that their mother abandoned them;
- Are considered possessions by their father;
- Grow up to believe that violence is a normal part of family life.

Survivors also frequently said their abusers would threaten to take the children, then take the children and disappear, often for long periods. Some of these women told of exhausting all possible financial resources to track the fathers and get the children back against seemingly impossible odds.

Survivor focus group participants told numerous stories of how they live in a “chess match,” with themselves and their children as game pieces. One woman described a seven-year battle where her ex-husband continues to manipulate her and the children through frequent court battles. Women described spending all their resources, (\$60,000

by one estimate), losing their homes and ending up living in poverty as a result of the constant court battles.

1.6 The Washington Administrative Code (WAC Chapter 388-60) provides very little guidance to BIPs to address the impact of domestic violence on children.

Like the systems, practitioner roles and responsibilities, and forms discussed above, the WAC also fails to provide much acknowledgement of children's needs, referring to children in only five instances in the 29-page document (document attached with references to children highlighted).

1.7 Children's advocates and supervised visitation staff report routine evidence of batterers using children as a tactic of power or control over their partners.

The tactics used by a batterer after a couple has separated can look different than tactics used while they are still together. Often, a batterer no longer has the same type or amount of contact with his victim, so he finds other ways to exert and maintain his control over her. The easiest and most obvious way to do this is by using the children. These tactics are as varied as those used when directly battering. Many men undermine the children's mother by criticizing her to the children, they interrogate the children about her life or they play games with visitation agreements to keep her on the defensive. Some fathers threaten to take custody of the children in order to force her to comply with his wishes. Long, ongoing custody battles are common.

Batterers also use children as messengers for threats and as "stalking partners." One practitioner gave an example of a batterer telling the children that he plans to hurt their mother. Another father forced the children to sit in the back of his car during his visitation time while he stalked their mother. He told the children that he would kill their mother if he caught her with a new partner. Staff from a supervised visitation center reported that a mother enrolled in their program informed them that, after a visit with his father, her three-year old told her "Daddy's going to kill you and then take me on a long airplane ride."

Other tactics involving children that batterers use include:

- Physical abuse of the children during visitation time;
- Neglecting the children, or conversely, being a "Disneyland Dad" and giving them things that their mother could never afford, while at the same time not paying child support;
- On-going negative talk about the children's mother and a serious attempt to undermine her parenting in many different ways (e.g., several children were paid money by their fathers for making their mothers cry);
- Getting the children to feel sorry for him. One father purchased a condo in a nice neighborhood, then also rented a small studio apartment in a low-income neighborhood with just a mattress on the floor where he took the children on his visits, telling them he had to live like a pauper because their mother had taken all of his money);
- Telling children he would love to buy them expensive gifts (like a horse) but couldn't since their mother is making him live outside the home;

- Using the children to locate the mother if she is trying to maintain a confidential address, even driving around with the children in the car as he tries to find their school or new home.

It is important to note that unless a BIP has continuing contact with the survivor and she feels safe to describe such ongoing battering tactics, his abuse goes unnoticed and undocumented, and the batterer is not held accountable.

As batterers move through phases of court-ordered intervention, survivors report feeling very fearful. Successful completion of programming is often connected to more lenient access to the children, which directly correlates to increased opportunities for even more battering. For some women, it becomes a lifetime of continued abuse. However, if a BIP has good communication with the survivor and if she feels safe sharing her experiences with the provider, there is greater opportunity for the program to more meaningfully hold the batterer accountable for his (mis) use of his children. It is important that the provider be mindful of preventing the survivor's disclosure of any on-going abuse from inadvertently increasing her danger.

Recommendations to address the gap of children's invisibility

Short term Recommendations:

1.1 Create online resource lists for practitioners (e.g. advocates, BIPs, mental health therapists) and the public. Make information about children's needs, children's intervention programs, fathering-after-violence programs and parenting programs accessible and engaging, preferably in several languages.

1.2 Compile examples of children's drawings and audio recordings of their experiences of domestic violence to raise awareness with practitioners and the public. Children's experiences (from a range of cultural groups) could be built into other training modules to further increase understanding of the impacts on children. The YWCA of South King County has already created an excellent resource in "Through Their Eyes: Domestic Violence and Its Impact on Children," available online. <http://www.ywcaworks.org/page/400>

1.3 Convene a BIP providers working group to review forms and make recommendations on additions to improve information about parenting issues and children's experiences. A number of excellent questions are already used by several providers, which could improve practices across programs if shared.

Longer term Recommendations:

1.4 Convene a series of roundtable discussions on how legal system practices, both civil and criminal, can become more child-focused. Drawing on promising practices locally and nationally, working groups of law enforcement, prosecutors, domestic violence advocates, judges, child protection and visitation workers could provide positive guidelines for practices that could be implemented locally. Such discussions will be more effective if they include representatives of culturally specific

programs. The key is to work on the system as a whole, and ensure it doesn't create unintended consequences for people of marginalized groups. Over the years there have been well-received and nationally recognized programs, like the King County Sheriff's Office Domestic Violence Unit, but such programs are seldom recreated in other jurisdictions. Unfortunately even this unit has now been eliminated due to budget cuts. A systems-wide approach could bring together representatives from all communities, systems and jurisdictions to build children's needs into day-to-day practice of the intervening agencies.

1.5 Revise the Washington Administrative Code (WAC) for domestic violence perpetrator treatment program standards. Dr. Anne Ganley, who is familiar with regulations across the country, reports that the Washington Code is among the best in the country. Despite the well-intended addition of the need to educate batterers about the impact of their violent behavior on children, this intention loses its meaning in the implementation. The WAC could be enhanced to better protect children. Standards for practitioners could be similar to other rehabilitative fields and the WAC could be amended to strengthen interconnections among domestic violence intervention workers and addressing parenting/child abuse/neglect issues. A multidisciplinary working group could develop a more comprehensive code that prioritizes children's well being and supports BIPs to provide a more accountable framework for responding to offenders. Resources would be required to implement a more specific, detailed and accountable WAC, with practical assistance to BIPs and related agencies so they may enhance their practices.

GAP TWO: The effects of abuse on children (including battering of their mother and the use of children as a tactic of abuse) are inconsistently addressed by BIPs and other intervening agencies.

The Audit Team found growing awareness of the needs of children among virtually all practitioners, from a range of government and community organizations, and different cultural groups. However, knowledge about the impact of domestic violence on children and the detail of how batterers use the children as tactics were lacking across all systems. The Audit Team believes that a variety of local experts could combine their expertise with practitioner experience to create powerful training tools and improved practices.

One cannot expect BIPs to address the effects of domestic violence on children unless they are working within a close, trusting network of accountable agencies and practitioners. Currently, the WAC only addresses this by stating that BIPs "must establish and maintain cooperative relationships with domestic violence victim services programs located in their community".¹⁹ However, BIPs and domestic violence victim service agencies often work in isolation from each other with few effective ways to come together.

¹⁹ Washington Administrative Code WAC388-60-0415

To more effectively address the effects of abuse on children, BIPs need detailed information about offenders at the time of referral. The Team saw many examples of intake files with repeated requests by the BIP to other agencies for information on the offender. If BIPs do not receive this information, they are left with only the information provided by the offender. This puts the provider at a disadvantage in holding the batterer accountable for his abuse and for his fundamental thinking about his abuse. Information sharing within a coordinated community response does require a sensitive balance between accountability and confidentiality. BIPs can hold offenders more accountable, and programs are more effective, if they have more information about an offender's pattern of abuse. When that information comes from battered women or children, offenders can (and often do) retaliate when their real behavior is exposed. Such information sharing must be done in accordance with legal and ethical confidentiality requirements, and victim service agencies should NEVER be pressured or required to provide information to BIPs or the criminal justice system.

Many within the community have inconsistent or unrealistic expectations of BIPs. Does one size fit all? How well do programs address the needs of marginalized cultural groups? To what extent are programs individualized? What do BIPs consider is effective individualizing? How do other practitioners understand effective individualizing of programs? Should BIPs vary the program focus according to how much an offender uses the children as a tactic of abuse? For any of this to happen, BIPs would need more comprehensive information from several sources and that requires greater infrastructure, more resources and much closer working relationships.

BIPs understandably focus on how men are doing within the program and not necessarily on how the whole multi-agency intervention affects abused women and children. Some BIPs report feeling suspicion and isolation from other practitioners, who are potentially their allies. Building a closer working relationship between BIPs, victim advocates, child advocates, culturally specific community resources, government and other community agencies could develop a more accountable and effective response. BIPs may then feel that their work holds more value as one component of a wider movement to improve the lives of children and battered women, and to help men stop battering.

Findings: What contributes to the gap in adequately addressing the effects on children of battering?

2.1 Prosecutors have very limited sentencing options to recommend for batterers.

The Washington Administrative Code only endorses one form of domestic violence treatment, leaving prosecutors with state certified domestic violence treatment as the only state option. A man who is lower level in his use of abuse often has the same conditions of sentence as a habitual batterer who has been convicted multiple times.²⁰

²⁰ The Audit Team believes that a lack of previous convictions does not necessarily mean that an offender is less dangerous or has committed less abuse.

All offenders receive similar conditions of sentences requiring batterer's intervention treatment.

Criminal courts do not order domestic violence evaluations, as there are no professionally accepted standards for assessment. Rather, it is left to BIPs to complete their specific intake process that results in recommendations for an "individualized treatment plan." A small number of offenders are motivated to become non-violent and make reparations for their violence, while others lack any remorse and continue to abuse. Most, however, are somewhere on the scale between these extreme examples.

Some culturally specific programs may be more effective at holding offenders from that group more accountable. Some offenders may avoid those programs, assuming (sometimes correctly) they can hide behind their culture or lack of English language proficiency to avoid responsibility.

In the past, felony prosecutors and superior court judges could rely on the Washington State Department of Corrections to do an in-depth pre-sentence investigation to provide important information for the court to consider at sentencing. Unfortunately, pre-sentence investigations and reports are no longer done on domestic violence cases. Local prosecutors noted that at times all the courts can do is order to batterer intervention, despite their lack of trust that the programs can be effective, especially with repeat offenders.

Dr. Ganley insists that the current Washington Administrative Code provides the basis for programs to be designed to meet the needs of an individual batterer. However, when all offenders attend basically the same classes within a BIP, other professionals have difficulty believing there are individualized approaches. The WAC sets "minimum standards;" providers are expected to develop unique approaches that address the individual and cultural needs of the participants. Dr. Ganley suggests that the lack of identifiably different programs is really a matter of resources - if BIPs had more resources, they could design and implement more approaches. A comparison of interviews and programs among local BIPs suggested that those programs that operated within larger agencies tended to have access to more resources and program supports. Larger agencies may therefore be in a better position to expand programming options to address different levels and tactics of battering.

Some BIPs provide culturally specific programs, and seem well positioned to hold those offenders accountable who claim that their behavior is a cultural entitlement. Similarly, those culturally specific programs can more effectively engage offenders from their specific cultural group who are prepared to make non-violent change.

2.2 Interviews with BIP providers revealed wide variability in how issues of parenting, co-parenting and children were addressed in their programs. There was little on this topic in the program records the Team reviewed. However, during interviews, some BIPs indicated that the needs of children are interwoven into the ongoing program. Most BIPs have open enrollment into classes (men can start the

program at any point), so the needs of children may be addressed informally at any point in the program. Other BIPs told us that children's needs are addressed more fully in the latter phase of the program. Without a more comprehensive observation of the programs in action, it is difficult to assess how thoroughly the effects of violence on children are being addressed. For a general description of program activities, please refer to **Appendix E: Examples of How Programs Can More Effectively Address Children's Needs.**

The state requires in WAC 388-60-0245(5) "The curriculum of the treatment program must include the following topics... (5) The impact of abuse and battering on children and the incompatibility of domestic violence and abuse with responsible parenting." There are no further guidelines addressing how to implement this provision. Dr. Ganley, national trainer of batterer intervention providers, advised "The issue of children and parenting needs to be wedded from the very first meeting or intake. Once the (above) provision was added to the state code, all programs should have been reorganized to have children and parenting as core issues to be dealt with in every program." Further, she suggests that criteria for program completion should include elements of parenting that hold batterers more accountable.

BIPs' exploration of how offenders use children as a tactic of abuse varies greatly. Culturally specific program providers shared during focus groups that they were able to interweave discussions of culture, and how culture changes from their homeland to the U.S., and how changing ideas of manhood, fatherhood, and the roles of women effects child-rearing practices. As noted earlier, standard questions on intake forms, in victim inventories and the specific activities within their programs may not adequately address this. Most curricula we reviewed had limited materials on these topics. Interviews with BIPs suggest a wide discrepancy on how much this topic is a part of the programs.

2.3 There is a lack of specialized 'fathering after violence' programs. These programs (for example 'DV Dads') are designed to more adequately handle batterers than general parenting programs and can better address battering tactics. Interviews with BIP providers frequently noted how abusers "shop around" for programs, looking for ones that have less stringent requirements. This tactic includes enrolling in parenting classes that have no focus on domestic violence. Batterers often end up in parenting programs that teach child development and parenting techniques, but may not be designed to address domestic violence. Dr. Katreena Scott, founder of the Caring Dads specialized program in Ontario, Canada, was a keynote speaker at a local conference in November 2006. She strongly warned that enrolling batterers in generic parenting education programs could be dangerous because such programs are based on the assumption of a motivated parent. Instead, batterers tend to use such classes to learn new language and tools that they use to convince the courts that they are skilled parents. Batterers use their graduation from such classes to add to their public personas as model citizens and great dads.

2.4 The tension between Child Protective Services and domestic violence advocates means their interventions are not always coordinated, and thus may be less effective. When practitioners do not collaborate to keep victims safe in ways that

enhance their relationships with their children, mothers and children risk having their relationships damaged by the intervening systems as well as by the batterer. This concern is particularly strong among marginalized cultural groups, where there is frequent suspicion and mistrust of the Child Protective Services (CPS) system. Furthermore, CPS workers may stereotype domestic violence advocates as blind to the parenting shortcomings of mothers, while domestic violence advocates stereotype CPS workers as “victim blaming.” Some communities²¹ have made significant progress in addressing this division between CPS and domestic violence advocates. Interagency agreements that provide for specially trained domestic violence advocates working within CPS teams find new and safe ways of dealing with cases where child abuse and domestic violence co-occurs.

Research indicates that 40-60% of batterers also abuse their children. When child abuse is identified within a domestic violence case, families are referred to CPS. Thus, coordination between CPS and domestic violence services is critical to the protection of children. If CPS recognizes domestic violence issues within a family, staff should be working directly with the abusive parent to protect the children. CPS workers are just now beginning to have training available on how to work effectively with batterers. Currently, the CPS and BIP practitioners interviewed for this audit report demonstrated little coordination between CPS and BIPs, but articulated a desire for more.

2.5 Criminal courts do not address batterer’s use of children as a tactic of abuse.

Criminal courts send perpetrators to BIPs usually as a punitive consequence of their use of domestic abuse, not to address their use of children as a tactic of abuse. The effects of that abuse on the children, their mother and the children’s relationship with their mother goes unexamined. Interviews with court commissioners, a court administrator, prosecutors and “big picture” experts reflected widespread concern about the lack of ways to address children’s needs in criminal cases. For example, in family law court in King County, Family Court Services can provide highly trained, professional social workers that conduct court-ordered assessments that carefully consider the needs of children. In criminal court, however, where the cases and the levels of violence are typically far greater, there is no equivalent process, and the focus is only on the offender and the specific offense. In the past, the Washington State Department of Corrections conducted pre-sentence investigations on all felony domestic violence cases providing courts with critical information about the offender and the crime. Unfortunately, due to budget cuts and changes in priority, such reports are no longer done in domestic violence cases. Prosecuting Attorney David Martin reports, “At a recent bench-bar conference, I spoke with a number of Superior court judges who complained that they had far less information in criminal cases than they did in family court matters.” Judges have lamented the end of pre-sentence investigations on felony domestic violence cases. Roy Carson, state certification program manager for batterer intervention programs, stresses that there is no generally accepted assessment tool or

²¹ Community Partnerships for Protecting Children: Lessons about Addressing Domestic Violence, by Ann Rosewater, Family Violence Prevention Fund, December 2006.
Case Staffing: The Role of the Victim Advocate at CSOs, by Tyra Lindquist, Washington State Coalition Against Domestic Violence, reprinted August 2008.

criteria. The only “assessment” available is what BIPs use in their intake process. Without adequate assessment, judges do not have an independent, professional determination of the level of battering, of the use of children in battering nor of the pattern of abuse over time. If courts rely on batterer’s intervention providers to conduct the intake/assessment, then courts need to enforce the findings of that process. Nowhere in the current process is the use of children as a tactic of abuse consistently addressed, and it would greatly assist BIPs at the initial intake if they had access to information about offender’s patterns of abuse.

2.6 Civil court tends to prioritize reuniting children with parents regardless of domestic violence. The Team found no routine, effective assessment of the level and effects of a batterer’s use of children to abuse their mother, nor the extent to which that behavior changed after completing a BIP or other program. Family Court Services, which conducts evaluations and domestic violence assessments when children are involved, can only complete up to 500 case assessments per year. Other cases are referred to the Family Law CASA (Court Appointed Special Advocate) Program, Guardians Ad Litem, or private parenting evaluators for court-ordered evaluations. However, there exist no consistent requirements regarding training or experience for these various entities that evaluate parenting, and there is no agreement about how these evaluations should be conducted. There are thousands of cases where assessments could be helpful. If the civil court is wanting to reunite children with parents, what information would they need to make sure that the court is not further damaging or endangering children by reuniting them with an offender who batters and uses the children as a tactic of control? The information from BIPs alone is not sufficient to determine when, or if, any reunification with a violent parent is appropriate.

How an offender behaves within a program is not necessarily an accurate reflection of how he behaves with his family. It would be a significant challenge to set and evaluate behavioral goals for the batterer. It is inadequate to require that he just complete the BIP in order to be with his children. Deciding how to assess, and who could assess an offender’s behavior and then communicate to the court whether he has changed sufficiently would be a valuable step towards children’s safety and wellbeing.

2.7 Courts often do not limit offender’s access to children when it is clearly damaging. Domestic violence advocates and other providers continue to hear from victims that offender access to children is problematic. Courts are reluctant to stop or limit child access for offenders with histories of domestic violence. Some of these offenders also use the court system to abuse their victims. Survivors and other providers (for example, supervised visitation programs) witness children’s fear of men who batter, but the courts are reluctant to consider this in decision-making procedures.

2.8 Courts do not coordinate parenting issues across jurisdictions. Domestic violence and child abuse often happen within the same households. In order to effectively address the impact on children and parenting issues, all the related issues need to be coordinated and understood within the broad context of the family over time. Prosecuting Attorney David Martin suggests that children would be better protected if

the system was able to look at the benefits of both the civil and criminal court simultaneously. For example, criminal courts have far less information about the family context and use punitive “hammers” to try to stop the domestic violence. “They can’t stop and ask about what is going on with the broader picture.” While Family Court Services is available for civil cases, there is nothing comparable for criminal cases. Providing information to courts and practitioners will go a long way towards more informed decisions and represent opportunities to better protect children.

2.9 Some victim service providers and BIPs report feeling suspicious or mistrustful of each other. Interviews with a variety of professionals from all fields, as well as in focus groups with domestic violence victim advocates, pointed to this culture of distrust. In a focus group of victim advocates, some reported little understanding and trust of BIPs. Advocates tend to only trust BIPs with whom they work closely. Some suspect that BIPs collude with offenders. What advocates have to say to victims about the pros and cons of providing information to a BIP may vary depending upon how much they trust the program, but they do err on the side of caution even with those they trust. They are reluctant to share information with BIPs, mostly because of their legal and ethical obligation not to share information without the victim’s consent. However, BIPs can still share information with victim service providers, even if the advocate is not able to give them specific information about a victim, her children or their circumstances.

Advocates fear that BIPs would inadvertently share information with offenders in ways that would put victims at greater risk. They may believe BIPs fail to hold offenders accountable for inappropriate comments, lack of attendance or other violations of their conditions of sentence. Similarly, some BIP providers feel a strong distrust of advocates who may challenge their practices in public forums or are generally critical of BIP effectiveness.

BIPs interviews revealed strong concerns from some that certain BIPs were favored over others and that once a BIP was deemed as having problems, it was very unclear if or how that reputation could be overcome. This highlights a lack of detailed monitoring and program evaluations that, if in place, could assist with the re-establishment of the reputation of agencies that have successfully addressed historical problems

Advocates hear from victims, their children and sometimes batterers themselves who have completed BIP programs that batterers continue to blame their victims for the violence. Participants share new methods of controlling or harassing their partner, such as stalking, as they talk among themselves. However, there is no mechanism or forum for advocates to discuss or address these experiences with BIPs.

Advocates further reported that victims did not expect any contact from BIPs. This may reflect victims’ lack of understanding of the role of BIPs, as well as a lack of understanding about how BIPs could help them.

The Audit did not set out to measure the effectiveness of BIPs. However, BIP practice appears to be highly variable in addressing the needs of children, and the linkages between BIPs and related agencies is also inconsistent. Although all BIPs have some connections with the legal system, the depth, scope and quality of these connections varies widely. BIPs often appear to be disconnected from the court system and/or advocates. There was widespread acknowledgment of this phenomenon throughout the audit, and most BIP providers raised it as a concern themselves. This apparent disconnect raises concerns that BIPs can be too “offender-focused” and therefore not able to put the safety and well-being of battered women and children first, as required by the WAC and by established standards in the field.

Recommendations to address the gap in adequately addressing the effects on children of battering

Short term Recommendations:

2.1 Encourage BIPs to have meaningful collaborative relationships with agencies that serve battered women and children. The Audit Team struggled with how to present findings and recommendations that could serve as incentives to overcome feelings of suspicion or distrust among practitioners. For example, recommendations to convene a variety of diverse work groups or round tables will offer opportunities for people to work together and build trust.

Some advocates thought BIPs did not know the roles or responsibilities of advocates and recommended joint training so BIPs and advocates could get to know each other. One domestic violence victim program, DAWN, had a BIP assist with their 50-hour training program. Advocates want to be invited to BIP training to explain their roles and their work.

An encouraging local development is the recent approval of a set of carefully crafted guidelines for use with families involved both in child maltreatment and domestic violence services. All local CPS units are currently being trained in the guidelines and the state office for CPS plans to release a new set of policies and training materials addressing domestic violence in the spring of 2009. A focus group with CPS workers reflected an openness and readiness to adopt the new guidelines and strengthen working relationships with domestic violence advocates.

By building relationships with child-focused agencies (visitation centers, child therapists, etc), BIP practitioners will get direct knowledge of children’s experience and can encourage fathers to support their children to participate in programs that will heal, support and educate them. There are currently three specialized children’s programs:

- YWCA Children’s Domestic Violence home visiting program;
- Kids’ Club is a series of group sessions that offer support and information to help kids deal with their exposure to domestic violence, offered by a variety of domestic violence victim services including DAWN, New Beginnings, and Eastside Domestic Violence Program; Based on a national model, Kids’ Club can

increase a child's feeling of safety, decrease stress, anxiety and depression, and improve school readiness,²² and

- Children's Response Team, a collaboration between domestic violence advocates (from DAWN and YWCA) and Sound Mental Health children's therapists that connects families to supportive services to build on their strengths and overcome the trauma of domestic violence.

All of these programs offer opportunities for improved collaboration across agencies to make sure children's needs are being addressed more fully. The Team recognizes that many BIPs find it difficult to resource the time and energy spent on strengthening the coordinated community response. However there are ways to develop this work through other funding streams and developing a volunteer base. All around the country there are examples of BIP providers who take such leadership roles. The Audit Team encourages BIPs to co-facilitate groups with other agency staff, offer consultation on cases, volunteer to be involved in collaborative groups that include those child-serving agencies and look for other ways to support such programs.

2.2 Convene meetings of parent educators, domestic violence advocates and BIP providers to clarify differences in parenting programs, to cross train and share promising practices. The community needs to expand the range of parenting programs available in South King County to better meet the needs of a variety of parents. A first step is to bring together people who offer a variety of parenting programs so they can describe differences between parenting programs, learn about options available to parents and begin to look at gaps in the services, such as the shortage of programs specially designed for men who batter. Cross training of staff and consultation across programs would strengthen all parenting programs, including initiatives that are culturally specific. Articulating the differences between parenting groups, "fathering after violence" programs and BIP approaches to educating batterers about children will help courts, child protective services, prosecutors and probation make more appropriate referrals.

2.3 Create opportunities for practitioners to discuss the most effective interventions with different types of domestic violence offenders. Assessment procedures to determine what sentencing conditions and programs will work most effectively with which offenders can be made more sophisticated. An ongoing review process using information from (ex) partners, children and program facilitators can be used to update the sentence as offenders move through their period of supervision. This process could also address changing circumstances, partner and children's needs and experiences, and the needs of culturally specific groups.

2.4 Present acknowledgment, recognition and awards for innovative practices related to children and parenting. Many jurisdictions have public safety awards for dispatchers who handled a domestic violence call particularly well, letters of commendation for well-documented police reports, prosecutor-of-the-year awards by

²² Custodial parents join a number of the group sessions, but also meet in their own group to learn more about how to help their children cope with their experiences.

domestic violence prosecution organizations, etc. In South King County, it is clear that some program providers are prepared to collaborate with system practitioners and advocates creating promising practices that are more focused on the needs of battered women and children. By recognizing such efforts, others may be encouraged to enhance their programs and their accountability to the system and to the advocates. Perhaps these awards could be connected to King County Coalition Against Domestic Violence Take Action awards. The point is to develop positive ways to publicly recognize and reward special efforts to improve practices that benefit children.

Longer term Recommendations:

2.5 Develop and fund a pilot project to place a domestic violence advocate in a CPS office in South King County. The current focus on training all CPS units on new guidelines for dealing with children impacted both by child maltreatment and domestic violence would be strengthened by more direct collaboration between CPS and domestic violence advocates. CPS supervisors are asking for resources to cover the costs of having a domestic violence advocate in each of their offices. This would dramatically improve the likelihood that new guidelines and protocols will be effectively and efficiently implemented. Without such specialized expertise, the new guidelines are likely to simply compete with the plethora of constantly emerging issues and policies that demand CPS attention. Other “Green Book” initiative sites around the country have contributed significantly to a body of literature that describes how to build such a successful co-location effort.

2.6 Enhance domestic violence training for Child Protective Services workers. Training could include guidance and protocols on assessing how the abused parent protects her children, information about the effects of domestic violence on children, how offenders use children to abuse their (ex) partners, recognition of how cultural differences can shape programs, and explanations of the roles of BIPs and ‘fathering after violence’ type programs. The addition of such specific content to training scheduled for the spring of 2009 would enhance these efforts and make more efficient use of scarce training resources.

2.7 Incorporate parenting and children’s experiences into every aspect of BIP programs. By sharing the currently available, most engaging, culturally responsive and usable curriculum materials, BIPs may be encouraged to build a positive focus on the needs of children into the weekly sessions, rather than as a stand-alone component on parenting. (Dr. Anne Ganley). Please refer to Appendix E.

2.8 Enhance probation officers’ ability to monitor offenders, hold them accountable and engage them in a change process. Provide foundational training for probation officers on responding to domestic violence, how offenders use children as a tactic of abuse, the effects of domestic violence on children and strategies to complement BIPs role in encouraging non-violent change. Developing probation tools that build this training knowledge into interviewing and monitoring templates ensures that probation officers, BIPs and fathering after violence programs give clear, consistent and enforceable message to men who batter.

GAP THREE: The referral agencies, domestic violence victims/survivors and the community do not adequately understand the role of BIPS and thus use BIPs as a catch-all for batterers – to stop battering, to punish, to make better parents, to assess danger, to assess appropriateness for visitation or custody, etc. Thus, the expectations of BIPs can be different, inconsistent – and unrealistic.

It is ironic that, while many professionals claim they do not trust BIPs to do much of anything, they expect them to do it all. The Team found a wide range of perceptions and opinions about BIPs among practitioners and within the community.

BIPs may inadvertently raise expectations among victims, families and the community that a program alone will stop the offender from using violence. System practitioners may believe they can solve a violence problem with a simple referral. Within the category of “Batterer Intervention Programs,” there are many differing ideas about what a BIP can and should do, how it reports back to the referral source, and how to carry out the BIP’s responsibility to the victims and children. In trying to clarify how BIPs address the needs of children and how things would function in an ideal setting, the Team has appreciated the cooperation from BIPs and those who work alongside them. There is a complex tension of expectations, information, misinformation and sometimes disappointment that can evolve into distrust between agencies. This tension needs careful consideration if the community is to maximize the effectiveness of BIPs’ role in safety and well being for children and families.

Dr. Ganley noted that, as Washington State has withdrawn resources from probation programs, the resulting vacuum has led to a greater level of expectations being placed on BIPs without any increase in resources. During focus groups, practitioners who were unfamiliar with BIPs were genuinely surprised to hear BIP perspectives. They expressed real interest in learning more about BIPs and how they can work more effectively with them to make women and children safer.

Findings: What contributes to the gap in understandings and expectations of BIPs?

3.1 BIPs, parenting programs, and “fathering after violence” programs are seen as similar, despite their different purposes. Consequently, conditions of sentence and referrals are not made according to the individual circumstances of the case. One probation officer indicated that many colleagues likely do not know the differences.

3.2 There is an assumption that nonviolent parenting and the needs of children are addressed within the BIP curriculum. BIPs are not parenting programs. Some agencies may offer parenting classes separate from the BIP, but most BIPs focus their curriculum on stopping violence against women and learning how to move towards a more equal relationship. Although closely related to this focus, the needs of children, the

effects of abuse on them and how to address that is a separate but related topic that requires time and effective education processes.

3.3 Referral and monitoring agencies sometimes do not support BIP

recommendations. As BIPs engage with men who batter, they are required by the Washington Administrative Code to recommend changes to the sanctions or probation requirements to fit the degree and type of violence used by the offender. The sanctions can be increased when it is clear the offender is not making adequate progress towards nonviolence. Several BIPs interviewed for this audit indicated that when they make such recommendations, the referral agency often does not follow them. One BIP gave examples of the court ordering an assessment and then ignoring recommendations for intervention. Criminal justice practitioners interviewed during this Audit gave similar examples.

3.4 BIPs have different views of how, why, and when it would be appropriate to take action beyond what is required in the Washington Administrative Code.

There are many situations where BIP practitioners could take action beyond what is minimally required in the WAC to advance battered women's and children's safety. However, BIPs have different views on what the WAC requires their programs to actually do. Although BIPs may routinely send an information packet to the victim (which may meet the WAC requirements), there will be other times when a BIP could improve safety and accountability by further actions.²³ Interviews and focus groups with BIPs and prosecutors substantiated these concerns. For example, one prosecutor noted that there currently exists no process for the King County Prosecutor's Office to receive special notification directly from BIPs of an offender's increasing danger. Such expedited information could alert the prosecutor to act more forcefully to avert violent behavior.

3.5 Some BIPs do not adequately monitor offenders known to be involved in family law matters and may make recommendations beyond their skill or qualifications (for example, visitation).

BIP practitioners may or may not know when offenders have upcoming court events where the process or outcome may put battered women and children in further danger. If BIPs do know and take no action to discuss with the men the effects of their actions, or don't contact other parties for safety reasons, they could be implicitly enabling further abuse.

Some offenders ask BIPs to write reports or make recommendations to other agencies about them. BIPs often have little access to outside information about an offender's behavior, so are rarely able to assess it outside the group setting, let alone make a recommendation about anything outside the scope of their intervention program such as whether unsupervised visitation with children is appropriate.

Some BIPs require offenders to provide copies of all court documents during the course of treatment, so that the program can judge the degree to which the man is actually

²³ Some BIPs indicated they take such actions but on a case-by-case basis, and BIPs receive no encouragement for doing so when their status reports to probation result in little or no action.

taking responsibility for his behavior. Some BIPs refuse to provide court recommendations about issues they deem beyond their expertise, such as visitation. We support this cautious approach.

3.6 Victims do not understand BIPs and some BIPs do not adequately inform victims. Battered women in focus groups stated that they have no real understanding of what BIPs do. They also fear retaliation from their abuser, so if they do know that their batterer is involved in intervention, they often do not report to BIPs when an offender violates the terms of their sentence. This reluctance to report is even more pronounced when the offender or victim are members of a marginalized culture. Survivors may not be aware of any effective and accessible procedures for how to contact programs. The large majority of survivors indicated that they never heard from the BIP; yet, virtually all BIPs reported repeated efforts to contact victims. All BIPs reported making at least the required three attempts to contact victims. Many BIPs lamented the fact that they are often left to rely on victim contact information provided by the offender. Without a more systematic way for BIPs to obtain current contact information, their hands are tied. Several BIPs, however, reported working closely with victims. Without further discussion with victims who are connected with BIPs, this report cannot explain the difference of experience.

3.7 Civil and criminal courts have unrealistic expectations that BIPs will adequately address all forms of abuse, including the use of children, and the effects of abuse on children. Because few practitioners understand the strengths and limitations of BIPs, they may not realize the differences between programs, the need for tight accountability of participants, and the role the system can take in assisting BIPs to do their job. Evidence for this finding came from interviews with prosecutors and court commissioners. Some criminal justice professionals have very low expectations for BIPs and others have unrealistically high expectations. It seems clear that all involved would benefit from improved communication about and with BIPs.

Recommendations to address the gap in understanding and expectations of BIPs

Short term Recommendations:

3.1 Provide local training for courts on what BIPS actually do and can reasonably accomplish. This could include a summary of research on effectiveness of BIPs (especially Dr. Edward Gondolf's multi-site study); an overview of information required for an effective intake; how BIPs can demonstrate accountability to the system and victim safety; the strengths and limitations of BIPs; required content of BIP curriculums; examples of group process; how BIPs can address cultural difference and encouragement for practitioners to observe BIPs in action. Local training could include the importance of enforcing batterer intervention provider recommendations.

3.2 When an offender is ordered to a BIP, information should be provided about what participants, victims and children can expect from a referral, and the purpose of the referral. Furthermore, accessible information about the program should be provided to the victim. The criminal justice system should provide

information in the courtroom to victims about batterer intervention programs when ordered by the court. This information should include:

- What is a batterer program?
- What can the victim expect?
- What is the role of a BIP?
- What are the rights of the victim?
- A simple “who-to-call sheet.”

The court should also specify:

- What the BIP’s role is as an intervener;
- Whether the court is ordering them to the BIP so they can see their children (and be sure to communicate that to the BIP as well); and
- What accountability can be expected from the batterer, the BIP and the court in this regard.

This information could be given to the victim in court at the time of sentencing, in the form of a brochure and/or as part of a discussion with an advocate. A simple document, available in several languages, may be the most valuable.

Longer term Recommendations:

3.3 Build an accessible and meaningful complaint process for victims. The focus groups with battered women demonstrated that this was a significant concern. It would be very helpful if the court could notify the victim which BIP the offender is attending, and then require the offender to stay with that program until completion unless there are special circumstances. A victim could then more easily let a BIP or referral agency know whether her (ex) partner is not complying, is still being violent, etc. This could improve the linkages between BIPs, referral agencies and victims and raise awareness of danger. Victims also need to know where and how to report concerns or complaints when their safety is not being addressed by a practitioner or when their batterer isn’t being held accountable for violating court orders or committing further violence. Most importantly, victims need to be assured of their safety when choosing to file a complaint.

3.4 Collect more information about offenders who appear to have made positive change. A focus group of men, most of who were soon to complete the program, reported having gained a lot from participation in a BIP. Although they were often initially resentful at having to attend a BIP, once they engaged with the program most saw very positive effects in themselves and their relationships.

Interestingly, when the men were asked if they believed that their children blamed themselves for abuse the men have committed, there was silence in the room. There is research and anecdotal experience that shows that many children do blame themselves for their parent’s violence, but the men seemed relatively unaware of that dynamic or unwilling to acknowledge it. However, several men indicated that they wanted to know where to go to get more information and help with improving their relationships with their children.

A summary of the BIP focus group is attached because the Team believes it shows a level of self-awareness and responsibility among men who batter that would be surprising to some who are not familiar with the work. This response to the BIP experience was heartening, but the Team did not have the resources to check with partners and children to see if their experience was similarly positive.

An international leader in research on BIP effectiveness, Dr. Edward Gondolf, is cautiously optimistic about the effectiveness of BIPs to stop men's violence. But he states that such success is contingent on "increased CCR (Coordinated Community Response) needed to reinforce programs and conduct risk management" and "coordinated response with mental health and other referral services requires more than training and protocols_(for example independent system coordinators and/or case managers)." ²⁴

GAP FOUR: Batterer Intervention Programs in South King County cannot hold offenders accountable or provide effective programs without adequate information and support from the network of agencies that refers offenders and supervises their cases.

The current system of responses to children who experience domestic violence is very fragmented. The ways that agencies are linked and share information are inadequate to maintain a high level of accountability for offenders and maximize safety for victims and children. This is not about individuals doing their jobs badly. Rather, it shows a need for agencies to review how their workers are organized and together develop some interagency agreements about how to respond to these cases.

There are some encouraging efforts. A two-year federal "Safe & Bright Futures" grant brought together individuals and agencies across systems to plan for children. An earlier "Green book" initiative involved nearly 200 individuals in developing guidelines for use when dealing with children impacted both by child maltreatment and domestic violence. Although BIPs were not heavily involved in either of these efforts, the improvement in relationships among the systems that participated can serve as reminders of how important it is to find ways to include more BIPs in such efforts.

In addition, the South King County Community Network has provided leadership to conduct this Audit and to form a South King County Domestic Violence Task Force Regional Collaborative that brings together representatives from eight local task forces to work on issues of concern.

²⁴ Presentation at Battered Women's Justice Project national conference, "Milestones and Momentum" St Paul, June 2007.

Findings: What contributes to the gap in information and support from the network of agencies?

4.1 There is an inadequate coordinated community response to domestic violence. Victims of domestic violence too easily fall into the gaps that exist between intervention agencies and offenders exploit those gaps to avoid responsibility. The Team strongly encourages a fundamental re-commitment to building a Coordinated Community Response that provides timely, accurate information to practitioners so they can hold offenders more accountable, hold each other accountable and keep the safety of victims foremost. Evidence for this finding comes from interviews with family court administrators, prosecutors, probation officers, and the experience of battered women in focus groups.

One local structure that holds the promise of a Coordinated Community Response is known as a “task force.” There are eight different domestic violence task forces throughout South King County, but they represent fewer than half of the seventeen cities. Advocates and BIPs, but not criminal justice system representatives, primarily attend task force meetings. For this coordination to be effective, full participation by government agencies is necessary. Interviews with prosecutors advise that addressing the complexity of thirty-eight different prosecutorial jurisdictions is of critical importance in designing any kind of coordinated response.

Another concern about task forces is that, while child advocates (and SKCCN) continue to raise concerns about children within the domestic violence intervention field, other practitioners do not give the issue its share of focus in the task force. Further, there is often a lack of awareness, training and written materials on how children are enmeshed in domestic violence.

4.2 Offenders will “shop around” for a program that requires less accountability. Some offenders are advised by their attorney to avoid programs that require the most of them and enroll in those with less stringent requirements, and thus avoid taking responsibility for their abuse. When offenders are able to manipulate their way out of accountability, they learn how to “play the game.” This is also a problem for the system as a whole. Offenders “jump” programs, which may prevent them from completing within the specified time and the quality and reputation of the coordinated community response decreases.

Finally, and most importantly for this Audit, this pattern of manipulation to avoid accountability is also a problem for the children. If the batterer doesn’t change – if, he is empowered, it sends the message to children that manipulation is successful, that in society there is privilege, that sexism and financial resources will help you avoid jail and ever truly being responsible for the damage you cause to people.

4.3 Some BIPs do not regularly get information from the legal system on the offender’s abuse. BIPs are often forced to rely on what offenders tell them, which is almost always missing a lot of information about their abuse. Many providers do not

know how to ask for the information they need or how to access the information in the most efficient manner. Full information is often not available, criminal histories are incomplete or simply not obtained; and past domestic violence history is not collected or assessed, and information concerning children is excluded. There is rarely any information provided to BIPs from the legal system about how an offender has used children, or the effects on the children of the abuse. Children often end up as casualties of the lack of coordination and become invisible to intervening agencies. Fragmentation of the system results in decreased safety for children and increased ability of batterers to continue violence. Interviews with BIPs and reviews of BIP charts fully document the widespread extent of this problem, including several examples of multiple, unsuccessful attempts to receive records from probation and courts. One provider shared that many smaller jurisdictions, as part of cost cutting measures, are now charging for copying records, leaving BIPs to absorb the increased cost. While some BIPs require batterers to bring their records, the time and effort to continually monitor compliance provides many batterers with more opportunities to manipulate the system.

4.4 Some BIPs appear to have little or no contact with battered mothers. Battered women's focus group participants indicated that they had no idea of what was being addressed in the BIP that their abuser attended. Most focus group participants said they never heard from the BIP, while all BIPs said they made at least three attempts to contact the victims. It bears mentioning that this disparity in information has come up in other audits, along with partial explanations such as the common experience of battered women moving or changing contact information so that they can not be contacted, practitioners not having good contact information, women seeing all practitioners who call them for information as "one systemic blob" and not realizing or forgetting who called them about what, etc. It should be noted and respected that some battered women do not want contact with the BIP, and there should be no pressure to "cooperate" with BIPs. The purpose of the contact is about safety and information for victims, not for BIPs to enlist victims for the purpose of changing offenders. This nuance of the work is often misunderstood by well-intentioned agencies and individuals, as well as by the victims themselves

4.5 Some offenders do not complete programming required by the sentencing court before their probation period is complete and do not receive consequences for these failures. Offenders can often "wait out" their supervision time and not have to complete programs or other conditions. Practitioners reported in multiple interviews that clients often leave as soon as their probation is complete, regardless of court orders to complete the treatment. The court closes their case, which effectively ends the court order. Additional time and/or sanctions are rarely imposed if the case "times out" of the system.

4.6 Offenders ordered to BIPs and other conditions as respondents of a protection order are not routinely monitored or held accountable to comply with their conditions. These conditions are more often enforced by victims going back to court and "petitioning" for review. Victims should not be expected to monitor their abusers compliance with court orders, especially when that same court has ordered no

contact to occur. Because there is no independent process for such enforcement, the result is that conditions imposed by protection orders often have little or no effect.

In the focus groups with battered women, there were several stories of women losing custody to batterers who appeared to have the manipulation skills, financial resources, or both to “win.” One woman told of her child being kidnapped by her batterer, without criminal or civil repercussions. Another told a story of her batterer being supported by his batterer program facilitator – even to the point of this facilitator writing letters on his behalf – in legal proceedings related to child custody.

Interviews with BIPs revealed several examples of batterers conferring with one another on successful strategies to obtain custody of their children. As respondents of protection orders, some batterers enlist help from other men who have experience with the civil system and have learned ways to manipulate protection orders, and then use the court to try to gain custody of children, often to punish their ex-partners.

During the team’s review of batterer intervention program files, it was noted that some providers simply wrote adjectives such as “good”, “limited” etc.; whereas, other providers wrote objectively, giving specific examples. For example, instead of just writing “negative progress”, one provider articulated her concern about an offender by noting in the file that the offender made a sexist statement and at the end of the session, left his trash on the table for the female facilitator to clean up. This sort of specifics was viewed by Audit Team members as much more helpful in “getting a handle” on the offender, instead of a “checkbox” approach which doesn’t tell the next practitioner down the line what is going on with the offender.

4.7 Civil courts tend to focus on addressing parenting, whereas criminal courts address battering. The two systems are not working together to address the lived reality of battered women and children. Jorene Moore and prosecutors reported that domestic violence assessments are routinely ordered through Family Court Services that include a team of highly trained experts. Criminal courts have no such services. Current budget crises within county government now threaten the continuation of such services. Some BIPs reported responding to civil court information requests on parenting skills, while others refuse, citing lack of expertise or inability to observe the offending parents with the children.

4.8 Men who batter are successfully gaining access to children in unsafe ways. Many offenders have learned how to use the court systems as another tactic of battering, and thus use hearings, reviews, other court mechanisms and access to children to keep their ex-partners off-balance and on the defensive. Such tactics can continue for years, and courts do little to identify and prevent this misuse of the system. This was demonstrated in our focus groups many times. Victims often lose custody to batterers who are skilled at manipulating the system.

Recommendations to address the gap in information and support from the network of agencies

Short term Recommendations:

4.1 Improve the flow of information between systems and agencies. BIPs repeatedly told us about how difficult it is to receive timely, complete records on batterers who come to their programs from a referral agency such as probation. Prosecuting attorney David Martin advises that some information is available through the JIS-Link on the Washington Courts website.

4.2 Provide regular orientation or training to BIP practitioners on the Washington Administration Code Chapter 388-60 on domestic violence perpetrator treatment program standards. This can be offered perhaps once or twice a year using an interactive process so that BIP staff can see how the WAC can be a baseline guide for practice and how, at times, going beyond the WAC requirements has value for battered women's and children's safety and well-being. This training should be provided by the state agency or employee who is responsible for certifying BIP programs to ensure consistency of interpretation of the WACs.

4.3 Inform victims about BIPs and free them from the responsibility of ensuring offender compliance with the sentence. When an offender is ordered to a BIP, information about the program should be given to the victim. If courts order BIP, then courts must take practical steps to determine compliance - it should not be up to the victim to notify the courts as to the offender's compliance. A more accessible complaint process for victims must be established so that it is easier for them to report noncompliance if that is their choice.

Longer term Recommendations:

4.4 Commit to a broad Coordinated Community Response to domestic violence throughout South King County that addresses its fragmented jurisdictional reality. Encourage fundamental efforts to improve or create coordinated community response, from multi-disciplinary trainings on best practices to the use of standard forms and information-sharing tools. Trust issues between practitioners and disciplines need to be addressed and new steps taken to focus on practical changes to the domestic violence response. Given the complexity of 38 different prosecutorial entities, there will need to be focused efforts to connect disparate coordinated community response efforts that currently exist across King County.

4.5 Make addressing the impacts of domestic violence on children a primary focus of Coordinated Community Response work in South King County. Integration of impacts on children at all points of intervention must be a priority. Standards and protocols can define interventions that deal with the impact of domestic violence on children, concurrently with the power imbalance between offenders and victims.

4.6 Integrate BIPs into a Coordinated Community Response. BIPs are part of the solution to the significant issues of domestic violence and its effect on children. BIPs

can be engaged through on-going training and communication with the rest of the system. BIPs should be more integrated into a system of accountability for offenders, including standardizing and improving their forms and practice; information collected at intake, sharing safety-related information, and making expectations clear to all. The Team believes that BIPs have a vital role as one component of a Coordinated Community Response, and their work can be made even more valuable by the other partner agencies learning and understanding the roles that BIPs have in reducing offending and making children safer.

List of Appendices

- A. List Of Gaps, Findings And Recommendations
- B. Partner's Working Agreement
- C. Release Of Information
- D. List Of Interviews
- E. Examples Of How Programs Can More Effectively Address Children's Needs
- F. Batterer Intervention Program Focus Group Summary
- G. Emerging Responses To Children Exposed To Domestic Violence
Jeffrey L. Edleson in consultation with Barbara A. Nissley on VAWNET Applied Research Forum October 2006
- H. Washington Administrative Codes

Appendix A: Findings And Recommendations Outline

MAKING CHILDREN MORE VISIBLE:

A systemic look at how batterer intervention programs address parenting, co-parenting and children's experiences of intimate partner violence

GAP ONE: Children's experiences of battering are not made adequately visible.

Findings: What contributes to children's invisibility, and contributors to this gap between children's experience and our response?

- 1.1 The legal systems that respond to domestic violence are organized to focus on the needs of adult survivors and batterers. Children's needs and experiences are almost invisible as domestic violence cases are responded to by the legal system.
- 1.2 Forms used by BIPs to collect information vary greatly in how much detailed information is sought about children.
- 1.3 Survivors reported: "No one asks us questions about the children or how the children are doing."
- 1.4 Professional controversies exist about how to intervene on behalf of children without further disadvantaging mothers.
- 1.5 The impact of domestic violence on women and children typically continues for many years.
- 1.6 The Washington Administrative Code (WAC Chapter 388-60) provides very little guidance to BIPs in addressing the impact of domestic violence on children.
- 1.7 Children's advocates and supervised visitation staff report routine evidence of batterers using children as a tactic of power or control over their partners.

Recommendations to address the gap of children's invisibility

Short term:

- 1.1 Create online resource lists for practitioners (e.g. advocates, BIPs, mental health therapists) and the public.
- 1.2 Compile examples of children's drawings and audio recordings of their experiences of domestic violence to raise awareness with practitioners and the public.
- 1.3 Convene a BIP providers working group to review forms and make recommendations on additions to improve information about parenting issues and children's experiences

Longer term:

- 1.4 Convene a series of round table discussions on how legal system practices, both civil and criminal, can become more child-focused.
- 1.5 Revise the Washington Administrative Code (WAC) for domestic violence perpetrator treatment program standards

GAP TWO: The effects of abuse on children (including battering of their mother and the use of children as a tactics of abuse) are inconsistently addressed by BIPS and other intervening agencies.

Findings: What contributes to the gap in adequately addressing the effects on children of battering?

- 2.1 Prosecutors are very limited sentencing options in options to recommend for batterers.
- 2.2 Interviews with BIP providers revealed wide variability in how issues of parenting, co-parenting and children were addressed in their programs.
- 2.3 There is a lack of specialized 'fathering after violence' programs.
- 2.4 The tension between Child Protective Services and domestic violence advocates means their interventions are not always coordinated, and thus may be less effective.
- 2.5 Criminal courts do not address batterer's use of children as a tactic of abuse.
- 2.6 Civil courts tend to prioritize reuniting children with parents regardless of domestic violence.
- 2.7 Courts often do not limit offender's access to children when it is clearly damaging.
- 2.8 Courts do not coordinate parenting issues across jurisdictions.
- 2.9 Some victim service providers and some BIPs reported feeling suspicious or mistrustful of each other

Recommendations to address the gap in adequately addressing the effects on children of battering

Short term:

- 2.1 Encourage BIPs to have meaningful collaborative relationships with agencies that serve battered women and children
- 2.2 Convene meetings of parent educators, domestic violence advocates and BIP providers to clarify differences in parenting programs, to cross train, and share promising practices.
- 2.3 Create opportunities for practitioners to discuss the most effective interventions with different types of domestic violence offenders.
- 2.4 Present acknowledgment, recognition and awards for innovative practices related to children and parenting.

Longer term:

- 2.5 Develop and fund a pilot project to place a domestic violence advocate in a CPS office in South King County.
- 2.6 Enhance domestic violence training for Child Protective Services workers.
- 2.7 Incorporate parenting and children's experiences into every aspect of BIP programs.
- 2.8 Enhance probation officers' ability to monitor offenders, hold them accountable and engage them in a change process.

GAP THREE: The referral agencies, domestic violence victims/survivors and the community do not adequately understand the role of BIPS and thus use BIPs as a catch-all for batterers – to stop battering, to punish, to make better parents, to assess danger, to assess appropriateness for visitation or custody, etc. Thus, the expectations of BIPs can be different, inconsistent – and unrealistic.

Findings: What contributes to the gap in understandings and expectations of BIPs?

- 3.1 BIPs, parenting programs, and ‘fathering after violence’ type programs are seen as similar, despite their different purposes.
- 3.2 There is an assumption that nonviolent parenting and the needs of children are addressed within the BIP curriculum.
- 3.3 Referral and monitoring agencies sometimes do not support BIP recommendations.
- 3.4 BIPs have different views of how, why, and when it would be appropriate to take action beyond what is required in the Washington Administrative Code.
- 3.5 Some BIPs do not adequately monitor offenders known to be involved in family law matters and may make recommendations beyond their skill or qualifications (for example, visitation).
- 3.6 Victims don’t understand BIPs, and some BIPs don’t adequately inform victims.
- 3.7 Civil and criminal courts have unrealistic expectations that BIPs will adequately address all forms of abuse, including use of children as a tactic, and the effects of their abuse on children.

Recommendations to address the gap in understanding and expectations of BIPs

Short term:

- 3.1 Provide local training for courts on what BIPs actually do and can reasonably accomplish.
- 3.2 When an offender is ordered to a BIP, information should be provided about what participants, victims and children can expect from a referral, and the purpose of the referral. Furthermore, accessible information about the program should be provided to the victim

Longer term:

- 3.3 Build in an accessible and meaningful complaint process for victims.
- 3.4 Collect more information about offenders who appear to have made positive change.

GAP FOUR: Batterer Intervention Programs in South King County cannot hold offenders accountable or provide effective programs without adequate information and support from the network of agencies that refers offenders and supervises their cases.

Findings: What contributes to the gap in information and support from the network of agencies?

- 4.1 There is an inadequate coordinated community response to domestic violence.
- 4.2 Offenders will “shop around” for a program that requires less accountability.
- 4.3 BIPs do not regularly get information from the system on the offender’s abuse.
- 4.4 Some BIPs appear to have little or no contact with battered mothers.
- 4.5 Some offenders do not complete programming required by the sentencing court before their probation period is complete and do not receive consequences for these failures.
- 4.6 Offenders ordered to BIPs and other conditions as respondents of a protection order are not routinely monitored or held accountable to comply with their conditions.
- 4.7 Civil courts tend to focus on addressing parenting, whereas criminal courts address battering.
- 4.8 Men who batter are successfully gaining access to children in unsafe ways.

Recommendations to address the gap in information and support from the network of agencies

Short term:

- 4.1 Improve the flow of information between systems and agencies.
- 4.2 Provide regular orientation or training to BIP practitioners on the Washington Administration Code Chapter 388-60 on domestic violence perpetrator treatment program standards.
- 4.3 Inform victims about BIPs and free them from the responsibility of ensuring offender compliance with the sentence.

Longer term:

- 4.4 Commit to a broad Coordinated Community Response to domestic violence throughout South King County that addresses its fragmented jurisdictional reality.
- 4.5 Make addressing the impacts of domestic violence on children a primary focus of Coordinated Community Response work in South King County.
- 4.6 Integrate BIPs into a Coordinated Community Response.



Appendix B: Partner's Working Agreement

South King County Community Network

232 Second Ave. So., Suite 103 • Kent, Washington 98032

253-850-5927 • Fax: 253-850-1389 • E-mail: skcnetwork@skccn.com

Safety and Accountability Audit Partners Working Agreement March 2008

This agreement is meant as a tool to help the partners work together efficiently. It is intended to be a living document and will be reviewed regularly and updated as needed.

Intent:

The purpose of the South King County Community Network (SKCCN) is to work with the community to improve the lives and children and families. It works to reduce major problem behaviors that impact children and families like child abuse, child neglect and domestic violence. Its 2007-2009 Work Plan, approved by the state Family Policy Council, includes a Service Proposal for Collaborative Partnerships. The plan calls for SKCCN to work collaboratively with community partners to design a workable system of community responses to children exposed to DV. It recognizes it will take partnerships across many systems and sub-communities to develop an effective system. Partnerships will focus on two arenas: 1. intervention for children already exposed to DV and 2. efforts to build protective and resiliency factors within families in order to strengthen families and reduce the likelihood of family violence.

Through collaborative partnerships SKCCN will

- a. Assist the community to implement desired community responses to children exposed to DV.
- b. Help systems align their goals, strategies and outcomes.
- c. Inform all planning about best and promising practices.
- d. Access survivors in order to include their voices in SKCCN planning, implementation and evaluation processes.
- e. Identify policy issues for consideration by SKCCN Board.
- f. Help design and demonstrate best practices for building resiliency in families with young children by increasing supports.

SKCCN has reviewed national literature on best and promising practices for children exposed to DV. It found that literature calls for coordinated and integrated community responses. While there is a complex array of formal victim services, there are few specialized programs for children. No real *system* currently exists to respond to children. SKCCN is focused on building new partnerships as it further explores domestic violence from parenting perspectives. SKCCN has become aware of, and has sent a team of three to be trained in, the Safety and Accountability Audit process. This audit is a method of assessment and analysis for exploring institutional responses to domestic violence: how workers within agencies and systems are organized and coordinated to think and act on cases. SKCCN has developed a community partnership in South King County to conduct a safety and accountability audit to explore how *batterer* intervention programs address batterers' violence and its impact on their children.

SKCCN Supports

SKCCN has committed considerable resources to the Audit:

6. It sent a team of three people to Minnesota to be trained in the audit process in May 2007.
7. It sponsored and paid the expenses for an Open House in Sept. 2007 and an Audit Training in February 2008.
8. It has contracted with two nationally recognized consultants to help guide the audit.

The SKCCN is the sponsoring agency and the primary source of funding for the audit. The SKCCN serves as the convener of the community-based process and recognizes that it is the community-based

Audit Team that is responsible for the content and findings of the Audit. The findings and recommendations that come from the Audit will be a product of the community-based Audit Team, not of the SKCCN.

Partners

The following organizations/groups/individuals will participate in this effort:

- South King County Community Network board and staff
- Safe Havens
- DAWN
- YWCA
- Valley Cities Counseling and Consultation
- The City of Seattle, Human Services Dept., Office of Prevention of Domestic Violence and Sexual Assault
- King County Superior Court, Family Services
- Batterer intervention providers
- Domestic violence advocates
- Child mental health providers

Role of SKCCN Board

The SKCCN Board will

- Continue to support the audit as specified above
- Receive regular updates on the progress of the audit
- Support the audit team in the audit process
- SKCCN Board members who serve on the audit team represent their own expertise, not the SKCCN Board. At the end of their experience on the audit Team, SKCCN Board members will serve as voices of experience about the Audit that the SKCCN Board and our community partners can learn and grow and be in apposition to know how the Audit process may be used in future SKCCN efforts.
- All SKCCN Board meetings are open to the public. Anyone is welcome to address the Board about any issue at any time. The board meets the second Wednesday of each month at 5:00 p.m. Contact the SKCCN office at 253-850-5927 or check our website at www.skccn.com for meeting locations. Copies of SKCCN agendas and minutes are also available on the web site.

What SKCCN Expects of the Audit Team

The SKCCN is investing in this Audit process in order to meet its state mandate to improve the lives of children and families. The Audit strategy has been recognized as a national model for improving community responses to survivors or domestic violence. The SKCCN is primarily a learning organization, dedicated to learning what works best in South King County to benefit children and families. Therefore, SKCCN expects the Audit Team to:

- Follow the model of the Safety and Accountability Audit as developed by Praxis International.
- Keep the SKCCN Board informed of its actions and what it is learning about the process.
- Summarize its findings and recommendations in a written report.
- Present its recommendations to the SKCCN Board and the community.
- Inform the SKCCN Board if the need arises for mediation to overcome any conflicts.

Conflict Resolution

By the very nature of this audit, the SKCCN Board recognizes that occasional conflicts may arise. The SKCCN Board will direct any concerns about the Audit to the Audit Team and rely on them to resolve any conflicts. If the Audit Team is unable to resolve a conflict, the SKCCN will provide a mediator within 30 days of notification of the need for mediation.

Ground Rules for Working Together

1. The focus of the audit will be maintained on the approved audit question: ***How do batterer intervention programs address parenting, co-parenting and children's experiences of intimate partner violence?***
2. Look at systems and processes, not individuals or agencies/providers. No individual agencies or providers will be identified for either strengths or weaknesses.
3. When doing focus groups, interviews, or text analysis no team member who is directly involved in the services will participate in that portion of the audit. Specific questions will be pre-determined to guide the text analysis. No team member will participate in any audit activity that involves agencies they fund. Audit team members will assist in gaining access to needed information but won't participate in that portion of the actual audit.
4. Focus group members will be discouraged from naming specific agencies. Only facilitators and 1-2 team members will attend focus groups. Any working notes that could identify individual comments will be discarded after the team debriefs. Findings of the audit will report information in aggregate format and will not name individuals or agencies.
5. Providers who volunteer to have their texts analyzed will provide a brief (one page if possible) overview of their file system. Confidentiality rules are less stringent if files are read in provider offices with no copies being released. The team will attempt to do text analysis of client records in this manner.
6. What is observed or discussed within the team will stay in the team. Only findings approved by the entire group will be shared with others in the final report.
7. The team recognizes that there is no one "right way" of addressing parenting, co-parenting and children's experiences of Intimate Partner Violence (IPV).
8. Our intent is to identify promising practices and ways to improve how issues around parenting and children's exposure to IPV are addressed.
9. No team member will use any information gained during the audit against any provider.
10. Team communications are critical. Staff prefer emails but recognizes not everyone is able to check each day. Team members will provide the email address most frequently checked. Staff will indicate reply requested and give time frame. Staff will phone/text members whose schedules do not allow for daily checking of email. Staff will carefully inform all team members of last minute time changes in meetings.

Any additional Ground Rules adopted by the Audit Team will automatically be added to this Working Agreement.

DATA

Data gathered in the process of the Audit will be kept by the SKCCN only for the Audit Team's use. Data will be released to the public only in aggregate format and only as agreed by the group and in accordance with Washington State public disclosure and confidentiality laws.

Financial Contributions

- The SKCCN will invest a maximum of \$27,000 plus staff and Board time to this effort between July 2007 and June 30, 2009. All expenditures will be agreed upon by the Audit Team and sent to the SKCCN Executive Committee for final approval. The SKCCN Board Chair or Treasurer will provide approval of all contracts under \$5,000. Contracts over \$5,000 require approval of the Executive Committee and/or Finance Committee.
- Other than time and effort there is no other assumed financial expectation from the other partners.



South King County Community Network

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Appendix C: Authorization To Release Information

I authorize the named organization to release the information or records specified to **South King County Community Network, or to any of its employees** upon request in person or by mail to the address specified at the time of the request.

This information will be used for the purpose of: The safety and accountability audit (SAA) is a method of assessment and analysis for exploring institutional responses to domestic violence. The SAA will assess how workers within agencies and systems are organized and coordinated to think and act on cases. By providing us with this information it will help our community understand how the system is going in our community and to be able to provide recommendations to better provide services and responses.

All records will have the clients identifying information removed to protect the client's identity.

Organization: (name and address)	Client:
	DOB:

RECORDS AUTHORIZED TO BE RELEASED:

<input checked="" type="checkbox"/>	Police Records
<input checked="" type="checkbox"/>	Court Order
<input checked="" type="checkbox"/>	Criminal History
<input checked="" type="checkbox"/>	Batterer Intervention Program Records
<input checked="" type="checkbox"/>	Other (specify):_Program treatment records

This authorization will expire 90 days from the date of the signature below. I understand that I can revoke this authorization at any time by writing to the organization or South King County Community Network but that revoking this authorization will not affect disclosures made or actions taken before the revocation is received.

I also understand that:

- I am not required to sign this authorization and that my treatment or payment for treatment will not be affected by my refusal.
- I understand that my records are protected under Federal 42CRF, HIPAA 45CRF, Parts 160 &164 and State RCW 71.050390 confidentially regulations.
- I am entitled to receive a copy of this authorization.
- A copy of this authorization may be utilized with the same effectiveness as an original.

Client Date

Name of Client (print)

Witness Date

Appendix D: List Of Audit Interviews

- Mark Adams, Family Services Domestic Violence Intervention Program
- Batterer Intervention Programs²⁵
- Nancy Bradburn-Johnson, King County Superior Court Commissioner
- Roy Carson, Program Manager, Domestic Violence Perpetrator Treatment, Department of Social and Health Services- Children's Administration
- Merril Cousin, Executive Director, King County Coalition Against Domestic Violence
- Dr Anne Ganley, Psychologist, private consultant and trainer
- Deborah Greenleaf, Community Advanced Practice Nurse Specialist Parent/Child Health Program, King County
- Mark Hillman, King County Superior Court Commissioner
- Jimmy Hung, Second Chair, Domestic Violence Unit, King County Prosecutor's Office
- Devon Klein, LMHC, Supervisor of Aby & Associates, Batterer Intervention Program
- Connor Lenz, Assistant Program Manager, Family Court Services, King County Superior Court
- Carrie Mahoney, Community and Youth Advocate, Kids Club, Domestic Abuse Women's Network (DAWN)
- David Martin, First Chair, Domestic Violence Unit, King County Prosecutor's Office
- Jorene Moore, Director, King County Superior Court Family Court Operations
- Jeff Norman, Division of Children and Family Services
- Kellie Rogers, Children's Domestic Violence Program, YWCA
- Wendy Ross, Domestic Violence Advocate, King County Prosecuting Attorney's Office
- Sandra Shanahan, Supervisor, Protection Order Advocacy Program, King County Prosecuting Attorney's Office
- Ginou Tapp, Harmony Counseling
- Ed Whalen, Probation Officer Domestic Violence Court Unit, King County
- Susie Winston, Sound Mental Health Director, Counseling Services
- Children's Domestic Violence Response Team (DAWN, YWCA and Sound Mental Health collaborative)

²⁵ In order to ensure anonymity and protect confidentiality batterer intervention providers were offered the option of anonymous participation. Three of the seven interviewed chose not to have their names listed.

Appendix E: Batterer Intervention Programs: Examples Of How Programs Can More Effectively Address Children’s Needs

Awareness about the effects of domestic violence on children has been brought to the attention of BIP practitioners by the works of Susan Schecter, Jeffrey Edleson, Lundy Bancroft, Jay Silverman and others.²⁶ An excellent summary of current thinking on children exposed to domestic violence is included with this report. Washington laws call for BIPs to educate batterers about “the impact of abuse and battering on children and the incompatibility of domestic violence and abuse with responsible parenting.” In seven interviews with a variety of BIP providers, ranging from one-person private practices to specialized units within large mental health organizations — all reported addressing the impacts on children. Some primarily addressed the issues in a special class that occurred in the later phase of the program. Others reported weaving the topic into virtually every session, mostly through semi-structured discussions with the men. Still others went further by referring clients to specialized parenting classes toward the end of their battering intervention program. A few used published manual curricula, while others had developed their own outlines. Nearly all BIP providers who were interviewed indicated an interest in hearing how they could improve their approaches.

The tools summarized represent different approaches to engaging fathers in thinking about their roles as parents and how to become more nurturing and respectful parents. There appears to be a scale (summarized below) along which various programs fall. We encourage programs to build their curriculum towards level three in the scale:

1. Minimal Response	2. Developed Response	3. More Comprehensive Response
Understanding basic parenting and child development, and recognizing child abuse	Recognizing the impact of domestic violence on children, including the use of children as a tactic of abuse	Ability to respond to, take responsibility for, and help children recover from the effects of domestic violence
Needed by all parents and families	Needed by all parents and families, also abusers and survivors	Recommended for all batterers who are either parents or take some role in children’s lives
Provided by general parent education classes, some women’s groups, and some batterer intervention programs	Generally built into victim service programs and batterer intervention programs	Requires specialized program material that also focuses on supporting the non-offending parent e.g. Caring Dads, DV Dads, Emerge

²⁶ The Audit Team in particular recommends *Assessing Risk To Children From Batterers* By Lundy Bancroft and Jay G. Silverman (2002).

The following examples are activities tools and practices used by a range of programs that could be woven into any current practice.

Most notable were two curricula developed specifically for teaching parenting skills:

- Caring Dads²⁷ (known locally as DV Dads) and
- Helping Children Who Witness Domestic Violence: A Guide for Parents, Student Workbook²⁸

Caring Dads Program Workbook

This curriculum provides 16 sessions aimed at four major goals:

1. To develop sufficient trust and motivation to engage men in the process of examining their fathering
2. To increase men's awareness of child-centered fathering
3. To increase men's awareness of, and responsibility for, abusive and neglectful fathering behaviors and their impact on children
4. Consolidating learning, rebuilding trust, and planning for the future

Weekly Fathering Logs have participants record: things they felt good about as a father; three ways they praised their child this week; things they struggled with as a father; and self rating their performance as a father.

Sessions aim to capture the batterer's experience with their own father, analyzing their own children's experiences with them and identifying the ideal for which to strive.

A "How Well Do I Know My Child Quiz" by age groups that directs fathers to be more observant and motivates them to learn more about each of their children.

Checklist of specific things many fathers may find challenging so that men can identify their own obstacles, and how they might overcome the obstacles

- "Examples I Set" worksheet with a self rating scale, then has each set three things they do to provide good examples. Especially important is that in this exercise, the abuser must include an example of his relationship with the children's mother that supports the children's relationship with her.
- Developmental Charts by age ranges with exercises for practical application of appropriate parenting behaviors at each age.
- Problem solving tools that define the situation, the intention, the parents needs, the child's needs, underlying feelings and what they were thinking.
- Problematic thoughts and beliefs to examine and change, e.g., If my child respected me, he/she would listen to me; A child who does not listen is disrespectful; A child does not have the right to disagree with or challenge his or her father; A child should not disagree with his or her father.
- Myth and facts worksheet on how children are affected by parental conflict (e.g. My child doesn't even know what's going on when we're fighting; Parental conflicts have no real effect on children - they are not involved; My child knows our fights are not their fault. You can be a good father and a "bad" husband.)

²⁷ *Caring Dads, Program Workbook*, Dr. Katreena Scott, University of Ontario, Ontario, Canada, 2006

²⁸ *Helping Children Who Witness Domestic Violence*, by Meg Crager and Lily Anderson, King County Women's Programs, 1997

- Handout on talking to children about violence – what children need to hear from both mothers and fathers.

Helping Children Who Witness Domestic Violence

There are six goals of the class:

1. To understand the effects of domestic violence on children
2. To learn ways to talk to and listen to them about their experience of domestic violence
3. To understand how domestic violence affects you as a parent
4. To work on safe nonviolent relationships with your child's father or mother
5. To learn and practice new problem-solving techniques with children
6. To find support and counseling for you and your children, if needed

There are 12 sessions that range from defining domestic violence, several aimed at victims, and others aimed at batterers. Several homework sessions and class tools could be useful:

- How denial of violence affects kids
- What children need to hear about domestic violence from the survivor (e.g. "It's not OK. It's not your fault. I will keep you safe.")
- What children need to hear about domestic violence from the abuser (e.g. "My behavior was not ok, violence is not ok. I am responsible. It's not your mother's fault. It's understandable if you are mad at me, or scared of me. I would be too.")
- Listening for and accepting feelings
- Steps for safety planning when violence takes place at home
- Safety planning for your children when they visit their dad
- Accountability to our children for men who batter (e.g. chart of impact of my violent behavior on my children, sample control log)
- Parenting when you've been a victim of domestic violence
- What you can discuss with your child about visitation
- What you should not discuss with your child
- Respectful parenting –handling anger as a parent
- Separating anger at your partner from anger at your child
- Beliefs and thoughts that support respectful parenting
- Beliefs that support disrespectful parenting
- Setting children's behavior limits respectfully
- Ten steps for problem solving with your child
- Understanding children's development (e.g. secure attachment relationships, learning from important role models, developing self-esteem)
- When and where to get counseling for your child
- Emotional needs of children who have domestic violence in their families

More general BIP curricula reviewed were understandably oriented toward adults. However, each contained at least some practical tools to deal with parenting.

- The House of Abuse²⁹ was used by both The Stop Program: Innovative Skills, Techniques, Options, and Plans for Better Relationships,³⁰ and a second locally developed curriculum that is awaiting copyright and is not yet ready for distribution.

²⁹ The House of Abuse chart was developed by Michael F. McGrane, MSEW, LCSW, Director of the Violence Prevention & Intervention Services of the Amherst H. Wilder Foundation. It is part of a complete domestic abuse curriculum entitled *Foundations for Violence-Free Living: A step-by-step Guide to Facilitating Men's Domestic Violence Abuse Groups*, available from Fieldstone Alliance at 1-800-274-6024.

³⁰ David B. Wexler, W. W. Norton & Company, New York, N.Y., 2006. Previous edition published under the title DOMESTIC VIOLENCE 2000.

- Put-Downs From Parents is another tool included in the Stop Program cited above, along with Questions For Kids, Kids Stories, and Listening to Kids, all potentially useful tools for inclusion in batterer intervention programs.
- The widely used and adapted Duluth curriculum “Creating a Process of Change for Men who Batter” explores “Responsible Parenting” within one theme. It includes video vignettes of families interacting and applies the “Control Log” to guide a group discussion about the tactics used, the intentions behind the tactics, the underlying beliefs that men often have that justify the abuser, and the effects of that behavior on children partners and other family members. There are also structured discussion sessions on the needs of children, what men think being a good father means, and creating new beliefs about fathering and ways fathers can support their children’s mother.

All of these tools represent different approaches to engaging fathers in thinking about their roles as parents and how to become more nurturing and respectful parents.

We encourage those interested to seek out the tools that they could use in their programs. The Caring Dad’s Client Workbook can be accessed online at

<http://www.caringdadsprogram.com/manualupdate.html>

There are some free resources available online for BIPs through the Family Violence Prevention Fund’s website [www.endabuse.org/section/programs/children_families/ breaking cycle](http://www.endabuse.org/section/programs/children_families/breaking_cycle)

The YWCA of South King County has created an excellent resource: Through Their Eyes: Domestic Violence and Its Impact on Children, available online.

<http://www.ywcaworks.org/page/400>

Appendix F: Batterer Intervention Program Focus Group Summary Renton, Washington, September 2008

These comments have been edited to protect the identity of the participants and for easier reading. We have made every effort to reflect the exact remarks of the men attending. 17 men attended, the majority of the men had completed their required group attendance or within a few weeks of completion. A few men had recently started attending group. Each new paragraph indicates a different man's response. We thank these men for participating.

Facilitator Question: What changes have happened in you as a result of being in this program and to what extent did those changes happen from knowing someone would make consequences if you didn't attend?

Participant Responses:

It was easier to deal with people, the system kept me coming and now I like it. I'm better at reading people; I recognize that people act like they do, not necessarily because they are mad at me. I don't take it personally.

I had a short temper; years ago I attended a class; the group helped me being around my kids. Now I can control my personal feelings, see things clearer, hear others go through the same things – now I see the big picture and see consequences. First it was the system that got me there, then got into the group. I wouldn't have come, if the system hadn't forced me to.

I volunteered to come to the group "within a divorce". I learned to use techniques to be a better father. My ex said, "This is why I'm divorcing you" – it was like a sledgehammer – seeing myself in a mirror – I was driven by being a better father to my son. I'm big on Rosenberg's theory-identify different realities – e.g. child's reality.

I was court ordered. My 11-year-old son is my world – everything I want to achieve. My recent divorce led me to a reflective state – Who am I? Where am I at? Why am I here? I struggle every week with why I'm here – I put myself in bad relationships. I thought I was altruistic – If someone asked me "What would my ex say? I think she'd say, "He loved his son more than me." I avoided being accountable to her, I didn't set boundaries, I left myself open – I was in the middle of my son and my wife – I held things in. The system got me here. I want to be a better person and make better choices for me and my son.

I signed up for class before it was imposed by the court, within 1-1/2 weeks of the incident. I saw things in myself that scared me. I wasn't psychologically in a place to figure out what happened and tried to come in to the class to absorb. What happened wasn't me or her or the relationships. It was learned patterns – what I used against her and her against me. We are still together.

I am court ordered. I didn't like it the first few weeks – I saw it as a punishment, then I started to learn. It was the first time I was exposed to this kind of education. I never separated from my wife; I had to learn her personality ways of thinking and how to respond; When I moved from Phase two of the program (weekly classes) to Phase three (monthly classes). I found I was uncomfortable coming less often. I need to go to the class more – now I need to learn to individually handle things on my own.

I was in a dysfunctional relationship and tried to make it work. In the beginning of group I was open-minded – I came to learn different tools. I learned better, I listened. I used to only hear what wanted to hear and I'd cut her off. Now I'm a better person on the job site – not so uptight.

I signed up three months before the court ordered me to the program. I would do anything to see my son. My communication has increased and I'm more open with myself and others. I can deal with things easier. I have a two and half year old son, my only child. I can't see him as often as I'd like, but I think I'm always there for him. I worked with kids for years – I have a sweet spot in my heart for kids. My partner is a different story – she needs to be able to listen. I learned to be more open-minded, the change came from myself. I learned what I could learn. I went to 20 BIP sessions before I joined this one – lots only focused on check marks. Here they took an interest in me, so I chose this group.

This is my last class today. I'm curious about more stuff, for example parenting. I was court ordered, I had no interest, just retired military – I felt like state couldn't control me anymore! There's still a lot I need to learn; Like building a relationship with my kids. I learned to deal with other people (not a problem – only certain people). My spouse is my main conflict. Maybe it was my military ways and I can't control it in my household. I wasn't raised in an emotionally supportive family. I have a no contact order but I still have to deal with her.

I'm court ordered. I have learned accountability – my old behavior pattern crumbled. I wish I had come to class before. Each time there are court proceedings, things are better. I'm even speaking to my wife now.

I learned about using "I" statements rather than barking orders. I was raised as a plumber and now I'm a foreman, always in charge and I brought it home. I learned to differentiate two personalities – work and home. I'm working on patience. The system initiates changes, but the person makes the change. I learned a lot in chemical dependency class – it correlates well. "Anger isn't a true emotion – I must recognize what is underneath (frustration, hurt, vulnerability, fear). I have a one and half year old son.

The system made me come the first few weeks, then I got to know the people. I learned about emotional and psychological abuse in domestic violence. I learned to communicate and listen to their needs. I learned that everything that goes through their mind is important. I increased my listening and communication - It's not me right and her wrong. I look at all parts and I wished I had earlier education like sex ed in schools.

I have two children. I was court ordered here, even though the charges were dropped. I thought: "Why not go?" I was never previously exposed to what we are learning here – It's a shame society hasn't taught these things since kindergarten on up. I came with an open mind, but I was thinking I was right and morally right. No logic. Now I recognize when to take a time out or get help, like counseling. I'm learning empathy instead of imposing my will.

I was court ordered. I'm looking forward to the last day. There was a lot of animosity to get here. My experience is not that good with the former facilitator. I'm completing the class so I don't have a record and become a better person. So I have more money and more freedom. The best part is finding the good in a bad situation – my heart goes out to my classmates.

I'm a happy guy, this is much better. I see my son more. I was court ordered so I don't have to go home.

This is my last class. I learned clarity – what do I have to do to make things right – show up and do it. It's like a college course; I pay for it so I get an A. The facilitator broke me down! I learned I can't be like that, I learned assertiveness, it works better. Things are better with "my girls", my wife can't push my buttons. She's trying to bait me. She is moving out in October, and I'll keep the children.

I'm court ordered. I learned that anger is a choice, I was mad at first about being here, but then I recognized I wouldn't learn if I was mad, so I dropped it. It's not about right or wrong. I came in with an open mind. I have mixed feelings and it's an opportunity to learn."

Facilitator: One of the hardest things to learn is the idea that if you want your children to do well, the most important thing you can do is love and respect their mother, even if you don't want to be with her and don't agree with her. What are your reactions to that – being loving even if you don't love her, be amicable, respectful, feel good about yourself when you don't put their mother down to the children? How has your violence affected your children? And what are your relationships like with your children?

Participants:

I would like to find out how my children feel/how to talk to them. They're great around me – happy – never had an issue with them. Not sure really how it affected them.

It goes back to how you pay attention and communicate and listen to their needs – focus on what they want to be and be present to their needs.

I have 15 & 16 year old sons. One is like me; people fear his aggression and control. I can see a "tear" between them – they need their mother but want their father for manly things. I first realized my behavior wasn't right when my children expressed their fear that their Mom and Dad would split up. One bottled up feelings and is tough, the other more sensitive. I don't want to push them too far. They probably need a counselor. We aren't right educated – me and her.

Facilitator: Do your children blame themselves for the violence?

No men replied. Several men nodded their heads in agreement. No one disagreed. (Home group facilitator observed that men may not feel comfortable discussing this question with an outsider).

Facilitator: In your relationship as a Dad, what has changed? Have there been parts of the program that particularly helped?

Participants: I learned my triggers and to read myself, then calm myself. I recognize that children need structure and consequences. So I redirect them and set limits and be consistent. I talk more to my children.

I have older children. When I see them I talk positively about their mother and support her. My violence was with my girlfriend, not with my children's mother. My ex-wife uses the children against me, but now they have more respect for me. I try to love her but not be in love with her. This program reinforces my behavior. At the end of the day, she is still their mom.

I had an authoritarian father, but now I'm cool with the children and explain things to them. My partner may not be amenable, but with the children I share what I learn here. I'm so much nicer now... I used to have a mean tongue.

Participant Question:

If problems go on and on and there has been a violation of trust, can some relationships be rebuilt? Should we try counseling?

Facilitator Response: Counseling for or with her must be totally up to her, Consider individual counseling for you. It can provide a structure to consider breaking up or negotiate new kind of relationship. Consider the grief, trauma and costs associated with splitting up.

Participants:

The biggest loss of structure in my life came when my parents divorced. I maintain a good relationship with my 11-year-old son and his mother. He saw we worked things out. My son was in the middle of the last relationship conflict – he had just returned to live with me. I have a village now. My relatives take care of my son at night since I work night shift.

I recognized it was better to break up. We could never agree. It was a constant battle and had nothing in common.

I want her to be up to the same level with me. I have learned so much.

I learned to overcome my anger and learn about myself. Now there is never arguing around the children. My kids are so much better for their parents having split.

What is the quality of life if you stay together or split?

I'm trying to communicate with my wife because she still gets under my skin. I chose not to react to show her that I have changed.

Participant Question: What about time out?

Facilitator Response: Time outs have mixed results – it is good for the short term, but you need to work on the belief system about what it is to be a man, to recognize you don't have to win, so why would you need a time out? Agency's Home group facilitator re-iterated the purpose of time-out as a temporary tool.

Participants: I have a new level of awareness to take the power away from her to push my buttons – to change it to a new game. We only use 15-20% of our brains. *Home Group Facilitator advised that there is no such thing as "pushing your buttons." Suggested that we all make a choice when we react to anything.*

Now I wouldn't let any conflict go on so long. I would talk about it right away.

It helps to take home lessons and work on them together with your partner.

Several men indicated an interest in learning more about where they could go to keep learning and to improve their parenting. The facilitator offered to share resources with them.



Emerging Responses to Children Exposed to Domestic Violence

Jeffrey L. Edleson

In consultation with Barbara A. Nissley

Public attention to the effects of children's exposure to adult domestic violence has increased over the last decade. This attention focuses on both the impact of the exposure on children's development and on the likelihood that exposed children may be at greater risk for becoming either a child victim of physical or sexual abuse or an adult perpetrator of domestic violence. New research, policies, and programs focused on these children have resulted. These new efforts are reviewed in this document and an argument is made that the diversity of children's experiences requires equally diverse responses from our communities.

Definitions of Domestic Violence and Exposure

Jouriles, McDonald, Norwood, and Ezell (2001) suggest that a number of issues affect how we define exposure to adult domestic violence. First, the types of domestic violence to which children are exposed may be defined narrowly as only physically violent incidents or more broadly as including additional forms of abuse such as verbal and emotional. Second, even within the narrower band of physical violence, there is controversy about whether we should define adult domestic violence as only severe acts of violence such as beatings, a broader group of behaviors such as slaps and shoves and psychological maltreatment, or a pattern of physically abusive acts (see Osthoff, 2002). Finally, despite documented differences in the nature of male-to-female and female-to-male domestic violence, should one and not the other be included in

a definition when considering children's exposure to such events?

Settling on the definition of domestic violence does not settle still other definitional questions that arise. For example, how is exposure itself defined? Is it only direct visual observation of the incident? Should our definitions also include hearing the incident, experiencing the events prior to and after the event or other aspects of exposure?

Throughout this paper the phrase "exposure to adult domestic violence" will be used to describe the multiple experiences of children living in homes where an adult is using physically violent behavior in a pattern of coercion against an intimate partner. Domestic violence may be committed by same-sex partners as well as by women against men. However, the available research on child exposure almost exclusively focuses on homes where a man is committing domestic violence against an adult woman, who is most often the child's mother. Thus, unless otherwise identified, the studies reviewed here focus on heterosexual relationships in which the male is the perpetrator of violence.

The Impact of Exposure on Children

Carlson (2000) has conservatively estimated that from 10% to 20% of American children are exposed to adult domestic violence every year. Her estimate is based on a review of surveys of adults recalling their exposures as children and of teens reporting current exposures. Whatever the true number of exposed children, it is likely to be in the

many millions each year. National surveys in this country and others also indicate that it is highly likely that the severity, frequency, and chronicity of violence each child experiences vary greatly.

Recent meta-analyses -- statistical analyses that synthesize and average effects across studies -- have shown that children exposed to domestic violence exhibit significantly more problems than children not so exposed (Kitzmann, Gaylord, Holt & Kenny, 2003; Wolfe, Crooks, Lee, McIntyre-Smith & Jaffe, 2003). We have the most information on behavioral and emotional functioning of children exposed to domestic violence. Generally, studies using the Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983) and similar measures have found children exposed to domestic violence, when compared to non-exposed children, exhibit more aggressive and antisocial (often called "externalized" behaviors) as well as fearful and inhibited behaviors ("internalized" behaviors), show lower social competence and have poorer academic performance. Kitzmann et al. (2003) also found that exposed children scored similarly on emotional health measures to children who were physically abused or who were both physically abused and exposed to adult domestic violence.

Another all too likely effect is a child's own increased use of violence. Social learning theory would suggest that children who are exposed to violence may also learn to use it. Several researchers have examined this link between exposure to violence and subsequent use of violence. For example, Singer et al. (1998) studied 2,245 children and teenagers and found that recent exposure to violence in the home was significantly associated with a child's violent behavior in the community. Jaffe, Wilson, and Wolfe (1986) have also suggested that children's exposure to adult domestic violence may generate attitudes justifying their own use of violence. Spaccarelli, Coatsworth, and Bowden's (1995) findings support this association by showing that adolescent boys incarcerated for violent crimes who had been exposed to family violence believed more than others that "acting aggressively enhances one's reputation or self-image" (p. 173). Believing

that aggression would enhance one's self-image significantly predicted violent offending.

A few studies have examined longer-term problems reported retrospectively by adults or indicated in archival records. For example, Silvern et al.'s (1995) study of 550 undergraduate students found that exposure to domestic violence as a child was associated with adult reports of depression, trauma-related symptoms, and low self-esteem among women and trauma-related symptoms alone among men. They found that after accounting for the effects of being abused as a child, adult reports of their childhood exposure to domestic violence still accounted for a significant degree of their problems as adults. Exposure to domestic violence also appeared to be independent of the impacts of parental alcohol abuse and divorce. In the same vein, Henning et al. (1996) found that 123 adult women who had been exposed to domestic violence as a children showed greater distress and lower social adjustment when compared to 494 non-exposed adult women. These findings remained even after accounting for the effects of witnessing parental verbal conflict, being abused as a child, and varying degrees of parental caring.

Children's Involvement in Violent Incidents

Studies have found that children respond in a variety of ways to violent conflict between their parents. Children's involvement in violent situations has been shown to vary from their becoming actively involved in the conflict, to distracting themselves and their parents, or to distancing themselves by leaving the room (Garcia O'Hearn, Margolin, & John, 1997; Peled, 1998). Children in homes in which violence has occurred were nine times more likely to verbally or physically intervene in parental conflicts than comparison children from homes in which no violence occurred (Adamson & Thompson, 1998). Edleson et al. (2003) found that 40 of 111 battered mothers (36%) reported their children frequently or very frequently yelled to stop violent conflicts; 13 (11.7%) of the mothers reported that their children frequently or very frequently called someone for help

during a violent event; and 12 (10.8%) reported their children frequently or very frequently physically intervened to stop the violence.

More often young children appear to be present during domestic violence incidents than older children. Examining data on police and victim reports of domestic assault incidents, Fantuzzo and colleagues (Fantuzzo, et al., 1997) found that in all five cities studied, children ages 0 to 5 years were significantly more likely to be present during single and recurring domestic violence incidents. Children's responses to violent events appear to also vary with age (Cummings, Pellegrini, Notarius, & Cummings, 1989). In one early study, even children ages one to two and a half years responded to angry conflict that included physical attacks with negative emotions and efforts to become actively involved in the conflicts (Cummings, Zahn-Waxler, & Radke-Yarrow, 1981).

These findings have led many to conclude that every child exposed to domestic violence is significantly harmed by the experience. Yet, as the section below will show, many children appear to survive such exposure and show no greater problems than non-exposed children.

Protective Factors in Children's Lives

Most would be convinced by the afore mentioned studies that children exposed to adult domestic violence would all show evidence of greater problems than non-exposed children. In fact, the picture is not so clear. There is a growing research literature on children's resilience in the face of traumatic events (see, for example, Garmezy, 1974; Werner & Smith, 1992; Garmezy & Masten, 1994). The surprise in these research findings is that many children exposed to traumatic events show no greater problems than non-exposed peers, leading Masten (2001) to label such widespread resilience as "ordinary magic".

The studies of exposed children reviewed earlier compared *groups of children* who were either exposed or not exposed to adult domestic violence. The results reported were based on *group trends*

and may or may not indicate an *individual* child's experience. Graham-Bermann (2001) points out that, consistent with the general trauma literature, many children exposed to domestic violence show no greater problems than children not so exposed. Several studies support this claim. For example, a study of 58 children living in a shelter and recently exposed to domestic violence found great variability in problem symptoms (Hughes & Luke, 1998). Over half the children in the study were classified as either "doing well" (n=15) or "hanging in there" (n=21). Children "hanging in there" were found to exhibit average levels of problems and self-esteem and some mild anxiety symptoms. The remaining children in the study did show more severe problems: nine showed "high behavior problems", another nine "high general distress" and four were labeled "depressed kids". In another study, Grych et al. (2000) found that of 228 shelter resident children studied, 71 exhibited no problems, another 41 showed only mild distress symptoms, 47 exhibited externalized problems, and 70 were classified as multi-problem.

How does one explain these great variations among exposed children? Both of the above studies were based on children living in battered women's shelters. On the one hand, these children may have been exposed to more severe violence than a community-resident sample of exposed children. On the other hand, shelter-resident children may also have greater protective social supports available to them when studied. There are also likely a number of protective assets and risk factors that affect the degree to which each child is influenced by violence exposures.

The resilience literature suggests that as assets in a child's environment increase, the problems he or she experiences may actually decrease (Masten & Reed, 2002). Protective adults, including the child's mother, relatives, neighbors and teachers, older siblings, and friends may all play protective roles in a child's life. The child's larger social environment may also play a protective role if extended family members or members of church, sports or social clubs with which the child is affiliated act to support or aid

the child during stressful periods. Harm that children experience may also be moderated by how a child interprets or copes with the violence (see Hughes, Graham-Bermann & Gruber, 2001). Sternberg et al. (1993) suggest that “perhaps the experience of observing spouse abuse affects children by a less direct route than physical abuse, with cognitive mechanisms playing a greater role in shaping the effects of observing violence” (p. 50).

Children also experience differing levels of other risk factors, as the following section will reveal.

Risk Factors in Children’s Lives

One risk factor that leads to variation in children’s experiences is the great variation in *severity, frequency, and chronicity of violence*. Research has clearly documented the great variation of violence across families (see Straus & Gelles, 1990). It is likely that every child will be exposed to different levels of violence over time. Even siblings in the same household may be exposed to differing degrees of violence depending on how much time they spend at home. Increases in violence exposure may pose greater risks for children while decreases may lessen these risks.

A number of additional factors seem to play a role in children’s exposure and interact with each other creating unique outcomes for different children. For example, many children exposed to domestic violence are also exposed to other adverse experiences. In a study of 17,421 patients within a large health maintenance organization, Felitti, Anda and their colleagues (Dube, Anda, Felitti, Edwards, & Williamson, 2002) found that increasing exposure to adult domestic violence in a child’s life was associated with increasing levels of other “adverse childhood experiences” such as exposure to substance abuse, mental illness, incarcerated family members and other forms of abuse or neglect. This finding points to the complexity of exposed children’s lives. For example, many exposed children are also *direct victims of child abuse* (Appel & Holden, 1998; Edleson, 1999; Hughes, Parkinson, & Vargo, 1989; McClosky, Figueredo, & Koss, 1995). Again, in a study of adverse childhood experiences, Felitti,

Anda and their colleagues (Whitfield, Anda, Dube, & Felitti, 2003) found that among the 8,629 HMO patients studied, men exposed to physical abuse, sexual abuse, and adult domestic violence as children were 3.8 times more likely than other men to have perpetrated domestic violence as adults.

Problems associated with exposure have been found to vary based on the *gender* and *age* of a child but *not* based on his or her race or ethnicity (Carlson, 1991; Hughes, 1988; O’Keefe, 1994; Spaccarelli et al., 1994; Stagg, Wills, & Howell, 1989). The longer the period of time since exposure to a violent event also appears to be associated with lessening problems (Wolfe, Zak, Wilson, & Jaffe; 1986).

Finally, *parenting* has also been identified as a key factor affecting how a child experiences exposure. More data are available on battered mothers and their caregiving than on perpetrators and theirs. Unfortunately, at times the over reliance on data collected from and about battered mothers may lead to partial or inaccurate conclusions. For example, it may be that the perpetrator’s behavior is the key to predicting the emotional health of a child. *By not collecting data about the perpetrators, we may incorrectly conclude it is the mothers’ problems and not the perpetrators’ violent behavior that is creating negative outcomes for the children.*

Given this imbalance in the research, the available studies reveal that battered mothers appear to experience significantly greater levels of stress than nonbattered mothers (Holden & Ritchie, 1991; Holden et al., 1998; Levendosky & Graham-Bermann, 1998) but this stress does not always translate into diminished parenting. For example, Levendosky et al. (2003) found that among the 103 battered mothers they studied many were “compensating for the violence by becoming more effective parents” (p. 275).

What little research there is on violent men shows that they have a direct impact on the parenting of mothers. For example, Holden et al. (1998) found that battered mothers, when compared to other mothers, more often altered their parenting practices in the presence of the abusive male. Mothers reported that this change in parenting

was made to minimize the men's irritability. A survey of 95 battered mothers living in the community (Levendosky, Lynch, & Graham-Bermann, 2000) indicated that their abusive partners undermined the mothers' authority with their children, making effective parenting more difficult. In an earlier qualitative study of one child support and education group program, Peled and Edleson (1995) found that fathers often pressured their children not to attend counseling when mothers were seeking help for their children. Finally, the relationship between the child and the adult perpetrator appears to influence how the child is affected by exposure. A recent study of 80 mothers residing in shelters, and 80 of their children revealed that an abusive male's relationship to a child directly affects the child's well-being, without being mediated by the mother's level of mental health (Sullivan et al., 2000). Violence perpetrated by a biological father or stepfather was found to have a greater impact on a child than the violence of nonfather figures, such as partners or ex-partners of the mother who played a minimal role in the child's life.

Public Policy Responses

Laws relating to child exposure to domestic violence have changed considerably in the last decade. These laws focus most often on criminal prosecution of violent assaults, custody and visitation decision-making, and the child welfare system's response (Lemon, 1999; Mathews, 1999; Weithorn, 2001).

Criminal prosecution of violent assaults

There are several examples of recent legislative changes in criminal statutes that directly respond to concerns about the presence of children during domestic violence assaults (see Dunford-Jackson, 2004; Weithorn, 2001). In a number of states, laws have been changed to permit misdemeanor level domestic assaults to be raised to a felony level charge. In Oregon, a domestic violence assailant can now be charged with a felony assault if a minor was present during the assault. "Presence" is defined in

Oregon as in the immediate presence of or witnessed by the child. Another example of changes in criminal prosecution is legislation in at least 18 states that allows more severe sanctions to be imposed on a convicted domestic violence assailant when minors are present during the attack. Assaults committed in the presence of a minor are considered as only one factor that may influence the sanctions imposed in most of the states. Finally, Utah and at least two other states have taken a different approach by defining the presence of a minor during a domestic violence assault as cause for a separate misdemeanor charge.

On the one hand these new laws are likely to increase the attention of the police, prosecutors, and courts when children are present during domestic violence incidents. Greater sanctions are likely to be imposed when it is perceived that there is more than one victim of the adult domestic assault, namely the children. On the other hand there is concern about these changes on a number of levels (Dunford-Jackson, 2004). First, given the increasingly scarce resources of police agencies and prosecutors' offices, there is concern that attention will focus primarily on cases where children are present because of the likelihood that this factor will increase convictions or guilty pleas. One resulting fear is that children will be brought into court more often to testify in such cases. Another fear is that battered women without children will receive less attention to their cases because police and prosecutors will see them as weaker cases. Finally, many argue that if *current* criminal statutes were enforced more consistently there would not be a need for these additional laws focused on children. Finally, a particular concern about Utah's legislation is that it may be used against battered mothers for "failing to protect" their children from an assailant.

There is little research on the impact of these criminal statute changes. In one of the few studies of these laws, Whitcomb (2000) surveyed 128 prosecutors in 93 jurisdictions across the U.S. by telephone regarding their work with children exposed to violence and the impact of new laws regarding them. She also conducted face-to-face

interviews in five jurisdictions to shed more light on the telephone surveys. She found that: (1) none of the jurisdictions had protocols governing the prosecution of domestic violence and child maltreatment in the same families; (2) prosecutors in jurisdictions in which laws were in place regarding children's exposure to domestic violence were more likely to report domestic violence cases to child protection agencies, but no more likely to prosecute mothers for "failure to protect;" (3) prosecutors were seeking enhanced penalties in domestic violence cases when children were also present, even in jurisdictions where no new laws regarding children exposed to domestic violence were in place; and (4) 75% of the prosecutors interviewed said they would not report or prosecute a mother for failing to protect her children from exposure to her own victimization, and the remaining prosecutors said they would only do so when there were additional factors indicating extreme danger to the child. Whitcomb's research is clearly a starting point, but a great deal more research is needed on these law changes and both their intended and unintended consequences for battered mothers and their children.

Custody and visitation disputes

Most states now include the "presence of domestic violence" as a criterion that judges may use to determine custody and visitation arrangements when disputed. In most jurisdictions, here and in other Western countries, there has been an assumption that both parents have the right and ability to share custody and visitation of their children (Eriksson & Hester, 2001). In approximately about two dozen states, however, this presumption has been reversed in what are commonly referred to as "rebuttable presumption" statutes. Rebuttable presumption statutes generally state that when domestic violence is present it is against the best interests of the child for the documented perpetrator to be awarded custody until his or her safety with the child is assured. California Family Code is an example of a rebuttable presumption statute. Under § 3044 "there is a

rebuttable presumption that an award of sole or joint physical or legal custody of a child to a person who has perpetrated domestic violence is detrimental to the best interest of the child." California's code outlines six factors to consider in assessing whether a perpetrator of domestic violence has overcome this presumption, including no new violence or violations of existing orders and successful completion of assigned services such as batterer intervention and substance abuse programs.

One difficulty in applying rebuttable presumption statutes is defining what evidence of domestic violence will be admitted as part of the custody and visitation decision-making process. Is it a past or present arrest or restraining order? Should it be a prior conviction or guilty plea? In a rebuttable presumption statute passed by the State of Wisconsin's Legislature and signed into law in February of 2004, *guardians ad litem* are given the responsibility for investigating all accusations of domestic violence and reporting their conclusions to the judge. The new law instructs judges to make domestic violence their top priority by stating that "if the courts find...that a parent has engaged in a pattern or serious incident of interspousal battery [as described in statutes], or domestic abuse, the safety and well-being of the child and the safety of the parent who was the victim of the battery or abuse shall be the paramount concerns in determining legal custody and periods of physical placement" (Wisconsin Act 130, §25, 767.24(5)). The new law also requires training of all *guardians ad litem* and custody mediators in assessing domestic violence and its impact on adult victims and children and lays out new procedures for safe mediation.

While legislative developments such as rebuttable presumption laws appear to be positive, there is little or no evaluation of their impact on children's and non-abusive parents' safety. There also are a number of other critical issues that remain mostly unattended in custody and visitation decisions that involve domestic violence. Part of the problem is that many battered mothers are self-represented in disputed custody cases. This raises concerns about both safety for the adult victims and the degree to

which they are well represented in court proceedings.

Poor representation for adult victims, or even raising the issue of domestic violence in court proceedings, may compound in a number of ways with other outcomes that can disadvantage her, for example: (1) the abuser or his legal counsel accusing the mother of purposefully alienating her children from him using empirically questionable concepts such as Parental Alienation Syndrome (Faller, 1998); (2) using “friendly parent” provisions of custody statutes to accuse a mother concerned about her and her children’s safety of being uncooperative; (3) minimizing the impact of adult domestic violence exposure on children’s safety and well-being; (4) inappropriately using standardized psychological tests that have not been developed to assess domestic violence to question the veracity of battered women’s testimony or her parenting abilities; and (5) appointing custody evaluators or mediators, *guardians ad litem*, and court appointed special advocates (CASAs) who have little training on issues of domestic violence to assess families and advise the court on custody and visitation arrangements. These issues may further disadvantage battered mothers who are not represented by an attorney and in cases where the abuser persistently uses court actions to extend his control or harassment of her.

Again, as with changes in criminal statutes, there is little research on these law changes in the domain of custody and visitation. Kernic et al. (2005) studied 324 divorcing couples with a documented history of domestic violence to 532 divorcing couples with no such history. They found that even if domestic violence is a criterion for deciding on custody and visitation, it does not seem to change court outcomes. Court records failed to identify documented domestic violence in almost half of the cases, and in approximately another quarter allegations were noted but not documented despite available evidence. Battered mothers were no more likely than others to be awarded custody of their children and violent fathers were seldom denied visitation. In another recent study, Morrill et al.

(2005) reviewed 393 custody and visitation orders involving domestic violence across six states and surveyed 60 judges. They found that in most jurisdictions when a rebuttable presumption was in place, that battered mothers more often received custody and violent fathers were more often given scheduled and restricted visitation with their children. This was true except in jurisdictions where “friendly parent” and/or presumptions of joint custody were also in place creating a contradictory legal environment.

Child welfare regulations

Finally, some states have approached child exposure by expanding the definitions of child maltreatment to include children who have been exposed to domestic violence. For example, in 1999, the Minnesota State Legislature expanded the definition of child neglect in the Maltreatment of Minors Reporting Act to include exposure to adult domestic violence as a specific type of neglect (Minn. State Ann. §626.556, see Minnesota Department of Human Services, 1999; see Edleson, Gassman-Pines, & Hill, 2006). The change in Minnesota acknowledged what had long been believed to be the practice in many child protection agencies across the country - accepting certain reports of children’s exposure to adult domestic violence as child neglect.

This change in Minnesota’s definition of child neglect to include children exposed to domestic violence meant that the state was suddenly mandating that a range of professionals report every child they suspected had witnessed adult domestic violence. A survey of 52 Minnesota counties estimated that the language change would generate 9,101 new domestic violence exposure reports to be screened by child protection agencies each year (Minnesota Association of County Social Service Administrators, 2000), a greater than 50% increase over current levels. While exact figures are not available, the change in definition resulted in rapidly rising child maltreatment reports across Minnesota. This relatively simple change resulted in dramatically increasing workloads in most Minnesota county

child protection agencies. Though legislators thought the language change would merely clarify existing practices, many county agencies suddenly faced huge numbers of newly defined neglected children being reported to them.

The increase in child maltreatment reports created significant problems for many county agencies. There were two parts to this change that raised particular concerns among county social service administrators. First, current Minnesota law required an immediate response to all child maltreatment reports. Second, there was no specific funding appropriated to implement this change. Social service administrators argued that the change represented an “unfunded mandate” by the Legislature. Child protection workers already felt their agencies were inadequately supported and the large increase of reports threatened to stretch some counties beyond their capacity to respond. As current and former child protection workers explained, there was a wide range of children that were swept up by the legislation, some of whom were very much in need of child protective services, and others who needed services but not those of child protection.

The expanded reporting requirements also raised concerns among advocates for battered women who feared that as a result of the new definition child protective services would utilize methods that would blame more mothers for their male partners’ violent behavior toward her by finding her case as substantiated for “failure to protect” (see Magen, 1999). This very issue was the focus of a recent class action lawsuit against the City of New York’s child protection agency. The court found that the City had unconstitutionally removed children from the custody of their non-abusive battered mothers after substantiating mothers for *engaging in domestic violence*. Engaging in domestic violence often simply meant being a victim at the hands of an adult male perpetrator (*Nicholson v. Williams*).

Minnesota’s story really had two endings, both of which were frustrating and raise questions about an appropriate response to these families. In the first ending, the community responded to the expanded

definition of neglect by reporting many thousands of newly identified Minnesota children exposed to domestic violence. Unfortunately, the capacity of child protective services to respond was greatly strained, resulting in more identification and screening but probably fewer services to those most in need. In the second ending, almost all Minnesota counties decided to drop the requirement for reporting exposed children to child protective services after the Legislature repealed the change. The sad outcome of this result is that many thousands of children who were earlier identified were no longer visible in the systems and also not likely to receive needed services (see Edleson, Gassman-Pines, & Hill, 2006, for a more completed discussion of Minnesota’s experience).

Many communities around the country have attempted to change the way they respond to battered women and their children as a reaction to experiences similar to those outlined throughout this section. Below, some of the more noteworthy responses are reviewed.

Implications for Practice Responses

The implications of these research findings and some of the states’ experiences with legislation suggest several key points:

- Children’s social environments and experiences vary greatly;
- The impact of exposure also varies greatly, even within the same families;
- Children have a variety of protective and risk factors present in their lives; and
- This varied group of children deserves a varied response from our communities

It is clear from the available research that children exposed to adult domestic violence are not a monolithic group. The frequency, severity, and chronicity of violence in their families, their own level of exposure to this violence, children’s own ability to cope with stressful situations, and the multiple

protective factors present (e.g. a protective battered mother) as well as the multiple risks present (e.g. substance abuse or mental illness among caregivers) create a group of children who are as varied as their numbers. These many factors combine in unique ways for each child, likely creating unique impacts as a result of exposure.

Child exposure should not be automatically considered child maltreatment under the law and our current responses may not match the needs of families precisely because there are such varied impacts among children. Certainly many children will be referred to child protection agencies because of direct attacks on them. Given the limited resources of most public child welfare agencies, families and their children who show minimum evidence of harm resulting from such exposure and who have other protective factors present in their lives may benefit more from voluntary services in the non-profit sector.

Many of these children will enter our child protection systems because they are abused children and in disproportionate numbers based on race and class. Child protection systems must re-examine their responses to families in which both children and adults are being abused. Every effort must be made to keep children with their non-abusing caregivers, provide safety resources for both adult and child victims in a family, and develop new methods for intervening with men who both batter their adult partners and the children in their homes. Federal and privately funded efforts are underway to test new ways of collaborative work between child protection systems, the courts, and domestic violence organizations (see <http://www.thegreenbook.info>). Alternative or differential response initiatives within child protection systems may, in part, provide an additional avenue for providing more voluntary services to the lower risk cases (Sawyer & Lohrbach, 2005).

Perhaps the greater challenge is to develop voluntary systems of care for children who are exposed to domestic violence but not themselves direct victims of physical abuse. These systems of

care often operate outside of child protection agencies and allow communities to rely on more than one type of response, thereby avoiding overwhelming the child protection system. Such responses include expanded programming within domestic violence organizations, partnerships with community-based organizations, and new types of “child witness to violence” projects around the country (see Drotar et al., 2003). Many of these programs stress the importance of mothers in their children’s healing and encourage mother-child dyadic interventions (see Groves, Roberts, & Weinreb, 2000; Lieberman, Van Horn, & Ippen, 2005). These systems of care need to be developed as part of the fabric of communities from which the women and children come if they are to be sustained and culturally proficient.

Beyond treatment, there is a dire need to begin efforts that engage community members in taking part in community wide prevention. Developing the capacity of formal and informal systems to understand the social roots of domestic violence, to promote batterer accountability, and to better respond to cultural differences are all important benefits that may be derived from community engagement. Greater community engagement and system coordination also offer the possibility of overcoming institutional barriers that commonly stand in the way of creating safety for battered mothers and their children.

Communities across North America are significantly revising the way they think about children exposed to domestic violence. At local, county and state levels, communities are engaged in a variety of policy and programmatic actions to respond to these children and their families. The recently reauthorized federal Violence Against Women Act of 2005 for the first time addresses the needs of these children. We need to continue to develop multiple pathways into services and multiple responses by social institutions if we are to adequately address the needs of these children and help them to grow into emotionally and physically healthy adults.

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In Brief:

Emerging Responses to Children Exposed to Domestic Violence

Public attention to the effects of children's exposure to adult domestic violence has increased over the last decade. This attention focuses on both the impact of the exposure on children's development and on the likelihood that exposed children may be at greater risk for becoming either a child victim of physical or sexual abuse or an adult perpetrator of domestic violence. New research, policies, and programs focused on these children have resulted. These new efforts are reviewed in this document and an argument is made that the diversity of children's experiences requires equally diverse responses from our communities.

"Exposure to adult domestic violence" describes the multiple experiences of children living in homes where an adult is using physically violent behavior in a pattern of coercion against an intimate partner. Several studies on children exposed to adult domestic violence have indicated children's responses to violence may vary. Many exposed children show more aggressive and antisocial as well as fearful and inhibited behaviors, exhibit lower social competence, and have poorer academic performance (Kitzmann, Gaylord, Holt & Kenny, 2003; Wolfe, Crooks, Lee, McIntyre-Smith & Jaffe, 2003). Children also show similar emotional health to those of physically abused children (Kitzmann et al., 2003). Other children display more resiliency to the negative effects of exposure and have no greater social or emotional problems than those not exposed to domestic violence (Graham-Bermann, 2001). The more social support networks and family members in protective roles available to the child, the more resilient a child may become (Masten & Reed, 2002).

Laws relating to child exposure to adult domestic violence have changed considerably in the last decade. These laws focus most often on criminal prosecution of violent assaults, custody and visitation decision-making, and the child welfare system's response (Lemon, 1999; Mathews, 1999; Weithorn, 2001).

The implications of research findings and some of the states' experiences with legislation suggest several key points:

- Children's social environments and experiences vary greatly;
- The impact of exposure also varies greatly, even within the same families;
- Children have a variety of protective and risk factors present in their lives; and
- This varied group of children deserves a varied response from our communities.

Currently, there are only limited options available for children who have been exposed to domestic violence. These options sadly do not reflect adequate responses to the range of experiences exposed children may experience. Perhaps the greatest challenge is to develop voluntary systems of care for children who are exposed but not themselves direct victims of physical abuse. These systems of care often operate outside of child protection agencies and allow communities to rely on more than one type of response, thereby avoiding overwhelming the child protection system.

Communities across North America are significantly revising the way they think about children exposed to adult domestic violence. At local, county and state levels, communities are engaged in a variety of policy and programmatic actions to respond to these children and their families. The recently reauthorized federal Violence Against Women Act of 2005 for the first time addresses the needs of these children. We need to continue to develop multiple pathways into services and multiple responses by social institutions if we are to adequately address the needs of these children and help them to grow into emotionally and physically healthy adults.

WAC Sections

DEFINITIONS

[388-60-0015](#) What definitions apply to this chapter?

PURPOSE

[388-60-0025](#) What is the purpose of this chapter?

[388-60-0035](#) Must domestic violence perpetrator treatment programs be certified?

[388-60-0045](#) What must be the focus of a domestic violence perpetrator treatment program?

[388-60-0055](#) What must be a treatment program's primary goal?

REQUIRED PROGRAM POLICIES AND PROCEDURES

[388-60-0065](#) What steps must a treatment program take to address victim safety?

[388-60-0075](#) What must a treatment program require of its participants?

[388-60-0085](#) What requirements apply to group treatment sessions?

[388-60-0095](#) May a participant be involved in more than one type of treatment while enrolled in a domestic violence perpetrator treatment program?

[388-60-0105](#) What requirements does the department have for treatment programs regarding nondiscrimination?

[388-60-0115](#) Does a program have the authority to screen referrals?

[388-60-0125](#) What rights do participants in a treatment program have?

CONFIDENTIALITY

[388-60-0135](#) What information about the participant must the treatment program keep confidential?

[388-60-0145](#) What releases must a program require a participant to sign?

[388-60-0155](#) Must a treatment program keep information provided by or about the victim confidential?

[388-60-0165](#) What information must the treatment program collect and discuss with the client during the intake process or assessment interview?

[388-60-0175](#) Who may complete the intake process or conduct the assessment interview?

[388-60-0185](#) Must the program compile a written document based on information gathered in the intake/assessment process?

[388-60-0195](#) Must the treatment program develop an individual treatment plan for each participant?

[388-60-0205](#) What must a treatment program consider when developing an individual treatment plan for a participant?

[388-60-0215](#) Must a program require a participant to sign a contract for services with the treatment program?

[388-60-0225](#) What must the treatment program include in the contract for each participant's treatment?

[388-60-0235](#) Must a treatment program follow an educational curriculum for each participant?

[388-60-0245](#) What topics must the treatment program include in the educational curriculum?

[388-60-0255](#) What is the minimum treatment period for program participants?

[388-60-0265](#) What criteria must be satisfied for completion of treatment?

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DISPOSITIONS OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 388-60-005 Scope. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-005, filed 12/24/96, effective 1/24/97. Statutory Authority: 1992 HB 1884. 93-10-024 (Order 3539), § 388-60-005, filed 4/28/93, effective 5/29/93.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-120 Treatment focus. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-120, filed 12/24/96, effective 1/24/97. Statutory Authority: 1992 HB 1884. 93-10-024 (Order 3539), § 388-60-120, filed 4/28/93, effective 5/29/93.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-130 Treatment modality. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-130, filed 12/24/96, effective 1/24/97. Statutory Authority: 1992 HB 1884. 93-10-024 (Order 3539), § 388-60-130, filed 4/28/93, effective 5/29/93.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-140 Program policies and procedures. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-140, filed 12/24/96, effective 1/24/97. Statutory Authority: 1992 HB 1884. 93-10-024 (Order 3539), § 388-60-140, filed 4/28/93, effective 5/29/93.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-150 Treatment staff qualifications. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-150, filed 12/24/96, effective 1/24/97. Statutory Authority: 1992 HB 1884. 93-10-024 (Order 3539), § 388-60-150, filed 4/28/93, effective 5/29/93.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-160 Orientation and continuing professional education requirements. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-160, filed 12/24/96, effective 1/24/97. Statutory Authority: 1992 HB 1884. 93-10-024 (Order 3539), § 388-60-160, filed 4/28/93, effective 5/29/93.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-170 Cooperation with domestic violence victim programs. [Statutory Authority: 1992 HB 1884. 93-10-024 (Order 3539), § 388-60-170, filed 4/28/93, effective 5/29/93.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-180 Knowledge of law and justice system practices. [Statutory Authority: 1992 HB 1884. 93-10-024 (Order 3539), § 388-60-180, filed 4/28/93, effective 5/29/93.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-190 Program certification process. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-190, filed 12/24/96, effective 1/24/97.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-200 Certification maintenance. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-200, filed 12/24/96, effective 1/24/97.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-210 Advisory committee. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-210, filed 12/24/96, effective 1/24/97.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-220 Complaint. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-220, filed 12/24/96, effective 1/24/97.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-230 Investigation. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-230, filed 12/24/96, effective 1/24/97.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-240 Results of investigation. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-240, filed 12/24/96, effective 1/24/97.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-250 Notification of results. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-250, filed 12/24/96, effective 1/24/97.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-260 Appeal. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-260, filed 12/24/96, effective 1/24/97.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.

388-60-0015

What definitions apply to this chapter?

The following definitions are important to understand these rules:

"Corrective action" means the denial or suspension or revocation of certification, or the issuance of a written warning.

"Department" or **"DSHS"** means the department of social and health services.

"Participant" or **"perpetrator"** means the client enrolled in the domestic violence perpetrator treatment program. This client may be court-ordered to attend treatment or someone who chooses to voluntarily attend treatment.

"Program" or **"treatment program"** means a domestic violence perpetrator treatment program.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0015, filed 3/30/01, effective 4/30/01.]

388-60-0025

What is the purpose of this chapter?

(1) This chapter establishes minimum standards for programs that treat perpetrators of domestic violence.

(2) These standards apply to any program that:

(a) Advertises that it provides domestic violence perpetrator treatment; or

(b) Defines its services as meeting court orders that require enrollment in and/or completion of domestic violence perpetrator treatment.

(3) These programs provide treatment only to perpetrators of domestic violence, including clients who are self-referred or those who are court-ordered to attend treatment.

(4) An agency may administer other service programs in addition to domestic violence perpetrator treatment services; however, the domestic violence perpetrator treatment program must be considered a separate and distinct program from all other services the agency provides.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0025, filed 3/30/01, effective 4/30/01.]

388-60-0035

Must domestic violence perpetrator treatment programs be certified?

All programs providing domestic violence perpetrator treatment services must:

(1) Be certified by the department; and

(2) Comply with the standards outlined in this chapter.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0035, filed 3/30/01, effective 4/30/01.]

388-60-0045

What must be the focus of a domestic violence perpetrator treatment program?

(1) A domestic violence perpetrator treatment program must focus treatment primarily on ending the participant's physical, sexual, and psychological abuse.

(2) The program must hold the participant accountable for:

(a) The abuse that occurred; and

(b) Changing the participant's violent and abusive behaviors.

(3) The program must base all treatment on strategies and philosophies that do not blame the victim or imply that the victim shares any responsibility for the abuse which occurred.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0045, filed 3/30/01, effective 4/30/01.]

388-60-0055

What must be a treatment program's primary goal?

The primary goal of a domestic violence perpetrator treatment program must be to increase the victim's safety by:

- (1) Facilitating change in the participant's abusive behavior; and
- (2) Holding the participant accountable for changing the participant's patterns of behaviors, thinking, and beliefs.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0055, filed 3/30/01, effective 4/30/01.]

388-60-0065

What steps must a treatment program take to address victim safety?

(1) Each treatment program must have written policies and procedures that adequately assess the safety of the victims of the perpetrators enrolled in the treatment program.

(2) The treatment program must take the following steps to protect victims:

(a) Notify the victim of each program participant within fourteen days of the participant being accepted or denied entrance to the program that the participant has enrolled in or has been rejected for treatment services;

(b) Inform victims of specific outreach, advocacy, emergency and safety planning services offered by a domestic violence victim program in the victim's community;

(c) Encourage victims to make plans to protect themselves and their **children**;

(d) Give victims a brief description of the domestic violence perpetrator treatment program, including the fact that the victim is not expected to do anything to help the perpetrator complete any treatment program requirements; and

(e) Inform victims of the limitations of perpetrator treatment.

(3) The program must document in writing the program's efforts to notify the victim of the above requirements.

(4) The program cannot invite or require the victims of participants to attend perpetrator treatment program counseling sessions or education groups which the program requires participants to attend as a condition of their contracts.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0065, filed 3/30/01, effective 4/30/01.]

388-60-0075

What must a treatment program require of its participants?

(1) All participants must attend consecutive, weekly group treatment sessions. A program may develop policies which allow excused absences to be made up with the program director's approval.

Exception: Another type of intervention may be approved for certain documented clinical reasons, such as psychosis or other conditions that make the individual not amenable to treatment in a group setting.

(2) The program must assign each participant to a home group and the participant must be required to attend the same scheduled group each week. The program's director must authorize any exceptions to this requirement and document the reason for the exception.

(3) Each participant must sign all releases of information required by the treatment program, including those specified in WAC [388-60-0145](#).

(4) Each participant must sign a contract for services with the treatment program.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0075, filed 3/30/01, effective 4/30/01.]

388-60-0085

What requirements apply to group treatment sessions?

(1) The group sessions must be single gender.

(2) The group size is limited to a maximum of twelve participants, and a minimum of two participants.

(3) Group sessions must be at least ninety minutes in length.

(4) Group sessions must be closed to all persons other than participants, group facilitators, and others specifically invited by the group leaders. Others specifically invited by group leaders may include:

(a) Professionals in related fields;

(b) Persons offering interpretation services for the deaf and/or hearing impaired or language translation/interpretation; and

(c) Others bringing specific information critical to the group.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0085, filed 3/30/01, effective 4/30/01.]

388-60-0095

May a participant be involved in more than one type of treatment while enrolled in a domestic violence perpetrator treatment program?

(1) A program may allow a client to participate in other types of therapy during the same period the client is participating in the required weekly group treatment sessions.

(2) Any other type of therapy must support the goal of victim safety by facilitating change in the participant's abusive behavior without blaming the victim for the perpetrator's abuse.

(3) The program must determine that the participant is stable in the participant's other treatments before allowing the participant to participate in treatment for domestic violence.

(4) Other therapies including the following list may not be substituted for the required domestic violence perpetrator treatment sessions:

(a) Individual therapy;

(b) Marital or couples' therapy;

(c) Family therapy;

(d) Substance abuse evaluations or treatment; or

(e) Anger management.

(5) A program may recommend marital or couples' therapy only after:

(a) The participant has completed at least six months of domestic violence perpetrator treatment services; and

(b) The victim has reported that the participant has ceased engaging in violent and/or controlling behaviors. However, this therapy may not take the place of domestic violence perpetrator treatment session.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0095, filed 3/30/01, effective 4/30/01.]

388-60-0105

What requirements does the department have for treatment programs regarding nondiscrimination?

(1) A domestic violence perpetrator treatment program may not discriminate against any participant based on:

(a) Race;

(b) Age;

(c) Gender;

(d) Disability;

(e) Religion;

(f) Marital status or living arrangements;

(g) Political affiliation;

(h) Educational attainment;

(i) Socio-economic status;

(j) Ethnicity;

(k) National origin; or

(l) Sexual orientation.

(2) Program materials, publications, and audio-visual materials must be culturally sensitive and nondiscriminatory.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0105, filed 3/30/01, effective 4/30/01.]

388-60-0115

Does a program have the authority to screen referrals?

(1) A treatment program has the authority to accept or reject any referral for its program.

(2) The program must base acceptance and rejection of a client on written criteria the program has developed to screen potential participants.

(3) A treatment program may impose any conditions on participants that the program deems appropriate for the success of treatment.

388-60-0125

What rights do participants in a treatment program have?

- (1) A treatment program must provide each participant with the highest quality of service.
- (2) Treatment program staff must establish a climate where all relationships with colleagues and participants are respectful.
- (3) Each participant enrolled in a program must have the assurance that the program staff will conduct themselves professionally, as specified in RCW 18.130.180.
- (4) Staff, board members, and volunteers working for a treatment program must not engage in or tolerate sexual harassment or exploitation of an employee, a program participant, or a victim of any program participant.
- (5) Each participant must have a written contract signed by the participant and the treatment program staff which specifies the participant's rights and responsibilities while enrolled in the program.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0125, filed 3/30/01, effective 4/30/01.]

388-60-0135

What information about the participant must the treatment program keep confidential?

- (1) Treatment programs must follow the confidentiality requirements contained in chapter 18.19 RCW for registered counselors and certified professionals.
- (2) All program participants and guests must agree in writing not to disclose the identity of group participants or personal information about the participants.
- (3) A treatment program must keep all communications between the participant and direct treatment staff confidential unless:
 - (a) The participant has signed a release of information; or
 - (b) The program is legally required to release the information.
- (4) The treatment program may audio or video tape group sessions only when all participants grant written consent that gives details about the specific uses for the tape. The program must obtain an additional consent statement from each participant to permit use of the tape for any purpose other than the purposes specified in the original consent.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0135, filed 3/30/01, effective 4/30/01.]

388-60-0145

What releases must a program require a participant to sign?

For a treatment program to conduct case monitoring and periodic safety checks, the program must require all participants to sign the following releases which must remain in effect for the duration of the client's treatment:

- (1) A release allowing the treatment program to notify the victim and/or the victim's community and/or legal advocates that the perpetrator has been accepted or rejected for treatment;
- (2) A release allowing the program to provide the victim with periodic reports about the perpetrator's participation in the program;

(3) A release allowing the current domestic violence perpetrator treatment program access to information held by all prior and concurrent treatment agencies, including domestic violence perpetrator treatment programs, mental health agencies, and drug and alcohol treatment programs;

(4) A release allowing the treatment program to provide relevant information regarding the participant to each of the following entities:

- (a) Lawyers, including prosecutors;
- (b) Courts;
- (c) Parole officers;
- (d) Probation officers;
- (e) Child protective services, child welfare services, and other DSHS programs;
- (f) Court-appointed guardians ad litem;
- (g) DSHS certifying authorities; and
- (h) Former treatment programs that the participant has attended.

(5) A release for the program to notify any person whose safety appears to be at risk due to the participant's potential for violence and lethality. This includes, but is not limited to:

- (a) The victim;
- (b) Any **children**;
- (c) Significant others;
- (d) The victim's community and legal advocates; or
- (e) Police.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0145, filed 3/30/01, effective 4/30/01.]

388-60-0155

Must a treatment program keep information provided by or about the victim confidential?

(1) A treatment program must treat all information the victim provides to the program as confidential unless the victim gives written permission for the program to release the information.

(2) Information must be kept separate from any files for perpetrators.

(3) If a victim tells the treatment program that the participant has committed a new offense, the treatment program must encourage the victim to contact:

- (a) Appropriate law enforcement agency; and
- (b) The local domestic violence victim's program.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0155, filed 3/30/01, effective 4/30/01.]

388-60-0165

What information must the treatment program collect and discuss with the client during the intake process or assessment interview?

(1) Treatment programs must conduct an individual, complete clinical intake and assessment interview with each perpetrator who has been accepted into the treatment program. The program staff must meet face-to-face with the program participant to conduct this intake and interview.

(2) During the intake interview, program staff must obtain the following information, at a minimum:

- (a) Current and past violence history;
- (b) A complete diagnostic evaluation;
- (c) A substance abuse screening;
- (d) History of treatment from past domestic violence perpetrator treatment programs;
- (e) History of threats of homicide or suicide;
- (f) History of ideation of homicide or suicide;
- (g) History of stalking;
- (h) Data to develop a lethality risk assessment;
- (i) Possession of, access to, plans to obtain, or a history of use of weapons;
- (j) Degree of obsessiveness and dependency on the perpetrator's victim;
- (k) History of episodes of rage;
- (l) History of depression and other mental health problems;
- (m) History of having sexually abused the battered victim or others;
- (n) History of the perpetrator's domestic violence victimization and/or sexual abuse victimization;
- (o) Access to the battered victim;
- (p) Criminal history and law enforcement incident reports;
- (q) Reports of abuse of **children**, elderly persons, or animals;
- (r) Assessment of cultural issues;
- (s) Assessment of learning disabilities, literacy, and special language needs; and
- (t) Review of other diagnostic evaluations of the participant.

(3) If the program cannot obtain the above information, the program client file must include documentation of the program's reasonable efforts to obtain the information.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0165, filed 3/30/01, effective 4/30/01.]

388-60-0175

Who may complete the intake process or conduct the assessment interview?

(1) Only treatment staff who meet the minimum qualifications for direct treatment staff stated in chapter 388-60 WAC may complete the intake process or conduct the assessment interview.

(2) A trainee may not have sole responsibility for conducting an intake or assessment. If the staff conducting the

intake/assessment is a trainee, the trainee must work in conjunction with additional staff in their program, and the trainee's program supervisor must review and sign off on the trainee's work.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0175, filed 3/30/01, effective 4/30/01.]

388-60-0185

Must the program compile a written document based on information gathered in the intake/assessment process?

The program must compile a written document, which includes the information required to be gathered in the intake/assessment process.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0185, filed 3/30/01, effective 4/30/01.]

388-60-0195

Must the treatment program develop an individual treatment plan for each participant?

(1) The treatment program must develop a written treatment plan for each participant who is accepted into the domestic perpetrator treatment program.

(2) The treatment program must base the participant's treatment on the clinical intake/assessment which the program completed for the client.

(3) The treatment plan must adequately and appropriately address the needs of the individual participant.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0195, filed 3/30/01, effective 4/30/01.]

388-60-0205

What must a treatment program consider when developing an individual treatment plan for a participant?

(1) A treatment program must:

(a) Assess whether a participant should be required to engage in drug and alcohol, mental health, or other treatment services while they are participating in the treatment program;

(b) Decide which treatment gets priority for the participant if more than one treatment service is recommended;

(c) Determine the sequence of other services if concurrent treatment is not clinically appropriate; and

(d) Make appropriate referrals to outside agencies.

(2) A treatment program must consider issues relating to a participant's prior victimization when designing each treatment plan.

The program must consider the appropriateness of domestic violence victim services in lieu of perpetrator treatment for a participant who presents an extensive history of prior victimization.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0205, filed 3/30/01, effective 4/30/01.]

388-60-0215

Must a program require a participant to sign a contract for services with the treatment program?

A treatment program must require each participant to sign a formal contract for services.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0215, filed 3/30/01, effective 4/30/01.]

388-60-0225

What must the treatment program include in the contract for each participant's treatment?

The contract between each participant and the treatment program must include the following elements:

- (1) A statement regarding the treatment program's philosophy that:
 - (a) The victim may not be blamed for the participant's abuse;
 - (b) The perpetrator must stop all forms of abuse;
 - (c) An abuser is to be held accountable for the abusers actions; and
 - (d) The program's primary concern is for the safety of victims.
- (2) A statement requiring the participant to:
 - (a) Cooperate with all program rules;
 - (b) Stop violent and threatening behaviors;
 - (c) Be nonabusive and noncontrolling in relationships;
 - (d) Develop and adhere to a responsibility plan;
 - (e) Comply with all court orders;
 - (f) Cooperate with the rules for group participation; and
 - (g) Sign all required releases of information.
- (3) A policy on attendance and consequences for inadequate attendance;
- (4) A requirement that the perpetrator must actively participate in treatment, including sharing personal experiences, values, and attitudes, as well as completing all group activities and assignments;
- (5) A policy regarding other program expectations, such as completion of written exams, concurrent treatment requirements, and possession of weapons as described under chapters 388-861 and 388-875 WAC;
- (6) Written criteria for completion of treatment;
- (7) A statement that group members must honor the confidentiality of all participants;
- (8) A statement that the treatment program has the duty to warn and protect victims, law enforcement, and third parties of any risk of serious harm the program determines the participant poses to them;
- (9) Requirements that the participant must either:
 - (a) Provide the program with the participant's arrest records, criminal history, and any information regarding treatment services previously received; or
 - (b) Identify the existence of and location of all service records, and authorize release of all such records to the domestic violence treatment program.

(10) The program's policy regarding the use of drugs and alcohol, including a provision that the participant must attend treatment sessions free of drugs and alcohol; and

(11) Fees and methods of payment for treatment.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0225, filed 3/30/01, effective 4/30/01.]

388-60-0235

Must a treatment program follow an educational curriculum for each participant?

A treatment program must follow a specific educational curriculum for all participants in the program.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0235, filed 3/30/01, effective 4/30/01.]

388-60-0245

What topics must the treatment program include in the educational curriculum?

The curriculum of the treatment program must include the following topics:

- (1) Belief systems that allow and support violence against women;
- (2) Belief systems that allow and/or support the use or threat of violence to establish power and control over an intimate partner;
- (3) Definitions of abuse, battering, and domestic violence;
- (4) Forms of abuse, including:
 - (a) Physical abuse;
 - (b) Emotional and sexual abuse;
 - (c) Economic manipulation or domination;
 - (d) Physical force against property or pets;
 - (e) Stalking;
 - (f) Terrorizing someone or threatening him or her; and
 - (g) Acts that put the safety of battered partners, **children**, pets, other family members, or friends at risk.
- (5) The impact of abuse and battering on **children** and the incompatibility of domestic violence and abuse with responsible parenting;
- (6) The fact that a participant is solely responsible for the participant's violent behavior, and must acknowledge this fact;
- (7) The need to avoid blaming a victim for the participant's abusive behavior;
- (8) Techniques to be nonabusive and noncontrolling;
- (9) Negative legal and social consequences for someone who commits domestic violence;
- (10) Why it is necessary to meet financial and legal obligations to family members;

(11) Opportunities for a participant to develop a responsibility plan:

(a) The treatment program may assist the participant in developing the plan.

(b) In the plan, the participant must make a commitment to giving up power and control over the victim.

(12) Education regarding individual cultural and family dynamics of domestic violence; and

(13) Washington state laws and practices regarding domestic violence, as described in chapters 10.31, 10.99, and 26.50 RCW.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0245, filed 3/30/01, effective 4/30/01.]

388-60-0255

What is the minimum treatment period for program participants?

(1) The minimum treatment period is the time required for the participant to fulfill all conditions of treatment set by the treatment program. Satisfactory completion of treatment is not based solely on a perpetrator participating in the treatment program for a certain period of time or attending a certain number of sessions.

(2) The program must require participants to attend treatment and satisfy all treatment program requirements for at least twelve consecutive months.

(3) The program must require the participant to attend:

(a) A minimum of twenty-six consecutive weekly same gender group sessions, followed by:

(b) Monthly sessions with the treatment provider until the twelve-month period is complete. These sessions must be conducted face-to-face with the participant by program staff who meet the minimum qualifications set forth in this chapter.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0255, filed 3/30/01, effective 4/30/01.]

388-60-0265

What criteria must be satisfied for completion of treatment?

(1) A treatment program must have written criteria for satisfactory completion of treatment.

(2) A program must require a participant to meet all of the following conditions in order for the program to state that the participant has completed treatment:

(a) Attend treatment sessions for the minimum treatment period;

(b) Attend all other sessions required by the program;

(c) Cooperate with all group rules and program requirements throughout the duration of treatment services;

(d) Stop the use of all violent acts or threats of violence;

(e) Stop using abusive and controlling behavior;

(f) Adhere to the participant's responsibility plan;

(g) Comply with court orders; and

(h) Comply with other conditions of the contract for treatment services, such as chemical dependency treatment.

388-60-0275

What must the treatment program do when a participant satisfactorily completes treatment?

(1) A treatment program must notify the following people when a participant satisfactorily completes treatment:

- (a) The court having jurisdiction, if the participant has been court-mandated to attend treatment; and
- (b) The victim, if feasible.

(2) The program must document in writing its efforts to contact the victim.

(3) The program may specify only that the perpetrator has completed treatment based on adequate compliance with the participant's contract with the treatment program and any court order.

388-60-0285

Must a treatment program have policies regarding any reoffenses during treatment?

A treatment program must establish and implement written policies that include consequences if a perpetrator reoffends during treatment or does not comply with program requirements.

388-60-0295

Does a program need guidelines for discharging participants who do not complete treatment?

(1) A treatment program must have guidelines for discharging participants who do not satisfactorily complete the program.

- (a) Discharge decisions must be uniform and predictable.
- (b) Discrimination may not occur against any participant.

(2) A program may terminate a participant from treatment prior to completion of the program if the participant has not complied with the requirements set forth in the participant's contract with the program.

(3) If a program discharges a participant who does not complete treatment, the treatment program must document in writing that the participant has not complied with:

- (a) The participant's contract with the treatment program;
- (b) A court order;
- (c) A probation agreement; or
- (d) Group rules.

(4) If a program chooses not to discharge a participant who has reoffended, committed other acts of violence or abuse, or has not complied with any of subsection (3)(a) through (d) of this section, the program must note the reoffense and/or noncompliance in the client's progress notes, reports to the court, and reports to the victim (if feasible).

(5) The program must state in the client's record the program's rationale for not terminating the participant, and state what corrective action was taken.

(6) A program may discharge a participant if the treatment program cannot provide adequate treatment services to the participant because of the treatment program's current development.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0295, filed 3/30/01, effective 4/30/01.]

388-60-0305

Who must the program notify when the program discharges a participant because of failure to complete treatment?

A treatment program must notify the following parties in writing when the program discharges a participant from the program because of failure to complete treatment:

- (1) The court having jurisdiction, if the participant has been court-mandated to attend treatment;
- (2) The participant's probation officer, if any;
- (3) The victim of the participant, if feasible; and
- (4) The program must notify the above parties within three days of terminating the client.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0305, filed 3/30/01, effective 4/30/01.]

388-60-0315

What are the minimum qualifications for all direct treatment staff?

(1) All staff with direct treatment contact with participants must be:

- (a) Registered as counselors or certified as mental health professionals as required under chapter 18.19 RCW; and
- (b) Free of criminal convictions involving moral turpitude.

(2) Each staff person providing direct treatment services to a participant must have a bachelor's degree.

(a) The department will review requests for an exception to this requirement on a case-by-case basis.

(b) In order to qualify for an exception, the employee must possess year-for-year professional level experience equivalent to a bachelor's degree. The department determines this equivalency at the discretion of the DSHS program manager responsible for monitoring domestic violence perpetrator treatment programs.

(3) Prior to providing any direct treatment services to program participants, each direct treatment staff person must have completed:

- (a) A minimum of thirty hours of training about domestic violence from an established domestic violence victim program; and
- (b) A minimum of thirty hours of training from an established domestic violence perpetrator treatment services program.

(i) If located within Washington state, the domestic violence perpetrator treatment program must be certified and meet the standards as outlined in this chapter.

(ii) If located out-of-state, the domestic violence perpetrator treatment program must meet the standards outlined in this chapter as well as chapter 26.50 RCW.

(4) All employees must complete all sixty hours of required training before the employee may begin to provide any direct

services to group participants. Any work experience accrued prior to completion of the sixty hours of training will not count toward any requirement for work experience.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0315, filed 3/30/01, effective 4/30/01.]

388-60-0325

Must a program notify the department when new direct treatment staff are added?

(1) At the time that the program adds new direct treatment staff, the program must submit documentation to DSHS which proves that the staff meets the minimum qualifications for all treatment staff stated in WAC [388-60-0315](#).

(2) Direct treatment staff may not provide services to perpetrators until the treatment staff's qualifications have been reviewed and approved by the DSHS program manager responsible for certification of domestic violence perpetrator treatment programs.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0325, filed 3/30/01, effective 4/30/01.]

388-60-0335

Who is considered a trainee for domestic violence perpetrator treatment programs?

A trainee is a direct treatment staff person who has not accrued at least two hundred fifty hours of experience providing services to domestic violence perpetrators and domestic violence victims.

(1) At least one hundred twenty-five hours of this requirement must have been provision of supervised, direct treatment services to domestic violence perpetrators.

(2) The remainder of this requirement must have been provision of domestic violence victim advocacy services.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0335, filed 3/30/01, effective 4/30/01.]

388-60-0345

May a trainee provide direct treatment services to participants?

(1) A trainee may serve as a co-facilitator of groups, but may not have sole responsibility for the group at any time.

(2) A trainee may not have sole responsibility for conducting an intake or assessment, or for terminating a participant from treatment.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0345, filed 3/30/01, effective 4/30/01.]

388-60-0355

Do treatment programs need a supervisor?

Each treatment program must have at least one person providing supervision to paid and volunteer direct treatment staff.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0355, filed 3/30/01, effective 4/30/01.]

388-60-0365**Who may provide supervision of direct treatment staff in a domestic violence perpetrator treatment program?**

(1) In addition to possessing the basic qualifications required for all direct treatment staff, a program's supervisor must meet **all** of the following requirements:

- (a) Have a minimum of three years of experience providing direct treatment services to perpetrators of domestic violence;
- (b) Have a minimum of one year of experience providing victim advocacy services to domestic violence victims (this may be concurrent with (a) of this subsection);
- (c) Have a minimum of one year of experience in facilitating domestic violence perpetrator treatment groups;
- (d) Has completed at least five hundred hours of supervised direct treatment contact with both perpetrators and domestic violence victims:
 - (i) At least three hundred hours of this requirement must have been the provision of supervised, direct treatment services to domestic violence perpetrators.
 - (ii) The remainder of this requirement must have been the provision of domestic violence victim advocacy services.

(2) Each staff person providing supervision to direct treatment staff within a program must have a master's degree.

(a) The department's program manager [manager] will review requests for an exception to this requirement on a case-by-case basis.

(b) In order to qualify for an exception, the employee must possess year-for-year professional level experience equivalent to a master's degree. The department determines this equivalency at the discretion of the DSHS program manager responsible for monitoring domestic violence perpetrator treatment programs.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0365, filed 3/30/01, effective 4/30/01.]

388-60-0375**Must a supervisor always be on the premises of the treatment program?**

A supervisor may be located either on or off-site unless direct treatment services are being provided only by employees who are considered trainees, as defined in these rules. If no other direct treatment staff besides the supervisor possesses at least two hundred fifty hours of experience providing direct treatment services to perpetrators, the supervisor must be present at all times that direct treatment services are being provided.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0375, filed 3/30/01, effective 4/30/01.]

388-60-0385**Must the treatment program have staff supervision policies?**

A treatment program must develop and follow policies, procedures, and supervision schedules that provide adequate supervision for all treatment staff.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0385, filed 3/30/01, effective 4/30/01.]

388-60-0395**What are the requirements for staff orientation?**

(1) A treatment program must have an orientation for any new staff, whether the staff are paid or volunteer.

(2) The purpose of the orientation must be to provide the staff with the program's philosophy, organization, curriculum, policies, procedures, and goals.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0395, filed 3/30/01, effective 4/30/01.]

388-60-0405**What are the continuing professional education requirements for all direct treatment program staff?**

(1) All staff having direct treatment contact with participants must complete a minimum of twenty hours of continuing professional education each year after the program is certified, or each year after the staff person is added to the staff list. No more than five of those hours may be obtained by attending "in-house" training.

(2) Each staff person's continuing professional education must include four or more hours of training per year on issues of sexism, racism, and homophobia and their relationship to domestic violence.

(3) Continuing education training may be in the fields of alcohol/drug abuse, mental health, or other issues but all training must be related to the treatment of domestic violence perpetrators.

(4) The treatment staff may obtain continuing professional education through classes, seminars, workshops, video or audiotapes, or other self-study programs when approved in writing by the program supervisor. No more than five hours of video, audiotapes, or self-study program may be used toward the requirement of twenty hours of continuing education requirement. This includes correspondence courses.

(5) The staff must document all continuing education hours on DSHS approved forms.

(a) The form must be accompanied by completion certificates, course/workshop outline, and supervisor signature.

(b) The program must submit the form and documentation to the department at the time the program applies for re-certification.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0405, filed 3/30/01, effective 4/30/01.]

388-60-0415**Is a treatment program required to cooperate with local domestic violence victim programs?**

A treatment program must establish and maintain cooperative relationships with domestic violence victim services programs located in their community.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0415, filed 3/30/01, effective 4/30/01.]

388-60-0425**Does a treatment program need knowledge of the domestic violence laws and justice system practices?**

A treatment program must show evidence of an understanding of the laws pertaining to domestic violence and the operation of the justice system. At a minimum, a program must be familiar with:

- (1) State laws regulating the response to domestic violence by the criminal justice system;
- (2) Relief available to victims of domestic violence offered by:
 - (a) Washington domestic violence law and civil protection orders;
 - (b) Criminal no-contact orders; and
 - (c) Civil restraining orders.
- (3) Local law enforcement, prosecution, and court and probation policies regarding domestic violence cases.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0425, filed 3/30/01, effective 4/30/01.]

388-60-0435

What is the process to apply for certification of a treatment program?

(1) Any program wishing to provide treatment to perpetrators of domestic violence must request certification by completing an application available from the department. To request an application by mail, write to:

Domestic Violence Perpetrator Treatment Program
Department of Social and Health Services (DSHS)
Children's Administration
P.O. Box 45710
Olympia, Washington 98504-5710.

(2) The program must submit the application, application fee, and all documentation needed to prove that the program meets the requirements set forth in these standards.

(3) A program may not provide direct treatment services to domestic violence perpetrators without being certified by the department.

(4) If approved, the department grants certification for a two year period.

(5) The department considers each geographical location of a program an individual program, and must certify each program separately.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0435, filed 3/30/01, effective 4/30/01.]

388-60-0445

What is the application fee for certification ?

(1) Application fee for either initial certification or recertification of a domestic violence perpetrator treatment program is one hundred dollars.

(2) The department publishes the application fee for certification of domestic violence perpetrator treatment programs in the application packet.

(3) If there is any change in the fee, the update will be done in July of each year.

388-60-0455

What documentation must a program submit before the department may certify the program?

The program's director must submit the following documentation with the program's application:

- (1) A written statement signed by the director that the program complies with the standards contained in this chapter;
- (2) Results of current criminal history background checks conducted by the Washington state patrol for all current direct treatment program staff;
- (3) A statement for each current paid or volunteer staff person whether or not the staff person has ever been a party to any civil proceedings involving domestic violence;
- (4) Proof that each direct treatment staff is registered as a counselor or certified as a mental health professional with the department of health;
- (5) Evidence that the program maintains cooperative relationships with agencies providing services related to domestic violence.
 - (a) This evidence must include, at a minimum:
 - (i) Three items of evidence that they have established and continue to maintain cooperative relationships with local domestic violence victim programs and other local agencies involved with domestic violence intervention.
 - (ii) Documentation that they have established a referral process between their program and the local domestic violence victim services programs.
 - (iii) Proof that they participate in a local domestic violence task force, intervention committee or workgroup if one exists in their community.
 - (b) The program may also submit evidence of the following:
 - (i) Participation in public awareness activities sponsored by the local domestic violence victim services agency.
 - (ii) Service agreements between the local domestic violence victim services agency(ies) and the treatment program.
 - (iii) Letters of support for the program from other agencies or parties involved in domestic violence intervention.
- (6) Evidence that the program maintains cooperative relationships with agencies involved in domestic violence intervention.

388-60-0465

What happens after a program turns in an application to the department?

- (1) The department will review a certification application within thirty days after the application is received to decide if the domestic violence perpetrator program meets the program standards in this chapter.
- (2) The department must notify the applicant whether or not the program meets these standards.

388-60-0475**Will a certificate be issued if the treatment program meets the standards?**

If a program meets the standards in this chapter, the department will issue the program a certificate of compliance.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0475, filed 3/30/01, effective 4/30/01.]

388-60-0485**What happens if a treatment program does not meet the standards?**

(1) If a program does not meet the standards for certification or recertification, the department will provide the program with:

- (a) A copy of the standards;
- (b) A written notice containing the reasons for the determination of noncompliance; and
- (c) The program standards relied upon for making the decision.

(2) Treatment programs have the right to a hearing if the program is denied certification under this chapter (chapter 388-02 WAC).

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0485, filed 3/30/01, effective 4/30/01.]

388-60-0495**What records must the department keep regarding certified domestic violence perpetrator programs?**

The department must maintain the following information:

- (1) A current record of all certified domestic violence perpetrator programs.
- (2) A current record of programs that:
 - (a) Are in the process of applying for certification;
 - (b) Have been denied certification;
 - (c) Have been notified that the department is revoking or suspending certification;
 - (d) Have had their certification revoked; and
 - (e) Are being investigated.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0495, filed 3/30/01, effective 4/30/01.]

388-60-0505**How often must a domestic violence perpetrator treatment program reapply for certification?**

Each program certified under this chapter must reapply for certification every two years.

388-60-0515

What must a program do to apply for recertification of their domestic violence perpetrator treatment program?

In order to be recertified, a program must submit a completed application packet to the department at least forty-five days prior to the expiration date of the previous certification period.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0515, filed 3/30/01, effective 4/30/01.]

388-60-0525

What must the application packet for renewal of the certification of a domestic violence perpetrator program include?

The packet must include the following:

- (1) A completed application form signed by the program director;
- (2) Payment of the application fee;
- (3) A listing of all direct treatment staff;
- (4) A statement of qualifications for any staff added since the last certification period;
- (5) Current results of criminal history background checks conducted by the Washington state patrol, and a statement regarding any involvement in civil proceedings involving domestic violence for each employee providing direct treatment services;
- (6) An update of continuing professional education hours for each direct treatment staff;
- (7) Evidence that the program maintains cooperative relationships with agencies providing services related to domestic violence.
 - (a) This evidence must include, at a minimum:
 - (i) Three items of evidence that they have established and continue to maintain cooperative relationships with local domestic violence victim programs and other local agencies involved with domestic violence intervention.
 - (ii) Documentation that they have established a referral process between their program and the local domestic violence victim services programs.
 - (iii) Proof that they participate in a local domestic violence task force, intervention committee or workgroup if one exists in their community.
 - (b) The program may also submit evidence of the following:
 - (i) Participation in public awareness activities sponsored by the local domestic violence victim services agency.
 - (ii) Service agreements between the local domestic violence victim services agency(ies) and the treatment program.
 - (iii) Letters of support for the program from other agencies or parties involved in domestic violence intervention.
- (8) Evidence that the program maintains cooperative relationships with agencies involved in domestic violence intervention; and
- (9) All documentation needed to prove that the program continues to meet the standards for certification.

388-60-0535

How does the department decide that a program should continue to be certified?

The department will continue to certify a program, or will review its certification, if:

(1) The department determines, based on the completed application, that the program continues to meet the standards and qualifications as outlined in this chapter; and

(2) The department determines that any complaint investigations from the previous certification period have been satisfactorily resolved.

388-60-0545

Is there a formal process if a treatment program wishes to appeal a denial of certification or recertification?

If the department denies certification or recertification, the domestic violence perpetrator treatment program has a right to an administrative hearing under chapter 388-08 WAC.

388-60-0555

Does the department have an advisory committee for domestic violence perpetrator treatment?

The department will establish and appoint a volunteer group to serve as the Washington domestic violence perpetrator treatment program standards advisory committee.

388-60-0565

What is the role of the advisory committee?

The role of the advisory committee is to:

(1) Advise the department regarding recommended changes to the program standards; and

(2) Provide technical assistance on program standards, implementation, and certification and recertification criteria.

388-60-0575

Who are the advisory committee members and how are they chosen?

The advisory committee must include the following members:

- (1) Four persons representing the perspective of victims of domestic violence. They will be chosen with input from the Washington State Coalition Against Domestic Violence (WSCADV);
- (2) Four persons representing the perspective of state-certified domestic violence perpetrator treatment programs. They will be chosen with input from the Washington Association of Domestic Violence Intervention Professionals (WADVIP);
- (3) Four persons representing the perspective of adult misdemeanant probation and Washington state courts of limited jurisdiction. They will be chosen with input from the Misdemeanant Corrections Association and the Washington State District and Municipal Court Judges Association;
- (4) One person representing the department of corrections; and
- (5) One person representing the office of the administrator for the courts.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0575, filed 3/30/01, effective 4/30/01.]

388-60-0585
How long is the appointed term for an advisory committee member?

Advisory committee members are appointed for two-year terms.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0585, filed 3/30/01, effective 4/30/01.]

388-60-0595
May advisory committee members be replaced before their term expires?

The department may replace committee members if the member misses two consecutive committee meetings.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0595, filed 3/30/01, effective 4/30/01.]

388-60-0605
Are expenses for advisory committee members reimbursed?

- (1) If funds are available, the department will reimburse advisory committee members for travel and meal expenses related to service on the committee.
- (2) Advisory committee members may not receive any other compensation for service on the committee.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0605, filed 3/30/01, effective 4/30/01.]

388-60-0615
Does the department investigate complaints about domestic violence perpetrator treatment programs?

DSHS investigates complaints regarding domestic violence perpetrator treatment programs.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0615, filed 3/30/01, effective 4/30/01.]

388-60-0625

Who may request an investigation of a certified domestic violence perpetrator treatment program?

Any person may submit a written complaint to DSHS if the person has the following concerns about a certified program:

- (1) The program has acted in a way that places victims at risk; or
- (2) The program has failed to follow standards in this chapter.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0625, filed 3/30/01, effective 4/30/01.]

388-60-0635

Does the department notify a treatment program that the department has received a complaint?

Once it receives a complaint about a certified program, the department will:

- (1) Determine that the complaint includes sufficient information to be deemed valid;
- (2) Notify the program within fourteen days of the complaint being determined valid that the department has received a complaint about the program; and
- (3) Notify the program that an investigation has been initiated.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0635, filed 3/30/01, effective 4/30/01.]

388-60-0645

May DSHS begin an investigation of a treatment program without receiving a complaint?

DSHS may begin an investigation of a domestic violence perpetrator treatment program without a written complaint if the department believes that the program:

- (1) Has placed victims at risk; or
- (2) Failed to follow the standards outlined in this chapter.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0645, filed 3/30/01, effective 4/30/01.]

388-60-0655

What is included in an investigation?

The investigation of a complaint against a domestic violence perpetrator treatment program may include:

- (1) Contact with:

- (a) The person making the complaint;
 - (b) Other persons involved in the complaint; or
 - (c) The treatment program.
- (2) A request for written documentation of evidence; and/or
 - (3) An on-site visit to the program to interview program staff.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0655, filed 3/30/01, effective 4/30/01.]

388-60-0665

Is there a time limit for the department to complete its investigation of a complaint?

The department must complete its investigation within forty-five days of beginning the investigation, unless circumstances warrant a longer period of time.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0665, filed 3/30/01, effective 4/30/01.]

388-60-0675

Does the department put the results of the investigation in writing?

(1) The department will prepare written results of the complaint investigation.

(2) If the department decides that the treatment program behaved in a way that placed victims at risk or failed to meet the standards outlined in this chapter, the written results must include a decision regarding the status of the program's certification.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0675, filed 3/30/01, effective 4/30/01.]

388-60-0685

What action may the department take regarding a program's certification if a complaint is founded?

If the department determines that a complaint against a domestic violence perpetrator treatment program is founded, the department may:

- (1) Revoke the treatment program's certification;
- (2) Suspend the treatment program's certification; or
- (3) Send a written warning to the treatment program.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0685, filed 3/30/01, effective 4/30/01.]

388-60-0695

Does DSHS notify a treatment program of its decision to take corrective action?

DSHS must send the written results of its investigation to the program by certified mail, return receipt requested, within twenty days after completing the investigation.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0695, filed 3/30/01, effective 4/30/01.]

388-60-0705

What information must the department give a program if it takes action that affects the program's certification status?

(1) If DSHS revokes a program's certification, the department must provide the program with:

- (a) The specific reasons for the revocation;
- (b) The WAC standards the revocation is based on; and
- (c) The effective date of the revocation.

(2) If DSHS suspends a treatment program's certification, DSHS must provide the treatment program with:

- (a) The specific reasons for the corrective action;
- (b) The WAC standards that the suspension is based on;
- (c) The effective date of the suspension;

(d) Any remedial steps which the program must complete to the satisfaction of the department before the department will reinstate the program's certification and lift the suspension; and

(e) The deadline for completion of any remedial steps.

(3) If DSHS issues a written warning to a program, DSHS must provide the treatment program with:

- (a) The specific reasons for the written warning;
- (b) The WAC standards that the written warning is based on; and
- (c) Any remedial steps which the program must complete to the satisfaction of the department.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0705, filed 3/30/01, effective 4/30/01.]

388-60-0715

What happens if a treatment program refuses to remedy the problems outlined in the complaint findings?

If the treatment program refuses or fails to remedy the problems outlined in the written warning, DSHS may revoke or suspend the certification of the program.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0715, filed 3/30/01, effective 4/30/01.]

388-60-0725

What if the director of a domestic violence perpetrator treatment program disagrees with the corrective action decision?

(1) When DSHS revokes or suspends a program's certification, issues a written warning, or imposes corrective action, the department will notify the program director in writing of the program's right to request a hearing.

(2) The program director may request an administrative hearing from the office of administrative hearings pursuant to chapter 388-02 WAC.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0725, filed 3/30/01, effective 4/30/01.]

388-60-0735

Does the department notify the person that made the complaint of the results of the investigation?

DSHS will mail a copy of the written results of the investigation to the person who made the complaint against the domestic violence perpetrator treatment program.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0735, filed 3/30/01, effective 4/30/01.]

388-60-0745

What must the treatment program do after notification that its certification has been suspended or revoked?

If DSHS revokes or suspends a program's certification, the program must:

(1) Take immediate steps to notify and refer current clients to other certified domestic violence perpetrator treatment programs;

Note: This must be done prior to the effective date of revocation or suspension.

(2) Cease accepting perpetrators of domestic violence into its treatment program;

(3) Notify victims, current partners of the participants, and any relevant agencies about the client referral; and

(4) Notify, in writing, the presiding judge and chief probation officer of each judicial district from which the treatment program receives court referrals.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0745, filed 3/30/01, effective 4/30/01.]

388-60-0755

What happens if the program has other licenses or certificates?

If a program also holds a license or certification from the state of Washington for other treatment modalities, DSHS may notify the appropriate licensing or certifying authority that the program's certification has been suspended or revoked.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0755, filed 3/30/01, effective 4/30/01.]

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- 388-60-005 Scope. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-005, filed 12/24/96, effective 1/24/97. Statutory Authority: 1992 HB 1884. 93-10-024 (Order 3539), § 388-60-005, filed 4/28/93, effective 5/29/93.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-120 Treatment focus. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-120, filed 12/24/96, effective 1/24/97. Statutory Authority: 1992 HB 1884. 93-10-024 (Order 3539), § 388-60-120, filed 4/28/93, effective 5/29/93.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-130 Treatment modality. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-130, filed 12/24/96, effective 1/24/97. Statutory Authority: 1992 HB 1884. 93-10-024 (Order 3539), § 388-60-130, filed 4/28/93, effective 5/29/93.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-140 Program policies and procedures. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-140, filed 12/24/96, effective 1/24/97. Statutory Authority: 1992 HB 1884. 93-10-024 (Order 3539), § 388-60-140, filed 4/28/93, effective 5/29/93.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-150 Treatment staff qualifications. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-150, filed 12/24/96, effective 1/24/97. Statutory Authority: 1992 HB 1884. 93-10-024 (Order 3539), § 388-60-150, filed 4/28/93, effective 5/29/93.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-160 Orientation and continuing professional education requirements. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-160, filed 12/24/96, effective 1/24/97. Statutory Authority: 1992 HB 1884. 93-10-024 (Order 3539), § 388-60-160, filed 4/28/93, effective 5/29/93.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-170 Cooperation with domestic violence victim programs. [Statutory Authority: 1992 HB 1884. 93-10-024 (Order 3539), § 388-60-170, filed 4/28/93, effective 5/29/93.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-180 Knowledge of law and justice system practices. [Statutory Authority: 1992 HB 1884. 93-10-024 (Order 3539), § 388-60-180, filed 4/28/93, effective 5/29/93.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-190 Program certification process. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-190, filed 12/24/96, effective 1/24/97.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-200 Certification maintenance. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-200, filed 12/24/96, effective 1/24/97.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-210 Advisory committee. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-210, filed 12/24/96, effective 1/24/97.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-220 Complaint. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-220, filed 12/24/96, effective 1/24/97.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-230 Investigation. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-230, filed 12/24/96, effective 1/24/97.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-240 Results of investigation. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-240, filed 12/24/96, effective 1/24/97.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.
- 388-60-250 Notification of results. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-250, filed 12/24/96, effective 1/24/97.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.

388-60-260 Appeal. [Statutory Authority: RCW 26.50.150. 97-02-035, § 388-60-260, filed 12/24/96, effective 1/24/97.] Repealed by 01-08-046, filed 3/30/01, effective 4/30/01. Statutory Authority: RCW 26.50.150.

388-60-0015

What definitions apply to this chapter?

The following definitions are important to understand these rules:

"Corrective action" means the denial or suspension or revocation of certification, or the issuance of a written warning.

"Department" or **"DSHS"** means the department of social and health services.

"Participant" or **"perpetrator"** means the client enrolled in the domestic violence perpetrator treatment program. This client may be court-ordered to attend treatment or someone who chooses to voluntarily attend treatment.

"Program" or **"treatment program"** means a domestic violence perpetrator treatment program.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0015, filed 3/30/01, effective 4/30/01.]

388-60-0025

What is the purpose of this chapter?

(1) This chapter establishes minimum standards for programs that treat perpetrators of domestic violence.

(2) These standards apply to any program that:

(a) Advertises that it provides domestic violence perpetrator treatment; or

(b) Defines its services as meeting court orders that require enrollment in and/or completion of domestic violence perpetrator treatment.

(3) These programs provide treatment only to perpetrators of domestic violence, including clients who are self-referred or those who are court-ordered to attend treatment.

(4) An agency may administer other service programs in addition to domestic violence perpetrator treatment services; however, the domestic violence perpetrator treatment program must be considered a separate and distinct program from all other services the agency provides.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0025, filed 3/30/01, effective 4/30/01.]

388-60-0035

Must domestic violence perpetrator treatment programs be certified?

All programs providing domestic violence perpetrator treatment services must:

- (1) Be certified by the department; and
- (2) Comply with the standards outlined in this chapter.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0035, filed 3/30/01, effective 4/30/01.]

388-60-0045

What must be the focus of a domestic violence perpetrator treatment program?

(1) A domestic violence perpetrator treatment program must focus treatment primarily on ending the participant's physical, sexual, and psychological abuse.

(2) The program must hold the participant accountable for:

- (a) The abuse that occurred; and
- (b) Changing the participant's violent and abusive behaviors.

(3) The program must base all treatment on strategies and philosophies that do not blame the victim or imply that the victim shares any responsibility for the abuse which occurred.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0045, filed 3/30/01, effective 4/30/01.]

388-60-0055

What must be a treatment program's primary goal?

The primary goal of a domestic violence perpetrator treatment program must be to increase the victim's safety by:

- (1) Facilitating change in the participant's abusive behavior; and
- (2) Holding the participant accountable for changing the participant's patterns of behaviors, thinking, and beliefs.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0055, filed 3/30/01, effective 4/30/01.]

388-60-0065

What steps must a treatment program take to address victim safety?

- (1) Each treatment program must have written policies and procedures that adequately assess the safety of the victims of the perpetrators enrolled in the treatment program.
- (2) The treatment program must take the following steps to protect victims:
 - (a) Notify the victim of each program participant within fourteen days of the participant being accepted or denied entrance to the program that the participant has enrolled in or has been rejected for treatment services;
 - (b) Inform victims of specific outreach, advocacy, emergency and safety planning services offered by a domestic violence victim program in the victim's community;
 - (c) Encourage victims to make plans to protect themselves and their **children**;
 - (d) Give victims a brief description of the domestic violence perpetrator treatment program, including the fact that the victim is not expected to do anything to help the perpetrator complete any treatment program requirements; and
 - (e) Inform victims of the limitations of perpetrator treatment.
- (3) The program must document in writing the program's efforts to notify the victim of the above requirements.
- (4) The program cannot invite or require the victims of participants to attend perpetrator treatment program counseling sessions or education groups which the program requires participants to attend as a condition of their contracts.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0065, filed 3/30/01, effective 4/30/01.]

388-60-0075

What must a treatment program require of its participants?

- (1) All participants must attend consecutive, weekly group treatment sessions. A program may develop policies which allow excused absences to be made up with the program director's approval.
Exception: Another type of intervention may be approved for certain documented clinical reasons, such as psychosis or other conditions that make the individual not amenable to treatment in a group setting.
- (2) The program must assign each participant to a home group and the participant must be required to attend the same scheduled group each week. The program's director must authorize any exceptions to this requirement and document the reason for the exception.
- (3) Each participant must sign all releases of information required by the treatment program, including those specified in WAC [388-60-0145](#).
- (4) Each participant must sign a contract for services with the treatment program.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0075, filed 3/30/01, effective 4/30/01.]

388-60-0085

What requirements apply to group treatment sessions?

(1) The group sessions must be single gender.

(2) The group size is limited to a maximum of twelve participants, and a minimum of two participants.

(3) Group sessions must be at least ninety minutes in length.

(4) Group sessions must be closed to all persons other than participants, group facilitators, and others specifically invited by the group leaders. Others specifically invited by group leaders may include:

(a) Professionals in related fields;

(b) Persons offering interpretation services for the deaf and/or hearing impaired or language translation/interpretation; and

(c) Others bringing specific information critical to the group.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0085, filed 3/30/01, effective 4/30/01.]

388-60-0095

May a participant be involved in more than one type of treatment while enrolled in a domestic violence perpetrator treatment program?

(1) A program may allow a client to participate in other types of therapy during the same period the client is participating in the required weekly group treatment sessions.

(2) Any other type of therapy must support the goal of victim safety by facilitating change in the participant's abusive behavior without blaming the victim for the perpetrator's abuse.

(3) The program must determine that the participant is stable in the participant's other treatments before allowing the participant to participate in treatment for domestic violence.

(4) Other therapies including the following list may not be substituted for the required domestic violence perpetrator treatment sessions:

(a) Individual therapy;

(b) Marital or couples' therapy;

(c) Family therapy;

(d) Substance abuse evaluations or treatment; or

(e) Anger management.

(5) A program may recommend marital or couples' therapy only after:

(a) The participant has completed at least six months of domestic violence perpetrator treatment services; and

(b) The victim has reported that the participant has ceased engaging in violent and/or controlling behaviors. However, this therapy may not take the place of domestic violence perpetrator treatment session.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0095, filed 3/30/01, effective 4/30/01.]

388-60-0105

What requirements does the department have for treatment programs regarding nondiscrimination?

(1) A domestic violence perpetrator treatment program may not discriminate against any participant based on:

(a) Race;

(b) Age;

(c) Gender;

(d) Disability;

(e) Religion;

(f) Marital status or living arrangements;

(g) Political affiliation;

(h) Educational attainment;

(i) Socio-economic status;

(j) Ethnicity;

(k) National origin; or

(l) Sexual orientation.

(2) Program materials, publications, and audio-visual materials must be culturally sensitive and nondiscriminatory.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0105, filed 3/30/01, effective 4/30/01.]

388-60-0115

Does a program have the authority to screen referrals?

(1) A treatment program has the authority to accept or reject any referral for its program.

(2) The program must base acceptance and rejection of a client on written criteria the program has developed to screen potential participants.

(3) A treatment program may impose any conditions on participants that the program deems appropriate for the success of treatment.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0115, filed 3/30/01, effective 4/30/01.]

388-60-0125

What rights do participants in a treatment program have?

(1) A treatment program must provide each participant with the highest quality of service.

(2) Treatment program staff must establish a climate where all relationships with colleagues and participants are respectful.

(3) Each participant enrolled in a program must have the assurance that the program staff will conduct themselves professionally, as specified in RCW 18.130.180.

(4) Staff, board members, and volunteers working for a treatment program must not engage in or tolerate sexual harassment or exploitation of an employee, a program participant, or a victim of any program participant.

(5) Each participant must have a written contract signed by the participant and the treatment program staff which specifies the participant's rights and responsibilities while enrolled in the program.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0125, filed 3/30/01, effective 4/30/01.]

388-60-0135

What information about the participant must the treatment program keep confidential?

(1) Treatment programs must follow the confidentiality requirements contained in chapter 18.19 RCW for registered counselors and certified professionals.

(2) All program participants and guests must agree in writing not to disclose the identity of group participants or personal information about the participants.

(3) A treatment program must keep all communications between the participant and direct treatment staff confidential unless:

(a) The participant has signed a release of information; or

(b) The program is legally required to release the information.

(4) The treatment program may audio or video tape group sessions only when all participants grant written consent that gives details about the specific uses for the tape. The program must obtain an additional consent statement from each participant to permit use of the tape for any purpose other than the purposes specified in the original consent.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0135, filed 3/30/01, effective 4/30/01.]

388-60-0145

What releases must a program require a participant to sign?

For a treatment program to conduct case monitoring and periodic safety checks, the program must require all participants to sign the following releases which must remain in effect for the duration of the client's treatment:

(1) A release allowing the treatment program to notify the victim and/or the victim's community and/or legal advocates that the perpetrator has been accepted or rejected for treatment;

(2) A release allowing the program to provide the victim with periodic reports about the perpetrator's participation in the program;

(3) A release allowing the current domestic violence perpetrator treatment program access to information held by all prior and concurrent treatment agencies, including domestic violence perpetrator treatment programs, mental health agencies, and drug and alcohol treatment programs;

(4) A release allowing the treatment program to provide relevant information regarding the participant to each of the following entities:

(a) Lawyers, including prosecutors;

(b) Courts;

(c) Parole officers;

(d) Probation officers;

(e) Child protective services, child welfare services, and other DSHS programs;

(f) Court-appointed guardians ad litem;

(g) DSHS certifying authorities; and

(h) Former treatment programs that the participant has attended.

(5) A release for the program to notify any person whose safety appears to be at risk due to the participant's potential for violence and lethality. This includes, but is not limited to:

(a) The victim;

(b) Any children;

(c) Significant others;

- (d) The victim's community and legal advocates; or
- (e) Police.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0145, filed 3/30/01, effective 4/30/01.]

388-60-0155

Must a treatment program keep information provided by or about the victim confidential?

(1) A treatment program must treat all information the victim provides to the program as confidential unless the victim gives written permission for the program to release the information.

(2) Information must be kept separate from any files for perpetrators.

(3) If a victim tells the treatment program that the participant has committed a new offense, the treatment program must encourage the victim to contact:

- (a) Appropriate law enforcement agency; and
- (b) The local domestic violence victim's program.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0155, filed 3/30/01, effective 4/30/01.]

388-60-0165

What information must the treatment program collect and discuss with the client during the intake process or assessment interview?

(1) Treatment programs must conduct an individual, complete clinical intake and assessment interview with each perpetrator who has been accepted into the treatment program. The program staff must meet face-to-face with the program participant to conduct this intake and interview.

(2) During the intake interview, program staff must obtain the following information, at a minimum:

- (a) Current and past violence history;
- (b) A complete diagnostic evaluation;
- (c) A substance abuse screening;
- (d) History of treatment from past domestic violence perpetrator treatment programs;
- (e) History of threats of homicide or suicide;
- (f) History of ideation of homicide or suicide;

- (g) History of stalking;
- (h) Data to develop a lethality risk assessment;
- (i) Possession of, access to, plans to obtain, or a history of use of weapons;
- (j) Degree of obsessiveness and dependency on the perpetrator's victim;
- (k) History of episodes of rage;
- (l) History of depression and other mental health problems;
- (m) History of having sexually abused the battered victim or others;
- (n) History of the perpetrator's domestic violence victimization and/or sexual abuse victimization;
- (o) Access to the battered victim;
- (p) Criminal history and law enforcement incident reports;
- (q) Reports of abuse of **children**, elderly persons, or animals;
- (r) Assessment of cultural issues;
- (s) Assessment of learning disabilities, literacy, and special language needs; and
- (t) Review of other diagnostic evaluations of the participant.

(3) If the program cannot obtain the above information, the program client file must include documentation of the program's reasonable efforts to obtain the information.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0165, filed 3/30/01, effective 4/30/01.]

388-60-0175

Who may complete the intake process or conduct the assessment interview?

(1) Only treatment staff who meet the minimum qualifications for direct treatment staff stated in chapter 388-60 WAC may complete the intake process or conduct the assessment interview.

(2) A trainee may not have sole responsibility for conducting an intake or assessment. If the staff conducting the intake/assessment is a trainee, the trainee must work in conjunction with additional staff in their program, and the trainee's program supervisor must review and sign off on the trainee's work.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0175, filed 3/30/01, effective 4/30/01.]

388-60-0185

Must the program compile a written document based on information gathered in the intake/assessment process?

The program must compile a written document, which includes the information required to be gathered in the intake/assessment process.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0185, filed 3/30/01, effective 4/30/01.]

388-60-0195

Must the treatment program develop an individual treatment plan for each participant?

(1) The treatment program must develop a written treatment plan for each participant who is accepted into the domestic perpetrator treatment program.

(2) The treatment program must base the participant's treatment on the clinical intake/assessment which the program completed for the client.

(3) The treatment plan must adequately and appropriately address the needs of the individual participant.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0195, filed 3/30/01, effective 4/30/01.]

388-60-0205

What must a treatment program consider when developing an individual treatment plan for a participant?

(1) A treatment program must:

(a) Assess whether a participant should be required to engage in drug and alcohol, mental health, or other treatment services while they are participating in the treatment program;

(b) Decide which treatment gets priority for the participant if more than one treatment service is recommended;

(c) Determine the sequence of other services if concurrent treatment is not clinically appropriate; and

(d) Make appropriate referrals to outside agencies.

(2) A treatment program must consider issues relating to a participant's prior victimization when designing each treatment plan.

The program must consider the appropriateness of domestic violence victim services in lieu of perpetrator treatment for a participant who presents an extensive history of prior victimization.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0205, filed 3/30/01, effective 4/30/01.]

388-60-0215

Must a program require a participant to sign a contract for services with the treatment program?

A treatment program must require each participant to sign a formal contract for services.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0215, filed 3/30/01, effective 4/30/01.]

388-60-0225

What must the treatment program include in the contract for each participant's treatment?

The contract between each participant and the treatment program must include the following elements:

(1) A statement regarding the treatment program's philosophy that:

- (a) The victim may not be blamed for the participant's abuse;
- (b) The perpetrator must stop all forms of abuse;
- (c) An abuser is to be held accountable for the abusers actions; and
- (d) The program's primary concern is for the safety of victims.

(2) A statement requiring the participant to:

- (a) Cooperate with all program rules;
- (b) Stop violent and threatening behaviors;
- (c) Be nonabusive and noncontrolling in relationships;
- (d) Develop and adhere to a responsibility plan;
- (e) Comply with all court orders;
- (f) Cooperate with the rules for group participation; and
- (g) Sign all required releases of information.

(3) A policy on attendance and consequences for inadequate attendance;

(4) A requirement that the perpetrator must actively participate in treatment, including sharing personal experiences, values, and attitudes, as well as completing all group activities and assignments;

(5) A policy regarding other program expectations, such as completion of written exams, concurrent treatment requirements, and possession of weapons as described under chapters 388-861 and 388-875 WAC;

(6) Written criteria for completion of treatment;

(7) A statement that group members must honor the confidentiality of all participants;

(8) A statement that the treatment program has the duty to warn and protect victims, law enforcement, and third parties of any risk of serious harm the program determines the participant poses to them;

(9) Requirements that the participant must either:

(a) Provide the program with the participant's arrest records, criminal history, and any information regarding treatment services previously received; or

(b) Identify the existence of and location of all service records, and authorize release of all such records to the domestic violence treatment program.

(10) The program's policy regarding the use of drugs and alcohol, including a provision that the participant must attend treatment sessions free of drugs and alcohol; and

(11) Fees and methods of payment for treatment.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0225, filed 3/30/01, effective 4/30/01.]

388-60-0235

Must a treatment program follow an educational curriculum for each participant?

A treatment program must follow a specific educational curriculum for all participants in the program.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0235, filed 3/30/01, effective 4/30/01.]

388-60-0245

What topics must the treatment program include in the educational curriculum?

The curriculum of the treatment program must include the following topics:

(1) Belief systems that allow and support violence against women;

(2) Belief systems that allow and/or support the use or threat of violence to establish power and control over an intimate partner;

(3) Definitions of abuse, battering, and domestic violence;

(4) Forms of abuse, including:

(a) Physical abuse;

- (b) Emotional and sexual abuse;
- (c) Economic manipulation or domination;
- (d) Physical force against property or pets;
- (e) Stalking;
- (f) Terrorizing someone or threatening him or her; and
- (g) Acts that put the safety of battered partners, children, pets, other family members, or friends at risk.

(5) The impact of abuse and battering on children and the incompatibility of domestic violence and abuse with responsible parenting;

(6) The fact that a participant is solely responsible for the participant's violent behavior, and must acknowledge this fact;

(7) The need to avoid blaming a victim for the participant's abusive behavior;

(8) Techniques to be nonabusive and noncontrolling;

(9) Negative legal and social consequences for someone who commits domestic violence;

(10) Why it is necessary to meet financial and legal obligations to family members;

(11) Opportunities for a participant to develop a responsibility plan:

(a) The treatment program may assist the participant in developing the plan.

(b) In the plan, the participant must make a commitment to giving up power and control over the victim.

(12) Education regarding individual cultural and family dynamics of domestic violence; and

(13) Washington state laws and practices regarding domestic violence, as described in chapters 10.31, 10.99, and 26.50 RCW.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0245, filed 3/30/01, effective 4/30/01.]

388-60-0255

What is the minimum treatment period for program participants?

(1) The minimum treatment period is the time required for the participant to fulfill all conditions of treatment set by the treatment program. Satisfactory completion of treatment is not based solely on a perpetrator participating in the treatment program for a certain period of time or attending a certain number of sessions.

(2) The program must require participants to attend treatment and satisfy all treatment program requirements for at least twelve consecutive months.

(3) The program must require the participant to attend:

(a) A minimum of twenty-six consecutive weekly same gender group sessions, followed by:

(b) Monthly sessions with the treatment provider until the twelve-month period is complete. These sessions must be conducted face-to-face with the participant by program staff who meet the minimum qualifications set forth in this chapter.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0255, filed 3/30/01, effective 4/30/01.]

388-60-0265

What criteria must be satisfied for completion of treatment?

(1) A treatment program must have written criteria for satisfactory completion of treatment.

(2) A program must require a participant to meet all of the following conditions in order for the program to state that the participant has completed treatment:

(a) Attend treatment sessions for the minimum treatment period;

(b) Attend all other sessions required by the program;

(c) Cooperate with all group rules and program requirements throughout the duration of treatment services;

(d) Stop the use of all violent acts or threats of violence;

(e) Stop using abusive and controlling behavior;

(f) Adhere to the participant's responsibility plan;

(g) Comply with court orders; and

(h) Comply with other conditions of the contract for treatment services, such as chemical dependency treatment.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0265, filed 3/30/01, effective 4/30/01.]

388-60-0275

What must the treatment program do when a participant satisfactorily completes treatment?

(1) A treatment program must notify the following people when a participant satisfactorily completes treatment:

(a) The court having jurisdiction, if the participant has been court-mandated to attend treatment; and

(b) The victim, if feasible.

(2) The program must document in writing its efforts to contact the victim.

(3) The program may specify only that the perpetrator has completed treatment based on adequate compliance with the participant's contract with the treatment program and any court order.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0275, filed 3/30/01, effective 4/30/01.]

388-60-0285

Must a treatment program have policies regarding any reoffenses during treatment?

A treatment program must establish and implement written policies that include consequences if a perpetrator reoffends during treatment or does not comply with program requirements.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0285, filed 3/30/01, effective 4/30/01.]

388-60-0295

Does a program need guidelines for discharging participants who do not complete treatment?

(1) A treatment program must have guidelines for discharging participants who do not satisfactorily complete the program.

(a) Discharge decisions must be uniform and predictable.

(b) Discrimination may not occur against any participant.

(2) A program may terminate a participant from treatment prior to completion of the program if the participant has not complied with the requirements set forth in the participant's contract with the program.

(3) If a program discharges a participant who does not complete treatment, the treatment program must document in writing that the participant has not complied with:

(a) The participant's contract with the treatment program;

(b) A court order;

(c) A probation agreement; or

(d) Group rules.

(4) If a program chooses not to discharge a participant who has reoffended, committed other acts of violence or abuse, or has not complied with any of subsection (3)(a) through (d) of this section, the program must note the reoffense and/or noncompliance in the client's progress notes, reports to the court, and reports to the victim (if feasible).

(5) The program must state in the client's record the program's rationale for not terminating the participant, and

state what corrective action was taken.

(6) A program may discharge a participant if the treatment program cannot provide adequate treatment services to the participant because of the treatment program's current development.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0295, filed 3/30/01, effective 4/30/01.]

388-60-0305

Who must the program notify when the program discharges a participant because of failure to complete treatment?

A treatment program must notify the following parties in writing when the program discharges a participant from the program because of failure to complete treatment:

- (1) The court having jurisdiction, if the participant has been court-mandated to attend treatment;
- (2) The participant's probation officer, if any;
- (3) The victim of the participant, if feasible; and
- (4) The program must notify the above parties within three days of terminating the client.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0305, filed 3/30/01, effective 4/30/01.]

388-60-0315

What are the minimum qualifications for all direct treatment staff?

(1) All staff with direct treatment contact with participants must be:

- (a) Registered as counselors or certified as mental health professionals as required under chapter 18.19 RCW; and
- (b) Free of criminal convictions involving moral turpitude.

(2) Each staff person providing direct treatment services to a participant must have a bachelor's degree.

(a) The department will review requests for an exception to this requirement on a case-by-case basis.

(b) In order to qualify for an exception, the employee must possess year-for-year professional level experience equivalent to a bachelor's degree. The department determines this equivalency at the discretion of the DSHS program manager responsible for monitoring domestic violence perpetrator treatment programs.

(3) Prior to providing any direct treatment services to program participants, each direct treatment staff person must have completed:

- (a) A minimum of thirty hours of training about domestic violence from an established domestic violence victim

program; and

(b) A minimum of thirty hours of training from an established domestic violence perpetrator treatment services program.

(i) If located within Washington state, the domestic violence perpetrator treatment program must be certified and meet the standards as outlined in this chapter.

(ii) If located out-of-state, the domestic violence perpetrator treatment program must meet the standards outlined in this chapter as well as chapter 26.50 RCW.

(4) All employees must complete all sixty hours of required training before the employee may begin to provide any direct services to group participants. Any work experience accrued prior to completion of the sixty hours of training will not count toward any requirement for work experience.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0315, filed 3/30/01, effective 4/30/01.]

388-60-0325

Must a program notify the department when new direct treatment staff are added?

(1) At the time that the program adds new direct treatment staff, the program must submit documentation to DSHS which proves that the staff meets the minimum qualifications for all treatment staff stated in WAC [388-60-0315](#).

(2) Direct treatment staff may not provide services to perpetrators until the treatment staff's qualifications have been reviewed and approved by the DSHS program manager responsible for certification of domestic violence perpetrator treatment programs.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0325, filed 3/30/01, effective 4/30/01.]

388-60-0335

Who is considered a trainee for domestic violence perpetrator treatment programs?

A trainee is a direct treatment staff person who has not accrued at least two hundred fifty hours of experience providing services to domestic violence perpetrators and domestic violence victims.

(1) At least one hundred twenty-five hours of this requirement must have been provision of supervised, direct treatment services to domestic violence perpetrators.

(2) The remainder of this requirement must have been provision of domestic violence victim advocacy services.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0335, filed 3/30/01, effective 4/30/01.]

388-60-0345

May a trainee provide direct treatment services to participants?

(1) A trainee may serve as a co-facilitator of groups, but may not have sole responsibility for the group at any time.

(2) A trainee may not have sole responsibility for conducting an intake or assessment, or for terminating a participant from treatment.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0345, filed 3/30/01, effective 4/30/01.]

388-60-0355

Do treatment programs need a supervisor?

Each treatment program must have at least one person providing supervision to paid and volunteer direct treatment staff.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0355, filed 3/30/01, effective 4/30/01.]

388-60-0365

Who may provide supervision of direct treatment staff in a domestic violence perpetrator treatment program?

(1) In addition to possessing the basic qualifications required for all direct treatment staff, a program's supervisor must meet **all** of the following requirements:

(a) Have a minimum of three years of experience providing direct treatment services to perpetrators of domestic violence;

(b) Have a minimum of one year of experience providing victim advocacy services to domestic violence victims (this may be concurrent with (a) of this subsection);

(c) Have a minimum of one year of experience in facilitating domestic violence perpetrator treatment groups;

(d) Has completed at least five hundred hours of supervised direct treatment contact with both perpetrators and domestic violence victims:

(i) At least three hundred hours of this requirement must have been the provision of supervised, direct treatment services to domestic violence perpetrators.

(ii) The remainder of this requirement must have been the provision of domestic violence victim advocacy services.

(2) Each staff person providing supervision to direct treatment staff within a program must have a master's degree.

(a) The department's program manger [manager] will review requests for an exception to this requirement on a case-by-case basis.

(b) In order to qualify for an exception, the employee must possess year-for-year professional level experience equivalent to a master's degree. The department determines this equivalency at the discretion of the DSHS program manager responsible for monitoring domestic violence perpetrator treatment programs.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0365, filed 3/30/01, effective 4/30/01.]

388-60-0375

Must a supervisor always be on the premises of the treatment program?

A supervisor may be located either on or off-site unless direct treatment services are being provided only by employees who are considered trainees, as defined in these rules. If no other direct treatment staff besides the supervisor possesses at least two hundred fifty hours of experience providing direct treatment services to perpetrators, the supervisor must be present at all times that direct treatment services are being provided.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0375, filed 3/30/01, effective 4/30/01.]

388-60-0385

Must the treatment program have staff supervision policies?

A treatment program must develop and follow policies, procedures, and supervision schedules that provide adequate supervision for all treatment staff.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0385, filed 3/30/01, effective 4/30/01.]

388-60-0395

What are the requirements for staff orientation?

(1) A treatment program must have an orientation for any new staff, whether the staff are paid or volunteer.

(2) The purpose of the orientation must be to provide the staff with the program's philosophy, organization, curriculum, policies, procedures, and goals.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0395, filed 3/30/01, effective 4/30/01.]

388-60-0405

What are the continuing professional education requirements for all direct treatment program staff?

(1) All staff having direct treatment contact with participants must complete a minimum of twenty hours of continuing professional education each year after the program is certified, or each year after the staff person is added to the staff list. No more than five of those hours may be obtained by attending "in-house" training.

(2) Each staff person's continuing professional education must include four or more hours of training per year on issues of sexism, racism, and homophobia and their relationship to domestic violence.

(3) Continuing education training may be in the fields of alcohol/drug abuse, mental health, or other issues but all training must be related to the treatment of domestic violence perpetrators.

(4) The treatment staff may obtain continuing professional education through classes, seminars, workshops, video or audiotapes, or other self-study programs when approved in writing by the program supervisor. No more than five hours of video, audiotapes, or self-study program may be used toward the requirement of twenty hours of continuing education requirement. This includes correspondence courses.

(5) The staff must document all continuing education hours on DSHS approved forms.

(a) The form must be accompanied by completion certificates, course/workshop outline, and supervisor signature.

(b) The program must submit the form and documentation to the department at the time the program applies for re-certification.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0405, filed 3/30/01, effective 4/30/01.]

388-60-0415

Is a treatment program required to cooperate with local domestic violence victim programs?

A treatment program must establish and maintain cooperative relationships with domestic violence victim services programs located in their community.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0415, filed 3/30/01, effective 4/30/01.]

388-60-0425

Does a treatment program need knowledge of the domestic violence laws and justice system practices?

A treatment program must show evidence of an understanding of the laws pertaining to domestic violence and the operation of the justice system. At a minimum, a program must be familiar with:

- (1) State laws regulating the response to domestic violence by the criminal justice system;
- (2) Relief available to victims of domestic violence offered by:
 - (a) Washington domestic violence law and civil protection orders;
 - (b) Criminal no-contact orders; and
 - (c) Civil restraining orders.
- (3) Local law enforcement, prosecution, and court and probation policies regarding domestic violence cases.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0425, filed 3/30/01, effective 4/30/01.]

388-60-0435

What is the process to apply for certification of a treatment program?

(1) Any program wishing to provide treatment to perpetrators of domestic violence must request certification by completing an application available from the department. To request an application by mail, write to:

Domestic Violence Perpetrator Treatment Program
Department of Social and Health Services (DSHS)
Children's Administration
P.O. Box 45710
Olympia, Washington 98504-5710.

(2) The program must submit the application, application fee, and all documentation needed to prove that the program meets the requirements set forth in these standards.

(3) A program may not provide direct treatment services to domestic violence perpetrators without being certified by the department.

(4) If approved, the department grants certification for a two year period.

(5) The department considers each geographical location of a program an individual program, and must certify each program separately.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0435, filed 3/30/01, effective 4/30/01.]

388-60-0445

What is the application fee for certification?

- (1) Application fee for either initial certification or recertification of a domestic violence perpetrator treatment program is one hundred dollars.
- (2) The department publishes the application fee for certification of domestic violence perpetrator treatment programs in the application packet.
- (3) If there is any change in the fee, the update will be done in July of each year.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0445, filed 3/30/01, effective 4/30/01.]

388-60-0455

What documentation must a program submit before the department may certify the program?

The program's director must submit the following documentation with the program's application:

- (1) A written statement signed by the director that the program complies with the standards contained in this chapter;
- (2) Results of current criminal history background checks conducted by the Washington state patrol for all current direct treatment program staff;
- (3) A statement for each current paid or volunteer staff person whether or not the staff person has ever been a party to any civil proceedings involving domestic violence;
- (4) Proof that each direct treatment staff is registered as a counselor or certified as a mental health professional with the department of health;
- (5) Evidence that the program maintains cooperative relationships with agencies providing services related to domestic violence.
 - (a) This evidence must include, at a minimum:
 - (i) Three items of evidence that they have established and continue to maintain cooperative relationships with local domestic violence victim programs and other local agencies involved with domestic violence intervention.
 - (ii) Documentation that they have established a referral process between their program and the local domestic violence victim services programs.
 - (iii) Proof that they participate in a local domestic violence task force, intervention committee or workgroup if one exists in their community.
 - (b) The program may also submit evidence of the following:

- (i) Participation in public awareness activities sponsored by the local domestic violence victim services agency.
 - (ii) Service agreements between the local domestic violence victim services agency(ies) and the treatment program.
 - (iii) Letters of support for the program from other agencies or parties involved in domestic violence intervention.
- (6) Evidence that the program maintains cooperative relationships with agencies involved in domestic violence intervention.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0455, filed 3/30/01, effective 4/30/01.]

388-60-0465

What happens after a program turns in an application to the department?

- (1) The department will review a certification application within thirty days after the application is received to decide if the domestic violence perpetrator program meets the program standards in this chapter.
- (2) The department must notify the applicant whether or not the program meets these standards.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0465, filed 3/30/01, effective 4/30/01.]

388-60-0475

Will a certificate be issued if the treatment program meets the standards?

If a program meets the standards in this chapter, the department will issue the program a certificate of compliance.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0475, filed 3/30/01, effective 4/30/01.]

388-60-0485

What happens if a treatment program does not meet the standards?

- (1) If a program does not meet the standards for certification or recertification, the department will provide the program with:
- (a) A copy of the standards;
 - (b) A written notice containing the reasons for the determination of noncompliance; and

(c) The program standards relied upon for making the decision.

(2) Treatment programs have the right to a hearing if the program is denied certification under this chapter (chapter 388-02 WAC).

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0485, filed 3/30/01, effective 4/30/01.]

388-60-0495

What records must the department keep regarding certified domestic violence perpetrator programs?

The department must maintain the following information:

- (1) A current record of all certified domestic violence perpetrator programs.
- (2) A current record of programs that:
 - (a) Are in the process of applying for certification;
 - (b) Have been denied certification;
 - (c) Have been notified that the department is revoking or suspending certification;
 - (d) Have had their certification revoked; and
 - (e) Are being investigated.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0495, filed 3/30/01, effective 4/30/01.]

388-60-0505

How often must a domestic violence perpetrator treatment program reapply for certification?

Each program certified under this chapter must reapply for certification every two years.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0505, filed 3/30/01, effective 4/30/01.]

388-60-0515

What must a program do to apply for recertification of their domestic violence perpetrator treatment program?

In order to be recertified, a program must submit a completed application packet to the department at least forty-five days prior to the expiration date of the previous certification period.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0515, filed 3/30/01, effective 4/30/01.]

388-60-0525

What must the application packet for renewal of the certification of a domestic violence perpetrator program include?

The packet must include the following:

- (1) A completed application form signed by the program director;
- (2) Payment of the application fee;
- (3) A listing of all direct treatment staff;
- (4) A statement of qualifications for any staff added since the last certification period;
- (5) Current results of criminal history background checks conducted by the Washington state patrol, and a statement regarding any involvement in civil proceedings involving domestic violence for each employee providing direct treatment services;
- (6) An update of continuing professional education hours for each direct treatment staff;
- (7) Evidence that the program maintains cooperative relationships with agencies providing services related to domestic violence.
 - (a) This evidence must include, at a minimum:
 - (i) Three items of evidence that they have established and continue to maintain cooperative relationships with local domestic violence victim programs and other local agencies involved with domestic violence intervention.
 - (ii) Documentation that they have established a referral process between their program and the local domestic violence victim services programs.
 - (iii) Proof that they participate in a local domestic violence task force, intervention committee or workgroup if one exists in their community.
 - (b) The program may also submit evidence of the following:
 - (i) Participation in public awareness activities sponsored by the local domestic violence victim services agency.
 - (ii) Service agreements between the local domestic violence victim services agency(ies) and the treatment program.
 - (iii) Letters of support for the program from other agencies or parties involved in domestic violence intervention.
- (8) Evidence that the program maintains cooperative relationships with agencies involved in domestic violence intervention; and
- (9) All documentation needed to prove that the program continues to meet the standards for certification.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0525, filed 3/30/01, effective 4/30/01.]

388-60-0535

How does the department decide that a program should continue to be certified?

The department will continue to certify a program, or will review its certification, if:

(1) The department determines, based on the completed application, that the program continues to meet the standards and qualifications as outlined in this chapter; and

(2) The department determines that any complaint investigations from the previous certification period have been satisfactorily resolved.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0535, filed 3/30/01, effective 4/30/01.]

388-60-0545

Is there a formal process if a treatment program wishes to appeal a denial of certification or recertification?

If the department denies certification or recertification, the domestic violence perpetrator treatment program has a right to an administrative hearing under chapter 388-08 WAC.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0545, filed 3/30/01, effective 4/30/01.]

388-60-0555

Does the department have an advisory committee for domestic violence perpetrator treatment?

The department will establish and appoint a volunteer group to serve as the Washington domestic violence perpetrator treatment program standards advisory committee.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0555, filed 3/30/01, effective 4/30/01.]

388-60-0565

What is the role of the advisory committee?

The role of the advisory committee is to:

- (1) Advise the department regarding recommended changes to the program standards; and
- (2) Provide technical assistance on program standards, implementation, and certification and recertification criteria.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0565, filed 3/30/01, effective 4/30/01.]

388-60-0575

Who are the advisory committee members and how are they chosen?

The advisory committee must include the following members:

- (1) Four persons representing the perspective of victims of domestic violence. They will be chosen with input from the Washington State Coalition Against Domestic Violence (WSCADV);
- (2) Four persons representing the perspective of state-certified domestic violence perpetrator treatment programs. They will be chosen with input from the Washington Association of Domestic Violence Intervention Professionals (WADVIP);
- (3) Four persons representing the perspective of adult misdemeanant probation and Washington state courts of limited jurisdiction. They will be chosen with input from the Misdemeanant Corrections Association and the Washington State District and Municipal Court Judges Association;
- (4) One person representing the department of corrections; and
- (5) One person representing the office of the administrator for the courts.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0575, filed 3/30/01, effective 4/30/01.]

388-60-0585

How long is the appointed term for an advisory committee member?

Advisory committee members are appointed for two-year terms.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0585, filed 3/30/01, effective 4/30/01.]

388-60-0595

May advisory committee members be replaced before their term expires?

The department may replace committee members if the member misses two consecutive committee meetings.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0595, filed 3/30/01, effective 4/30/01.]

388-60-0605

Are expenses for advisory committee members reimbursed?

(1) If funds are available, the department will reimburse advisory committee members for travel and meal expenses related to service on the committee.

(2) Advisory committee members may not receive any other compensation for service on the committee.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0605, filed 3/30/01, effective 4/30/01.]

388-60-0615

Does the department investigate complaints about domestic violence perpetrator treatment programs?

DSHS investigates complaints regarding domestic violence perpetrator treatment programs.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0615, filed 3/30/01, effective 4/30/01.]

388-60-0625

Who may request an investigation of a certified domestic violence perpetrator treatment program?

Any person may submit a written complaint to DSHS if the person has the following concerns about a certified program:

- (1) The program has acted in a way that places victims at risk; or
- (2) The program has failed to follow standards in this chapter.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0625, filed 3/30/01, effective 4/30/01.]

388-60-0635

Does the department notify a treatment program that the department has received a complaint?

Once it receives a complaint about a certified program, the department will:

- (1) Determine that the complaint includes sufficient information to be deemed valid;
- (2) Notify the program within fourteen days of the complaint being determined valid that the department has received a complaint about the program; and
- (3) Notify the program that an investigation has been initiated.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0635, filed 3/30/01, effective 4/30/01.]

388-60-0645

May DSHS begin an investigation of a treatment program without receiving a complaint?

DSHS may begin an investigation of a domestic violence perpetrator treatment program without a written complaint if the department believes that the program:

- (1) Has placed victims at risk; or
- (2) Failed to follow the standards outlined in this chapter.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0645, filed 3/30/01, effective 4/30/01.]

388-60-0655

What is included in an investigation?

The investigation of a complaint against a domestic violence perpetrator treatment program may include:

- (1) Contact with:
 - (a) The person making the complaint;
 - (b) Other persons involved in the complaint; or
 - (c) The treatment program.

- (2) A request for written documentation of evidence; and/or
- (3) An on-site visit to the program to interview program staff.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0655, filed 3/30/01, effective 4/30/01.]

388-60-0665

Is there a time limit for the department to complete its investigation of a complaint?

The department must complete its investigation within forty-five days of beginning the investigation, unless circumstances warrant a longer period of time.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0665, filed 3/30/01, effective 4/30/01.]

388-60-0675

Does the department put the results of the investigation in writing?

(1) The department will prepare written results of the complaint investigation.

(2) If the department decides that the treatment program behaved in a way that placed victims at risk or failed to meet the standards outlined in this chapter, the written results must include a decision regarding the status of the program's certification.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0675, filed 3/30/01, effective 4/30/01.]

388-60-0685

What action may the department take regarding a program's certification if a complaint is founded?

If the department determines that a complaint against a domestic violence perpetrator treatment program is founded, the department may:

- (1) Revoke the treatment program's certification;
- (2) Suspend the treatment program's certification; or
- (3) Send a written warning to the treatment program.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0685, filed 3/30/01, effective 4/30/01.]

388-60-0695

Does DSHS notify a treatment program of its decision to take corrective action?

DSHS must send the written results of its investigation to the program by certified mail, return receipt requested, within twenty days after completing the investigation.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0695, filed 3/30/01, effective 4/30/01.]

388-60-0705

What information must the department give a program if it takes action that affects the program's certification status?

(1) If DSHS revokes a program's certification, the department must provide the program with:

- (a) The specific reasons for the revocation;
- (b) The WAC standards the revocation is based on; and
- (c) The effective date of the revocation.

(2) If DSHS suspends a treatment program's certification, DSHS must provide the treatment program with:

- (a) The specific reasons for the corrective action;
- (b) The WAC standards that the suspension is based on;
- (c) The effective date of the suspension;

(d) Any remedial steps which the program must complete to the satisfaction of the department before the department will reinstate the program's certification and lift the suspension; and

(e) The deadline for completion of any remedial steps.

(3) If DSHS issues a written warning to a program, DSHS must provide the treatment program with:

- (a) The specific reasons for the written warning;
- (b) The WAC standards that the written warning is based on; and
- (c) Any remedial steps which the program must complete to the satisfaction of the department.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0705, filed 3/30/01, effective 4/30/01.]

388-60-0715

What happens if a treatment program refuses to remedy the problems outlined in the complaint findings?

If the treatment program refuses or fails to remedy the problems outlined in the written warning, DSHS may revoke or suspend the certification of the program.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0715, filed 3/30/01, effective 4/30/01.]

388-60-0725

What if the director of a domestic violence perpetrator treatment program disagrees with the corrective action decision?

(1) When DSHS revokes or suspends a program's certification, issues a written warning, or imposes corrective action, the department will notify the program director in writing of the program's right to request a hearing.

(2) The program director may request an administrative hearing from the office of administrative hearings pursuant to chapter 388-02 WAC.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0725, filed 3/30/01, effective 4/30/01.]

388-60-0735

Does the department notify the person that made the complaint of the results of the investigation?

DSHS will mail a copy of the written results of the investigation to the person who made the complaint against the domestic violence perpetrator treatment program.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0735, filed 3/30/01, effective 4/30/01.]

388-60-0745

What must the treatment program do after notification that its certification has been suspended or revoked?

If DSHS revokes or suspends a program's certification, the program must:

(1) Take immediate steps to notify and refer current clients to other certified domestic violence perpetrator treatment programs;

Note: This must be done prior to the effective date of revocation or suspension.

(2) Cease accepting perpetrators of domestic violence into its treatment program;

(3) Notify victims, current partners of the participants, and any relevant agencies about the client referral; and

(4) Notify, in writing, the presiding judge and chief probation officer of each judicial district from which the treatment program receives court referrals.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0745, filed 3/30/01, effective 4/30/01.]

388-60-0755

What happens if the program has other licenses or certificates?

If a program also holds a license or certification from the state of Washington for other treatment modalities, DSHS may notify the appropriate licensing or certifying authority that the program's certification has been suspended or revoked.

[Statutory Authority: RCW 26.50.150. 01-08-046, § 388-60-0755, filed 3/30/01, effective 4/30/01.]