Information Summary and Recommendations

Domestic Violence Perpetrator Counselors

July 31, 1992

Washington State Department of Health

Licensing and Certification

DOMESTIC VIOLENCE PERPETRATOR COUNSELORS

INFORMATION SUMMARY

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BACKGROUND

Domestic Violence Perpetrator Counselors examine and treat persons convicted of domestic violence offenses. In 1991, the Washington State Legislature enacted House Bill 1884. Section 14 of that bills directs the Department of Health to study whether domestic violence perpetrator counselors should be certified. The Department conducted the study according to criteria set forth in the "Sunrise" law (RCW 18.120.110.) The Department shall report its findings and recommendations to the House of Representatives Judiciary Committee and the Senate Law and Justice Committee by September 1, 1992.

It is the legislature's intent to permit all qualified individuals to enter a health care profession. If there is an overwhelming need for the state to protect the public, then entry may be restricted. Where such a need to restrict entry and protect the public is identified, the regulation adopted should be set at the least restrictive level.

The Sunrise Act, RCW 18.120.010, states that a health care profession should be regulated only when:

- Unregulated practice can clearly harm or endanger the health, safety or welfare of the public and the potential for harm is easily recognizable and not remote or dependent upon tenuous argument;
- The public can reasonably benefit from an assurance of initial and continuing professional ability, and;
- The public cannot be protected by other more cost effective means.

There are three types of credentialing:

- Registration. A process by which the state maintains an official roster of names and addresses of the practitioners in a given profession. The roster contains the location, nature and operation of the health care activity practiced and, if required, a description of the service provided. A registrant is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

- Certification. A voluntary process by which the state grants recognition to an individual who has met certain qualifications. Non-certified persons may perform the same tasks, but may not use "certified" in the title. A certified person is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

- Licensure. A method of regulation by which the state grants permission to engage in a health care profession only to persons who meet predetermined qualifications. Licensure protects the scope of practice and the title. A licensee is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

OVERVIEW OF SUNRISE PROCEEDINGS

The Department of Health began discussions and held meetings with interested parties on the regulation of domestic violence perpetrator counselors in September 1991.

The department requested regulatory agencies in other states to provide sunrise reviews, regulatory standards, or other information which would be useful in evaluating the proposal to regulate domestic violence perpetrator counselors. Judicial systems in each state were contacted to determine if court referral systems were in place which required specific qualifications or regulation of domestic violence perpetrator counselors. In addition, national associations of counselors were contacted to determine if there are any requirements or pending legislation.

Proponents and opponents in Washington State were contacted to review the proposal to regulate domestic violence perpetrator counselors. Various agencies, associations and organizations provided clarifying information.

The Department of Health, Licensing and Certification, Office of Health Services Planning and Operations Support created a review committee. A public hearing was held on July 21, 1992. Representatives from various divisions within the Department of Health participated in the proceedings. All attendees were given the opportunity to express their views on the proposal and get answers to their questions on the proposed conclusions, recommendations and options. Interested parties were given an additional ten days to submit final comments. A copy of the report was sent to the Board of Health for comment.

Final recommendations were prepared for presentation to the Secretary of the Department of Health.

SUMMARY OF EVIDENCE AND FINDINGS

The Department's staff reviewed the information provided by interested parties using sunrise review criteria. This section summarizes the information provided and the conclusions drawn.

Potential Harm to the Public:

Domestic violence is the threat of or actual use of either emotional or physical force (or both) to resolve conflict or control family members (or both.) The forms of assaultive behavior are 1) physical battering, 2) sexual battering, 3) psychological battering, and 4) the destruction of property and pets. There may be two or more forms present. House Bill 1884 refers primarily to the criminal nature of domestic violence. Therefore, this report focuses on the physical and potentially lethal aspects of domestic violence.

There are significant statistics on domestic violence.

- Nationwide the estimate is that 87 percent of domestic violence abusers are male and 13 percent are female.

- In the United States, one domestic assault occurs every 18 seconds. More than 200 women are battered by their male partners every hour. Domestic violence is the leading cause of injury to women in the United States.

- In Washington, there were at least 69 deaths resulting from domestic violence related incidents in 1990, more than one out of every four homicides.

- Nationally, each year at least 2.2 million people are victims of intentional injury.

- Ninety percent of incarcerated men came from violent families. Eighty percent of prostitutes were sexually abused children.

There is currently no state system for certifying domestic violence treatment programs or perpetrator counselors. This lack of certification may create inconsistencies in some essential respects. These inconsistencies may pose a potential harm to public safety and welfare by endangering the quality and availability of competent counseling services. The information received by the Department of Health indicates the following:

1. Domestic violence is a very serious social and public health problem in Washington. It potentially affects all people in the state.

2. The Washington State legislature took an important step toward addressing the problem of domestic violence by passing legislation providing state standards for the certification of domestic violence treatment programs.

3. The Department of Health regulates mental health professionals at the following levels:

Registered Counselors
Registered Hypnotherapists
Certified Marriage and Family Counselors
Certified Mental Health Counselors
Certified Social Workers
Certified Sex Offender Treatment Providers
Affiliate Certified Sex Offender Treatment Providers
Licensed Psychologists
Licensed Psychiatrists (under general physicial licensing)

There is some question if these professionals are fully qualified to counsel domestic violence perpetrators without completing specific additional educational or training requirements. The laws relating regulating these professions have no specific educational requirements on domestic violence. Conflicting information received to date makes it difficult for the Department of Health to determine what the educational criteria should include. The Department agrees with statements received that dual registration is not cost-effective for the state, the providers or the public.

4. There are many paraprofessionals providing peer or self-help treatment who are not regulated under any of the above professional categories, nor do they meet the education or training requirements for regulation. The Department of Health does not regulate these individuals. They are not subject to the Uniform Disciplinary Act.

5. The current system of local certification of domestic violence programs does not function uniformly throughout the state.

6. There is no state system to monitor victim and witness advocacy or batterers treatment, the programs providing therapy, or the follow-up treatment for batterers.

7. The state has no specialized educational requirements in place for providers of domestic violence perpetrator treatment or supervisors of others providing treatment or counseling.

8. There is no uniform court referral or evaluation process to determine the appropriate means of treatment for perpetrators of domestic violence.

9. Community education programs have not effectively conveyed to the public various new and informed social values and non-violent methods for solving domestic violence.

10. There are opposing views regarding the effectiveness of current treatment approaches. Some feel there is evidence that traditional treatment increases the victim's safety or reduces the degree of violence. Others claim that evidence shows traditional therapy may increase the risk to the victim.

11. With any treatment approach applied, providers agree that inappropriate practice leads to inadequate and ineffective treatment, which puts the public at risk. Inadequate treatment may cause a false security for several reasons. First, the victim assumes that they are in less danger because their perpetrator has received treatment, but the inadequate treatment leads to further violence. Second,) the perpetrator assumes he/she has been helped, but the inadequate treatment leads to recidivism and further or more serious punishment. Third, the criminal justice and social and health systems may falsely conclude that treatment is effective when, in fact, it has been insufficient to produce a positive result.

12. There are no other states which specifically regulate domestic violence perpetrator counselors, other than including them in the broad criteria of domestic violence programs. The states of Colorado, Alaska, Kentucky and Hawaii have considered or are conducting sunrise reviews on regulation of domestic violence counselors.

Conclusion:

The continued lack of uniformity in certifying domestic violence counseling/programs endangers the health, safety, and welfare of the public. The public should reasonably expect that the services provided by domestic violence counselors meet a uniform minimum standard of competence throughout the state. These services should maintain an open approach to social, cultural and gender issues.

The state does not require the mental health professionals currently regulated to have curriculum requirements specific to domestic violence counseling. There is lack of agreement on what the standards for regulation, if any, should be. This disagreement makes it difficult for the Department of Health to determine if regulation of domestic violence perpetrator counselors is justified.

Professionals who deal with domestic violence should show evidence of competent levels of expertise and should receive on-going and consistent training. Information received shows disagreement on whether credentialing as a mental health professional and current continuing education requirements are the appropriate competency levels.

The legislature directed the Department of Social and Health Services to set standards for programs which provide treatment to court-referred domestic violence offenders.

However, the Department of Health's information indicates that approximately 40 percent of domestic violence counseling is not court-referred.

Consumer Need and Benefit:

Information provided shows that, when convicted, perpetrators of domestic violence are incarcerated or given counseling, or both. Approximately 60 percent of the referrals for domestic violence treatment come from the criminal justice system. Court personnel who may not be qualified to determine appropriate evaluation and treatment. The remaining 40 percent of referrals are made by sources other than the criminal justice system; some are self-referred. The public need is to provide appropriate treatment to the perpetrator, the victim, and the family. Because of the growing rate of convictions and the lethal nature of crimes due to domestic violence, it is most important that treatment be accessible.

The requirement of provider standards would assure the perpetrator receives appropriate treatment by qualified counselors. For example, referrals and treatment evaluations should be made with full knowledge of the severity and background of the crime, thus allowing the provider to determine which method of counseling is most appropriate.

The primary goal of treatment is to end domestic violence and provide a safe environment for the victim and family. Treatment should increase the perpetrator's awareness and accountability for his or her acts and enable him or her to manage their attitudes. This includes learning non-violent, non-abusive and healthy conflict resolution skills.

The treatment of domestic violence perpetrators entails risk because it involves physical injury and potential lethality. Each case may require a comprehensive assessment and intensive treatment. These perpetrators require practitioners with special and advanced skills in domestic violence.

There is an argument that the higher the qualifications required for a domestic violence perpetrator counselor, the higher the cost of services will be. Further, a high percentage of the domestic violence perpetrators are indigent persons. There is no public subsidy for domestic violence perpetrator treatment.

Another argument against regulation is that such regulation of domestic violence perpetrator counselors would also regulate treatment modality. Treatment methods are still evolving and some assert that regulation could stop examination of new and perhaps more effective programs.

Additionally, many feel that specialty certification produces clinicians that are too narrowly trained. As such, they are often unable to effectively treat cases where two or more mental disorders are diagnosed -- such as violence and substance abuse. Many counselors are using a multi-disciplinary team approach for treatment in such cases.

Conclusion:

Treatment and referral processes should have appropriate reference to victim advocacy and perpetrator needs. Cases should be assessed individually. Providers should keep in mind that although group counseling may be appropriate in some cases, individual or couples counseling should be used in others. Inappropriate or inadequate treatment may cause a false security for the victim, the perpetrator and the public by assuming the perpetrator has been helped.

Regulation of mental health professionals, in and of itself, does not guarantee effectiveness or reduction in recidivism. The seriousness of domestic violence lends validity to the need for on-going education for professionals providing treatment to domestic violence perpetrators. The Washington Standards for Domestic Violence Perpetrator Programs requires that providers be given training and supervision by those with expertise in domestic violence treatment. It also requires that all staff providing treatment complete a minimum of 20 hours of continuing professional education within each calendar year.

Benefit to the Public:

Domestic violence is a grave national problem, destroying the lives of millions of men, women and children across the country. It is an addictive pattern of behavior which passes from one generation to the next.

Individuals and the family are the foundations of our society. Historically, domestic crime has been tolerated and violence used as a problem-solving tool. Violence affects not only victims, perpetrators, children and witnesses, it can have an impact on those trying to be of assistance or innocent bystanders. Domestic violence is the leading cause of injury to women in the United States. It is one of the leading causes of divorce. Jail, probation, parole, court and police costs all increase as a result. Billions of dollars are lost each year due to employee absenteeism and sick time. Family violence is associated with increased criminal behavior.

Children living in violent homes may be physically or sexually abused by the perpetrator. They do not have to be directly harmed to be damaged by domestic violence. Such children demonstrate the same symptoms as physically or sexually abused children. They have more sleep difficulties, more difficulty with peer relationships and more conflicts with authority figures such as teachers. There is a high likelihood that children who witness domestic violence will grow up to be violent in their own families or become victims of adult abuse. As adults, children who lived with domestic violence have a higher rates of school drop out, suicide, drug and alcohol abuse, and unemployment.

Conclusion:

Domestic violence should be considered a major public health problem in Washington. Specialized, timely and appropriate domestic violence treatment can reduce risk factors associated with violence and result in lower recidivism rates. Counseling and special services provided for victims will reduce the likelihood of the victim becoming trapped in an abusive relationship. It will also send a message to perpetrators and the community that domestic violence will not be tolerated. Communities must re-educate the public on conscious and unconscious beliefs (e.g., social, cultural, religious, sexual, gender) which lead to domestic violence. The state can begin to eliminate the problem by making the perpetrators accountable for their own actions, and by raising public awareness of the magnitude and affects of domestic violence.

Other Means of Regulation:

There is no state regulation of domestic violence perpetrator programs. Current statute requires the Department of Social and Health Services to adopt standards for programs that accept court-referred perpetrators or that represent themselves as programs that treat domestic violence perpetrators. The program proposed by that department is outlined in the current second draft report, Washington Standards for Domestic Violence Perpetrator Programs.

In the development of their plan, the Department of Social and Health Services has included treatment and provider standards. These standards require that staff providing treatment to domestic violence perpetrators shall hold at least a bachelor's degree, or year-for-year experience equivalent to a bachelor's degree. They do not address monitoring or disciplinary authority of the providers. The Department of Social and Health Services will appoint a 10 to 20 member volunteer advisory council to serve as the Washington Domestic Violence Perpetrator Treatment Program Standards Board. The Board will review and act upon completed applications for program certification and monitor the certified programs. The Department of Social and Health Services' final proposal is not due to the legislature until after the completion of this report.

The Department of Health regulates mental health counselors, marriage and family counselors, social workers and sex offender treatment provider counselors. The Board of Psychology regulates psychologists. Psychiatrists are regulated as physicians by the Medical Disciplinary Board. Each professional regulated under these categories is subject to the Uniform Disciplinary Act. Mental health professionals who deal with domestic violence are usually regulated under one of these categories.

Paraprofessionals who provide peer or self-help treatment in domestic violence may not have gained specific levels of education and training to be registered, certified or licensed by the Department of Health. Chapter 18.19 RCW, the counselor law, exempts individuals who practice counseling but do not charge a fee. These individuals are not regulated by the Department of Health or subject to the Uniform Disciplinary Act.

DEPARTMENT CONCLUSIONS AND RECOMMENDATIONS:

Domestic violence is a very serious problem in our country. Because of the incidence and lethality of the issue, the public deserves that domestic violence be given special attention.

After careful consideration, the Department of Health recommends the following:

1. Regulation of domestic violence counselors, not currently regulated as a mental health professional, should be governed by the standards as provided in the Washington Standards for Domestic Violence Perpetrator Programs. The Department of Social and Health Services should assess the program after two years to determine whether the program standards are appropriate measures of competency and accountability.

2. It would be useful to track and develop information for future use regarding domestic violence perpetrator counselors. Registered or certified counselors providing domestic violence treatment could be required, during the application or renewal process, to state that they are providing domestic violence treatment.

3. The Department of Health recommends that the mental health boards or committees consider adding an additional member specializing in domestic violence perpetrator counseling to provide an additional perspective on domestic violence.

4. Registration, certification or licensure of any mental health professional should be considered appropriate qualification for domestic violence perpetrator treatment providers, subject to the Department of Social and Health Services' program requirements.

5. The Department of Health should implement a registration program for those professionals or paraprofessionals who counsel domestic violence perpetrators but who are not already regulated. Those individuals providing domestic violence perpetrator counseling who are otherwise exempt from registration, or who do not charge a fee, should be required to register.

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Roland Maiuro, Ph.D., Harborview Hospital

Karen Hecht-Wagner, MSW, The Odyssey Group

Vicki Ovena, MSW, The Odyssey Group

Doug Bartholomew, M.S., Domestic Violence Intervention Committee

Fred Gilmore, Director, Washington Hypnosis Association

Joan Zegree, MSW, Domestic Violence Intervention Committee

Anne Ganley, Ph.D., Washington State Domestic Violence Task Force

Cheryl Storm, Ph.D., President, Washington Association for Marriage and Family Therapy

Leila Whiting, ASCW, LSCW, Acting Director of Professional Affairs, National Association of Social Workers

Frances Goddard, MSW, LSCW, Executive Director, American Association of State Social Work Boards

Adrienne Ross, Family Violence Coordinator, Human Services Roundtable

Helen Metcalf, Ph.D., Washington State Association for Counseling and Development

Gary Bowlin, Ph.D., President, Washington State Mental Health Counselors Association

Laura Brown, Ph.D.

Lucy Homans, Ed.D., Professional Affairs Officer, Washington State Psychological Association

Loni Johns-Brown, Washington State Association of Social Workers

Linda Grant, M.S., Executive Director, Washington Association of Alcoholism and Addictions Programs

Mary Pontarolo, Executive Director, Washington State Coalition Against Domestic Violence

Evelyn Boykan, Human Services Coordinator, City of Tukwila

Family Anger Management Institute

The Department of Social and Health Services

The states of Colorado, Alaska, Kentucky, Massachusetts, California, Wisconsin, Texas, Florida, Pennsylvania, Michigan, Ohio, Delaware, Illinois, Hawaii and West Virginia. In addition, the numerous other states responding to our request for information.