Frequently Asked Questions About Domestic Violence Perpetrator Treatment Programs for community-based advocates

The following FAQs are a product of the King County Coalition Against Domestic Violence and represent an attempt to provide helpful and concise information about domestic violence perpetrator treatment programs in Washington State. While we will be using the acronym DVPT throughout this document, it is important to note that such programs are also commonly referred to as Batterer Intervention Programs (BIPs) and there is controversy among providers regarding this distinction. Is it treatment? Or is it intervention? We do not attempt to resolve that debate here but we encourage ongoing discussion between advocates and treatment providers about the function and purpose of programs working to address domestic violence.

In Washington State, any program that purports to provide treatment for domestic violence to perpetrators must be certified by the Washington State Department of Social & Health Services (DSHS), and are guided by Washington Administrative Code (WAC) 388-60. While the WAC is quite comprehensive and thorough, individual programs can interpret various sections differently. Program monitoring is virtually absent due to insufficient State financial support. Advocates and other interested parties are encouraged to contact their local DVPT programs directly for information about policies, procedures, and curricula outlines.

This document is addressed to community based domestic violence advocates, and some questions refer to issues that are specific to their role in relationship to DVPT providers. However, much of the information will be useful to others wanting to better understand DVPT programs in Washington State.

1. **How are clients referred to DV treatment?**
   - Clients can be mandated via criminal court as part of a Stipulated Order of Continuance (SOC), a deferred sentence, or a sentence.
   - Clients can be referred via civil court as a condition of a protection order or other family law order that includes children.
   - Clients can be mandated to attend by Child Protective Services as a condition for seeing their kids.
   - Clients can self-refer.

   Reporting protocols may vary depending upon referral source. For example, a criminal court is likely to request monthly summary reports be sent to the court. In contrast, a civil court (ie protection order process) might not have such a specific requirement.

2. **How are clients screened in or out of treatment?**

   Programs may accept or reject a referral but are required to have written criteria for doing so (WAC 388-60-0115). Additionally, WAC 388-60-0165 specifies what information is to be collected during the intake process such as: history of violence, substance abuse screening, past treatment experiences, history of suicide/homicide threats or attempts, stalking history, access to weapons, mental health history, sexual abuse, criminal history, child abuse, and access to victim. The program is required to develop a written treatment plan based upon
the individual participant and the information collected during the intake (WAC 388-60-0195).

3. **What happens if there are identified or obvious mental health or substance abuse issues?**
   Programs are required to develop an individual treatment plan that can include referrals to treatment for co-occurring issues, though any such treatment cannot serve as a replacement for domestic violence treatment. The program must prioritize issues and determine order of treatment; however, there is no protocol for doing so listed within the WAC. Programs may require that all additional treatment providers be added to the participant’s release of information. Additionally, it is important that victim safety takes precedence in any treatment plan (WACs 388-60-0205, 0225, and 0095).

4. **What are DVPTs required to do in terms of contacting/communication with victims? What is the purpose of victim contact?**
   The WAC clearly states that the purpose of victim contact is to PROVIDE information, not to collect information from the victim. DVPTs are required to notify the victim when a perpetrator is accepted, rejected, or terminated from treatment. Additionally, DVPTs are required to provide information about advocacy services, encourage safety planning, and provide information about the treatment program and its limitations (WACs 388-60-0065, 0295). Victims may choose to provide information about the participant’s abusive behavior but should be informed that this is not required and assured of confidentiality. Many programs would like the victim to provide them with information, however it is important for victims to know (and to assert, if necessary) that they are not required to do so. Again, victims and their advocates should carefully consider the potential risks of providing information to the program.

5. **How is information sharing handled? For example, what can the treatment provider tell the victim about treatment progress?**
   DVPT providers are held to the standards of WA State registered counselors and therefore must have written consent from their clients to discuss anything disclosed in the therapeutic setting (with the exceptions of mandatory reporting of abuse or neglect of a child or vulnerable adult, or duty to warn about an imminent threat of harm to a person or property). However, WAC 388-60-0145 requires programs to obtain a release of information signed by each participant that must remain in effect throughout the entire duration of treatment. This release must include the victim and other relevant parties and allows for reports of client progress, participation, and safety concerns. WAC 388-60-0065 requires a program to contact a victim within 14 days of the acceptance or denial of a client into a program, and all attempts to do so must be documented. In addition, programs are required to contact the victim when a client is terminated from (WAC 388-60-0295) or completes the program (WAC 388-60-0275), and should also notify victims and/or others when a participant is not in compliance, makes threats, stops attending, or otherwise acts in a way that jeopardizes the victim.
6. **What do treatment providers do with information provided by a victim?**

   All information provided by or related to a victim must be kept confidential unless the victim has provided written consent for disclosure (WAC 388-60-0155). Regardless of this requirement, it is essential for victims and their advocates to specifically inquire how any particular person or program uses confidential information and to provide such information with great caution.

7. **What happens in the "group"?**

   There are many DVPT models out there that have been adapted or modified by individual programs. There are no nationally agreed upon models. WAC 388-60-0235 requires that a treatment program must follow a specific curriculum though it does not specify any particular model. However, WAC 388-60-0245 lists a number of specific topics that must be addressed regardless of the curriculum utilized. Examples of required topics include: belief systems and values that support violence against women, forms of abuse, impact on children, accepting responsibility for abusive behavior, legal and social consequences, etc.

8. **How long is DV treatment?**

   Washington State requires a minimum of 26 consecutive weekly sessions. Weekly sessions must be at least 90 minutes each, single-gendered, and consist of a minimum of two participants and a maximum of 12. After successful completion of the weekly phase of the program, participants are required to attend a minimum of six monthly sessions. Transition from weekly to monthly sessions is at the discretion of the program (WAC 388-60-0255) and the structure of monthly sessions is not specified within the WAC. It is important to note these are the **Minimum** requirements. A good program should determine a participant’s readiness for completion based on behavioral changes rather than length of time in the program or number of sessions attended.

9. **How do treatment programs address parenting and custody issues?**

   Programs are required to address the topic of the impact of domestic violence on children (WAC 38-60-0245) but it is up to individual programs to determine how to do so. There are programs that offer secondary classes regarding parenting but these should not replace primary domestic violence treatment sessions.

10. **What notice requirements must DVPTs take to address victim safety regarding a participant’s status within a program?**

    DVPTs must notify victims within 14 days of accepting or denying a potential treatment participant (WAC 388-60-0065), and within three days of a participant’s termination for non-compliance. However, victim notification requirements are somewhat vague with regard to participant non-compliance (WAC 388-60-0295) or early termination from treatment (WAC 388-60-0305). The DVPT is only required to provide reports to the victim “if feasible” and feasible is not defined. The vagueness of these victim notification guidelines, along with frequent difficulties the DVPT may encounter with obtaining accurate victim contact information, may create situations where the victim’s safety is jeopardized.

11. **What happens if an abuser drops out or is kicked out of treatment?**

    A program may discharge a participant for non-compliance or failure to complete the program, but is required to document reasons for discharge. The program is required to notify the victim within three days of a participant’s discharge for non-compliance (WAC
388-60-0305, and should also notify other relevant parties (court, probation, etc). The documentation should clearly describe how the participant violated his or her contract with the treatment program. Conversely, if a program elects to keep a participant who has clearly violated the contract, the program must provide written documentation explaining why the participant was allowed to remain in the program (WAC 388-60-0305). This information should be provided to the victim and/or others listed in the client’s release of information.

12. What are the qualifications of group facilitators?
In general, all direct treatment staff must be certified or licensed by the state as a counselor and hold a Bachelor’s degree at minimum. They must have received a minimum of 30 hours of training regarding perpetrator treatment and 30 hours regarding victim advocacy prior to providing direct services as a DVPT provider; they must also have a minimum of 250 hours of supervised direct experience with perpetrators and victims (WAC 388-60-0315). DSHS must be notified of any new direct-service staff members to ensure they meet the minimum qualifications prior to providing services to clients (WAC 388-60-0325). Individual DVPT programs may require additional degrees, certification, training, and/or experience, and WAC 388-60-045 requires an additional minimum of 20 hours per year of professional education in relevant issues. DVPT programs are required to renew their state certification every two years. It is important to note that the program is certified, not the individual provider.

13. How does an abuser complete a program?
WAC 388-60-0255 states the MINIMUM number of sessions required for weekly and monthly groups. Participants may transition from one phase to the other at the discretion of the program. Additionally, WAC 388-60-0265 requires that participants must have cooperated with program expectations, ceased all acts of violence and controlling behaviors, developed and complied with a responsibility plan, and complied with court orders and any other conditions designated by the DVPT program. Please note, a DVPT provider can only account for behaviors demonstrated within the treatment setting, and completion of a DVPT program should not be considered a guarantee against future abuse.

14. What are DVPTs required to do in terms of cooperating with advocates?
WACs 388-60-0455 and -0525 outline what documentation programs must submit for certification and renewal. In general, DVPT programs are required to demonstrate a mutually cooperative relationship with victim advocacy programs that includes participation on a DV task force and a written referral process for victims. The WAC also provides suggestions, such as participation in public awareness campaigns or obtaining letters of support from advocacy agencies, HOWEVER these are only suggestions. Each DVPT program is responsible to determine how best to meet this requirement. A good program should be reaching out to advocacy agencies in an effort to increase safety for victims and accountability for perpetrators.

Sometimes a DVPT provider will contact a victim advocacy program because they have not been able to contact a victim they believe may be getting advocacy services there. If you have not obtained written consent from that victim, you may have to explain to the DVPT provider that you cannot give them any information about, or even verify that you are working with, that specific survivor. However, you can offer to take a message, and assure
the provider that you will pass it on to the victim if you have a way of contacting her/him. You may also be able to offer the DVPT provider information about safety planning and other community resources. While sometimes advocates experience DVPT providers as being insistent or even aggressive in these interactions, most providers are motivated by genuine concern for the victim, and in some instances want to notify the survivor and/or others about serious, specific safety risks to the survivor and children/others.

15. How are programs monitored? How can I report concerns?
In Washington State, DSHS is responsible for certifying DVPT programs and investigating complaints. Complaints may be submitted in writing or by phone. Please visit http://www1.dshs.wa.gov/ca/dvservices/perptreat.asp for current contact information and mailing addresses. DSHS may investigate when a program is non-compliant with State regulations or when there are concerns that a program has compromised victim safety. However, it is important to understand that Washington State is severely understaffed with regards to this particular arena. As of mid-2012, DSHS employed only one .5 FTE position to monitor all programs across the state.

The entire WAC 388-60 can be downloaded from: http://apps.leg.wa.gov/WAC/default.aspx?cite=388-60

DVPT program certification and complaint processes can be found at: http://www1.dshs.wa.gov/ca/dvservices/index.asp

A list of Washington State-certified DVPTs can be found at: http://www.dshs.wa.gov/pdf/ca/perplist1.pdf