

AN ANALYSIS OF EVIDENCE BASED RESEARCH
RELATIVE TO:
THE STATE OF CONNECTICUT
DOMESTIC VIOLENCE OFFENDER INTERVENTION TREATMENT PROGRAM
STANDARDS

COMPLETED BY: NATASHA R.BARRETT, MSW, FAMILY RELATIONS COUNSELOR II

ON

DECEMBER 30, 2021

POWER POINT PRESENTATION

AGENDA:

- **Strategies Used for Review of State Standards Nation Wide**
- **CT DV Program Intervention Standards Areas of Strength**
- **Supporting Research and Evidence Based Literature Review**
- **CT DV Offender Program Standards Document Recommended Modifications**
- **Review of Selected States Program Standards**
- **Benefits of Adopting Recommended Modifications**



INTRODUCTION



STRATEGIES UTILIZED FOR REVIEW OF STATE STANDARDS NATION WIDE:

METHODS..

ANALYSIS..

OBSERVATIONS..



**DV PERPETRATOR
INTERVENTION
PROGRAM
STANDARDS
CONSIDERED BY
STATE,
ACCORDING TO:**

**THE CENSUS
BUREAU OF 9
REGIONS AND
DIVISIONS**

| <u>New England and Mid- Atlantic:</u> | <u>East North Central:</u> | <u>West North Central:</u> | <u>South Atlantic:</u> | <u>East South Central:</u> | <u>West South Central:</u> | <u>Mountain:</u> | <u>Pacific:</u> |
|---|------------------------------------|------------------------------------|----------------------------|--------------------------------|------------------------------------|------------------|-----------------|
| Maine | Indiana | Minnesota | Delaware | Alabama | Oklahoma | Arizona | California |
| Massachusetts | Illinois | Missouri | Maryland | Kentucky | Texas | Colorado | Hawaii |
| Rhode Island | Michigan | Nebraska | Virginia | Tennessee | | Idaho | Oregon |
| Vermont | Ohio | North Dakota | West Virginia | | | New Mexico | Washington |
| | Wisconsin | | | | | Utah | |
| | | | | | | | |
| | | | | | | | |

STATE OF CT DV PROGRAM INTERVENTION STANDARDS AREAS OF STRENGTH:

Observations in comparison to other States nationwide:

And..

Factors that give CT DV Standards the competitive edge:

- 1. Creates a framework that is correlated to evidence-based data.
- 2. Underscores the importance of culturally competent delivery of treatment services.
- 3. Constructively written in a manner that is cohesive and comprehensive.
- 4. Balanced document that reflects the option for treatment providers to foster creativity and fluidity in service delivery.



LITERATURE REVIEW

- Completed by: Stephan M. Cox, Ph.D., Susan Koski, L.P.D., Lyndsay Ruffolo, M.S., Researchers of the Institute for the Study of Crime and Justice Department of Criminology and Criminal Justice, Central Connecticut State University
- The purpose of the study: The Advisory Council selected the noted research team of CCSU, to conduct an independent study based on Court data comprised of all the DV arrests in calendar year 2016, to address significant implementation issues.
- Published in: October 2018
- Findings: Researcher's Recommendations include the creation of a directory of Providers for each Court, implementation of diverse curriculum. In addition to, establishing a centralized database in the Chief State's Attorney's Office, to understand prosecutorial decision making and consider implementing the "Court Watch" system already in effect in several other States.

LITERATURE REVIEW:

A STUDY OF CONNECTICUT PUBLIC ACT 15-211: DV OFFENDER PROGRAM STANDARDS

LITERATURE REVIEW:

A STUDY OF CONNECTICUT'S PUBLIC ACT 15-211 DOMESTIC VIOLENCE PROGRAM STANDARDS

NOTED OBSERVATIONS BASED
ON THE STUDY:

- There is a noticeable decline in Providers applying to be on an approved List
- No tracking mechanisms in place to confirm which providers are still providing services that adhere to standards
- There is a lack of application of the DV Standards in criminal court and no database to establish that the Nolle Prosequi*, (sections 46b-38c and 46b-38a) in DV matters is being adhered to at the time of case disposition
- Providers not on the approved provider list, receive referrals from the Court to provide DV Intervention treatment, however, are not required to meet the established CT DV Treatment Standards

**FUTURE ACTION
STEPS THAT WERE
ESTABLISHED AFTER
COMPLETION OF:**

(A STUDY OF CONNECTICUT'S
PUBLIC ACT 15-211
DOMESTIC VIOLENCE PROGRAM
STANDARDS) IN 2016

Emphasize ongoing training among system partners- Judicial Branch, CSA, Advocacy, relative to DV Offender Program Standards.

CT OPM submitted a grant to OVW, to offer full-time attention to the implementation of the standards.

Provide an update to the Legislature this session regarding the standards as required by statute.

LITERATURE REVIEW:

ASSESSING STATE'S INTIMATE PARTNER VIOLENCE OFFENDER TREATMENT STANDARDS USING A PRINCIPLES OF EFFECTIVE INTERVENTION FRAMEWORK

- Completed by: Tara N. Richards, Angela Gover, Alyssa Nysrtom, Caralin Branscum, and Taylor Claxton
- Purpose of the study: To provide an update to Maiuro and Eberle's (2008) review of States' IPV Standards and extend the literature by using the principles of effective intervention as an organizational framework to examine standards.
- Published in: September 2021
- Findings: Most standards, nationwide, outlined education or training requirements for staff and required periodic program reviews or audits, but few standards were evidenced-based and only about half required that programs collect data to measure effectiveness.

LITERATURE REVIEW:

ASSESSING STATE'S INTIMATE PARTNER VIOLENCE OFFENDER TREATMENT STANDARDS, USING A PRINCIPLES OF EFFECTIVE INTERVENTION FRAMEWORK

(NOTED OBSERVATIONS BASED ON THE STUDY)

IPV Treatment standards provide a rich opportunity for future researcher-practitioner partnership in the field of IPV Intervention.

Given that standards provide operating guidelines for programs, any changes in the standards afford a significant opportunity to affect widespread changes in IPV Treatment programming.

The results of risk assessments should be used to categorize IPV Offenders into low, medium and high-risk groups and corresponding intensities of treatment based on their level of risk.

Fidelity focuses on the therapeutic integrity by requiring program staff to be qualified, trained and participate in continuing education and on the job training.

Programs should collect data on their program staff and participants and complete regular process and outcome evaluations. Evaluations should be used to guide programmatic changes.

Scholars suggest that IPV treatment programs that adhere to principles including collection of data and evaluations conducted on programmatic operations, shall be associated with better client outcomes.

Only 18% of standards in the U.S. required actual data collection related to the effectiveness of the programs.

IPV programs were additionally assessed for strategies relative to same sex IPV and adherence to the requirement that treatment is provided in the client's primary or fluent language. Culture is specified in 67% of standards and one third mandated that programs provide treatment specific to same sex couple IPV Perpetrators.

LITERATURE REVIEW:

ASSESSING CHALLENGES, NEEDS AND INNOVATIONS OF GENDER BASED VIOLENCE SERVICES DURING THE COVID-19 PANDEMIC RESULTS SUMMARY REPORT:

- Completed by: Kellie Lynch, PHD and Tara Logan, PHD
- Purpose of the study: The goal of this project was to document the impact of the COVID-19 pandemic on the dynamic of gender-based violence in addition to the challenges, needs and innovations that service providers experienced.
- Published in: February 2021
- Findings: The COVID-19 pandemic has exacerbated risk factors for gender-based violence, such as unemployment/financial strain, substance use, isolation, depression, anxiety and general stress.

LITERATURE REVIEW:

ASSESSING CHALLENGES, NEEDS AND INNOVATIONS OF GENDER BASED VIOLENCE SERVICES DURING THE COVID-19 PANDEMIC RESULTS SUMMARY REPORT

ACCORDING TO THE ABOVE
NOTED STUDY,
THE FOLLOWING AREAS OF
TRAINING ARE
RECOMMENDED BY THE
AUTHORS REGARDING DV
OFFENDER TREATMENT
PROVIDERS:

- 1. Effective collaboration with law enforcement
- 2. Diversity and inclusion (race, gender, sexual orientation, class)
- 3. Self-care, mindfulness and avoiding burnout
- 4. Technology and virtual communication skills
- 5. Grief and other mental health training

LITERATURE REVIEW:

WHAT SERVICES EXIST FOR LGBTQ PERPETRATORS OF INTIMATE PARTNER VIOLENCE IN BATTERER INTERVENTION PROGRAMS ACROSS NORTH AMERICA? A QUALITATIVE STUDY

- Completed by: Claire E. B. Cannon, PhD, University of California, Davis, CA
- The purpose of the study: To determine available services for LGBTQ clients in domestic violence batterer intervention programs across North America and to ascertain which theoretical models informed these services.
- Published in: November 2019
- Findings: Programmatic Recommendations: include more LGBTQ facilitators, developing curricula that addresses homophobia, issues related to family of origin, and foster methods of outreach in the LGBTQ community, to make those affected aware of treatment possibilities. Moreover, evidence suggests a disconnect between practitioners and researchers when it comes to defining and treating the problem of IPV in LGBTQ relationships.
- Implications: Practitioners should not only undergo cultural training and provide LGBTQ specific curricula, but also engage how and why such social inequality exists and persists.

LITERATURE REVIEW:

WHAT SERVICES EXIST FOR LGBTQ PERPETRATORS OF INTIMATE PARTNER VIOLENCE IN BATTERER INTERVENTION PROGRAMS ACROSS NORTH AMERICA? **A QUALITATIVE STUDY**

NOTED OBSERVATIONS OF THE STUDY:

- 1. It should be noted that this study endeavors to reduce inequity experienced by LGBTQ batterers by making this population the focus of important research that aims to shed further light on the problem of IPV in LGBTQ populations.
- 2. Based on research of BIP's nationwide, there exists a lack of program visibility and ability to guarantee an LGBTQ person's safety and comfort.
- 3. There is a lack of outreach to the LGBTQ community such that LGBTQ people may not know about possible treatment options.
- 4. These results reveal the gap between the needs of the LGBTQ community with respect to IPV and the services necessary to combat the problem.
- The one size fits all model relative to heteronormative IPV perpetrators, limits the ability of researchers and practitioners to frame and understand aspects that arise from instances of IPV in LGBTQ relationships.
- 6. The throwaway acknowledgement of IPV as a serious problem in the LGBTQ community, limits the development of effective policy to provide better treatment options to affected communities.

LITERATURE REVIEW:
ESTIMATED
PERCENTAGE OF
CLIENTS BY SEXUAL
ORIENTATION BASED
ON RESPONSES FROM
BIP TREATMENT
PRACTITIONERS

BASED ON RESEARCH SURVEY
RESULTS FROM:
**WHAT SERVICES EXIST
FOR LGBTQ
PERPETRATORS OF
INTIMATE PARTNER
VIOLENCE IN BATTERER
INTERVENTION
PROGRAMS ACROSS
NORTH AMERICA?
A QUALITATIVE STUDY**

| BIP Provider Reported Sexual Orientation: | Total Percentage Out of 100%: |
|---|-------------------------------|
| Lesbian | 3.0 |
| Gay | 4.0 |
| Bisexual | 1.0 |
| Transgender (M to F; F to M) | 0.0 |
| Heterosexual | 90.0 |

LITERATURE REVIEW:

WHAT SERVICES EXIST FOR LGBTQ PERPETRATORS OF INTIMATE PARTNER VIOLENCE IN BATTERER INTERVENTION PROGRAMS ACROSS NORTH AMERICA? A QUALITATIVE STUDY

FINDINGS AND RECOMMENDATIONS OF THE NOTED STUDY :

1. Practitioners identify and call for development of female and inequity LGBTQ-specific curricula; ending the one size fits all approach, more interactions with other IPV Treatment Providers and more unified approaches for the State.
2. Working across relevant government agencies and entities, Practitioners suggest law enforcement, district and county attorneys and Judges, attend sessions to gain valuable insight into the impact of programs. As such implementation would integrate the Court systems with treatment interventions.
3. Practitioners suggest greater community involvement and a better referral system, as better referral understanding is needed.
4. Research demonstrates that LGBTQ populations are either not served or underserved by many BIPs in the United States. Since no Practitioner reported that LGBTQ clients receive their own group services, best circumstances are that LGBTQ clients are culled out of group therapy and provided individual one-on-one treatment. Unfortunately, this negates benefits of group dynamic and may further consolidate a sense of isolation and disenfranchisement from mainstream BIP Programming
5. Furthermore, given the CDC reports of (2014) that show the IPV occurs in LGBTQ relationships, at similar or greater rates than heterosexual relationships, the lack of options for LGBTQ clients evidences a bias that potentially obfuscates the needs of people in the community.
6. Philosophical treatment models should incorporate nonheteronormative assumptions and should reference specific concerns of LGBTQ folks (i.e., safety and comfort.)
7. Due to the perceptions and explanations reported by Practitioners, LGBTQ clients may feel unsafe, emotionally or physically and may feel repressed in heteronormative groups; such a finding stresses the continued necessity and importance for combatting homophobia and ensuring the safety of LGBTQ people

LGBTQIAA:

AN INCLUSIVE TERM REFLECTIVE OF CULTURAL COMPETENCE

Is an abbreviation for **LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUESTIONING, INTERSEX, ASEXUAL AND ALLY**. An umbrella term that is used to refer to the community as a whole. Often shortened to LGBT or LGBTQ, but not as a means to exclude other identities

The background of the slide features a photograph of a grand, classical building entrance. Several large, fluted columns made of light-colored stone or marble are visible, standing on a series of wide, shallow stone steps. The lighting is bright, casting soft shadows and highlighting the texture of the stone.

RECOMMENDED MODIFICATIONS SECTION RELATIVE TO:

THE STATE OF CONNECTICUT DOMESTIC VIOLENCE OFFENDER PROGRAM STANDARDS DOCUMENT

SUGGESTED MODIFICATIONS FOR,

THE CONNECTICUT DV OFFENDER PROGRAM STANDARDS DOCUMENT

BASED ON JOURNAL RESEARCH AND DATA:

- 1. **CT Standards Review:** It is recommended that the CT Standards are reviewed annually to allow for necessary modifications, if required.
- 2. **Provider List:** It may be beneficial to update the Approved Providers List Biannually, to reflect current pertinent provider information.
- 3. **Format of CT Standards:** The utilization of modified format for the CT Standards is recommended for enhanced readability and overall visual appeal.
- 4. **Cultural Competency Foundation:** Expounding upon delivery of treatment services to women who are also DV offenders, DV Offenders who identify as part of the LGBTQIAA Community, marginalized social groups of participants etc., to reflect current practices and ethical standards based on current research, is recommended. A differentiation in delivery of services regarding IPV Offenders who are women and members of LGBTQIAA, may be established as a groundbreaking advancement in regards to DV Offender Treatment Standards for practice in CT.

SUGGESTED
MODIFICATIONS
FOR,

THE CONNECTICUT DV
OFFENDER PROGRAM
STANDARDS DOCUMENT

BASED ON JOURNAL
RESEARCH AND DATA:

- **5. Description and Qualification Criteria for admittance of participants in FVEP, Explore and Evolve:** CT offers dynamic intervention treatment programs for IPV Offenders, therefore, it is recommended that the process for referrals to the programs, in addition to comprehensive definitions of each treatment program, is incorporated into the CT Standards, to illustrate differentiation in treatment.
- **6. Client's Efforts to Secure Treatment:** It is encouraged that IPV treatment clients are mandated to secure their own treatment from a selection relative to a Provider List and have the referral source submit a referral to the program, for documentation purposes, upon the participant securing a location for said treatment, to increase accountability, and increase successful completion rates.
- **7. Interagency Collaboration and Communication:** In order to effectively increase the quality of interagency partnerships and transparency, it is recommended that selected IPV treatment providers, develop and conduct informational trainings for local police departments, courts and probation offices etc.

**RECOMMENDED MODIFICATIONS BY SUBJECT AREAS OF FOCUS RELATIVE TO:
THE STATE OF CONNECTICUT DV OFFENDER PROGRAM STANDARDS DOCUMENT**

BASED ON CONDUCTED RESEARCH OF NATIONWIDE DV OFFENDER PROGRAM STANDARDS BY REGION



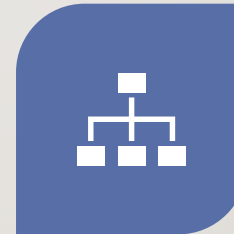
**1. CULTURAL
COMPETENCY**



**2. STAFF
REQUIREMENTS AND
EDUCATION**



**3. QUALITY ASSURANCE
METHODS**



**4. PROGRAMMATIC
STRUCTURE**



**5. PSYCHOEDUCATIONAL
IMPLEMENTATION**

CULTURAL COMPETENCY

- **Maine, Department of Corrections Chapter 15: Batterer Intervention Program Certification, pg.10, 4.3 Target Population, Section A.**

These standards are specifically designed for adults who abuse their intimate partners, although other domestic abuse offenders may participate in BIP Programs. It is important that appropriate models be implemented for men who abuse their female partners, for women who use violence against their male partners, and for same sex or transgender abusers.

STAFF REQUIREMENTS AND EDUCATION:

- **Maryland, The Governor's Family Violence Council's Operational Guidelines for Abuse Intervention Programs in Maryland, pg. 7, Section 5.0, Program Staffing: Article C.**

The AIP shall strive to employ staff members who reflect the cultural diversity of the community being served, provide services to culturally diverse groups, and comply with the requirements of the Americans with Disabilities Act.

QUALITY ASSURANCE METHODS:

- **Virginia** , Virginia Standards for Batterer Intervention Programs, pg. 16, Section X Program Evaluation, and Accountability, Subsection: Self Evaluation

Batterer Intervention Programs shall develop evaluation mechanisms that address compliance with standards, program policies, and procedures. This policy shall provide for both an internal program evaluation and an external evaluation of services.

Self Evaluation- The internal evaluation of services that shall include the review of internal data that offers an indication of program effectiveness for the public. Internal data includes referral, dropout, and completion rates. Internal evaluation also shall include feedback from former program participants and with sufficient protection, from their victims/partners.

External Evaluation- The external evaluation of services shall include an assessment from domestic violence programs and other related agencies to provide an objective evaluation of the program from someone outside the program. Evaluation may include the observation of group sessions or tapes of sessions by battered women's advocates.

PROGRAMMATIC STRUCTURE:

- **Nebraska, Batterer Intervention Program Standards, pg. 12,, The Use of Technology to facilitate a Remote Group.**

The Use of Technology to Facilitate a Remote Group:

No Batterer Intervention Program Provider, is authorized to use electronic communications devices, such as but not limited to telephones or computers, to allow participants to participate in a program remotely. Any program desiring to provide remote access through the use of an electronic communications device, must develop policies and procedures specific to this practice. These policies and written procedures must be submitted to the State Standards Committee for review and approval, prior to providing such access to a group. Failure to comply may cause a program to lose the ability to provide programming in a traditional setting.

PSYCHOEDUCATIONAL COMPONENTS AND IMPLEMENTATION:

➤ **Indiana, Service Standard Indiana Department of Child Services Domestic Violence Batterers Intervention Services, Section XII, Trauma Informed Care: Subsections (A).**

A. Provider must develop a core competency in Trauma Informed Care as defined by the National Center for Trauma Informed Care- SAMHSA

(<http://www.samhsa.gov/nctic/>):

1. *Trauma informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.*
2. *NCTIC facilitates the adoption of trauma-informed environments in the delivery of a broad range of services including mental health, substance use, housing, vocational or employment support, domestic violence and victim assistance, and peer support. In all these environments, NCTIC seeks to change the paradigm from one that asks, “What’s wrong with you?” to one that asks, “What happened to you?”*
3. *When a human service program takes the step to become trauma informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services.*
4. *Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional services delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.*

CONCLUSION

IT IS RECOMMENDED THAT THE STATE OF CT
DV OFFENDER PROGRAM INTERVENTION
STANDARDS DEMONSTRATE THE FOLLOWING:

-
- ✓ CULTURALLY COMPETENT DELIVERY OF SERVICES
 - ✓ COMPREHENSIVELY COMPETITIVE REQUIREMENTS
 - ✓ LANGUAGE REFLECTIVE OF RELEVANT CURRENT RESEARCH
 - ✓ CONSISTENTLY UPDATED ANNUALLY

