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Utah Domestic Violence Offender
Management Work Group

REPORT

MANAGEMENT AND TREATMENT OF COURT ORDERED DOMESTIC VIOLENCE OFFENDERS

The Commission on Criminal and Juvenile Justice
Office on Domestic and Sexual Violence

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TABLE OF CONTENTS

Introduction-----	3
Membership-----	4
Guiding Principles-----	6
Domestic Violence Offender Treatment-----	8
IPV-RNE Scoring Sheet-----	24
Provider Clinician Qualifications-----	30
Victim Advocacy Coordination-----	33
Rule Changes-----	36
Recommended Legislation-----	40

INTRODUCTION

The Utah Domestic Violence Offender Management Group (DVOMG) was authorized by the Utah Commission on Criminal and Juvenile Justice and held its first meeting January 2016. The statement and charge for the DVOMG is consistent and comprehensive for the evaluation, implementation and continued monitoring of domestic violence offenders at each stage of the criminal justice system. This is necessary to lessen the likelihood of re-offense, to work toward the elimination of recidivism and to enhance the protection of current survivors and potential victims. The DVOMG was charged with the development, endorsement and announcement of standards for the evaluation, treatment and monitoring of convicted domestic violence offenders and the establishment of an application and review process for approved therapists who provide services to convicted domestic violence offenders within the State of Utah.

The DVOMG is committed to carrying out its mandate to enhance public safety and the protection of survivors through the development and maintenance of comprehensive, consistent and effective standards for the evaluation, treatment and monitoring of adult domestic violence offenders. The DVOMG and subsequent Domestic Violence Offender Management Commission (DVOMC) will continue to explore the developing literature and research on the most effective methods for intervening with domestic violence offenders and continually identify best practices in the field.

DOMESTIC VIOLENCE OFFENDER MANAGEMENT GROUP MEMBERS

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As of 2018, the Domestic Violence Offender Management Board consisted of the following members.

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GUIDING PRINCIPLES

The treatment of domestic violence offenders in the State of Utah includes a variety of theories, modalities, and techniques. Court ordered domestic violence offenders are a separate category of violent offenders requiring a specialized approach. The primary goals are the interruption and termination of abusive behaviors while enhancing victim safety.

It is the belief of the DVOMG that setting standards for domestic violence offender treatment and advancing minimum requirements for approved treatment providers could greatly improve public safety. In addition, the process by which domestic violence offenders are assessed, treated, and managed by the criminal justice system and social services should be coordinated and improved.

Domestic violence offender treatment is a developing field. The DVOMG and subsequent Domestic Violence Offender Management Commission (DVOMC) will remain current on the emerging research and literature and will modify these standards based on an improved understanding of the issues. The DVOMG must also make decisions and recommendations in the absence of clear research findings. Therefore, such decisions will be directed by the Guiding Principles, with the governing mandate being the priority of public safety and attention to commonly accepted standards of care as we work towards reducing the violence, helping survivors remain safe and holding offenders of domestic violence accountable for their choices.

Additionally, the DVOMG will endeavor to create state standards that reflect Utah's communities which will include our unique geographic features, challenges, and resources. These Guiding Principles are designed to assist and guide the work of those involved in the management and containment of domestic violence offenders.

The management of domestic violence offenders involves the knowledgeable, accountable participation of all systems involved in the lives of the individual offender. The preferred approach in managing offenders is to utilize a containment process. Those involved in the containment process are directly responsible for holding offenders accountable while under supervision of the court or probation.

At a minimum, the following priorities MUST be addressed to begin to reduce domestic violence in Utah. This list is not predetermined or comprehensive. We anticipate the DVOMC will identify and support additional priorities.

The following core beliefs are central to the efforts of the DVOMG:

- A person who has been victimized by domestic violence is not responsible for the abuse.
- Domestic violence is criminal behavior.
- Victim and community safety are the highest priorities and should guide the system responses of the criminal justice system, victim advocacy, human services and domestic violence offender treatment.
- The management and containment of persons convicted of perpetrating domestic violence requires a coordinated community response that includes victim advocates, human services, justice services, treatment providers, corrections, among others.
- Domestic violence is a significant adverse experience for children, jeopardizing the overall health and well-being of a child over that child's lifetime.
- There is no singular profile of a person who commits acts of domestic violence.

The DVOMG believes domestic violence is preventable, change is possible, and collaboration is essential.

DOMESTIC VIOLENCE OFFENDER TREATMENT

Risk Factors

Intervention should be tailored to address offender risk factors and associated needs, which may require modifying the service plan as needed during the course of services¹. Offender risk is most reliably determined through research-informed instruments². In Utah, the Intimate Partner Violence Risk and Needs Evaluation (IPVRNE) is used. The IPVRNE is based on the most current domestic violence offender intervention research and empirically-supported risk assessments including the Domestic Violence Risk Assessment³ (DVRNE), Spousal Assault Risk Assessment⁴ (SARA), Ontario Domestic Violence Risk Assessment⁵ (ODARA), and Domestic Violence Screening Instrument⁶ (DVSI). These evaluations are completed by licensed mental health professionals who have been trained to use the IPVRNE and are certified⁷ by the Domestic Violence Offender Management Group as domestic violence treatment providers.

The IPVRNE tool and scoring sheet categorizes relevant risk and need factors into domains as follows:

- Domain A: Prior Domestic Violence (IPV)-related incidents
- Domain B: Drug or alcohol use
- Domain C: Mental health issue
- Domain D: Suicidal/homicidal
- Domain E: Weapons/firearms
- Domain F: Adult criminal history (non-IPV)
- Domain G: Obsession with victim

¹ Cantos & O'Leary (2014)

² Campbell & Messing (2017); Babcock et. al, (2016)

³ Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

⁴ Kropp, Hart, Webster, & Eaves (1998)

⁵ Hilton., et al. (2004)

⁶ State of Colorado Judicial Department (1998)

⁷ See the Treatment Provider Application Standards for information regarding the certification process.

- Domain H: Safety concerns, including victim's concern for safety, control of daily activities, strangulation, increase in severity of violence, unwanted sexual contact, issues related to pregnancy
- Domain I: Violence toward family members
- Domain J: Attitudes toward spousal assault
- Domain K: Prior IPV treatment
- Domain L: Victim initiated separation from the offender within the past 6 months
- Domain M: Unemployment
- Domain N: Pro-criminal associates

It should be recognized that severity of risk within each of these domains will vary (e.g., one arrest 15 years ago for shoplifting vs. five arrests during the past two years for assault or other crimes against persons). Such variation should be taken into consideration in making service recommendations. IPVRNE training addresses how to account for such variations when performing offender evaluations.

Intimate Partner Violence Offender Evaluation

An evaluation using the Domestic Violence Risk and Needs Evaluation (IPVRNE) will occur for individuals referred to or voluntarily seeking services because of an IPV/ domestic violence-conviction or other referral for interpersonal abuse or violence related to a situation with an intimate partner. The evaluation will be informed by an interview with the offender and information obtained from other sources including but not limited to the list below. The evaluator will obtain the necessary informed consent needed to access this information.

- Law enforcement incident report and criminal background
- Victim Contact
- Other sources of information as appropriate (e.g., DCFS, medical and behavioral health providers)
- If available, summary findings from the Level of Service/Risk, Need, Responsivity (LS/RNR⁸). The Level of Service/Risk, Need Responsivity (LS/RNR) is a quantitative survey that asks offenders about themselves and their environment. The LS/RNR is a standard measure nationwide for risk in the criminal justice system. If the level of risk indicated

⁸ Andrews, Bonta, & Wormith (2008)

by the IPVRNE is higher than the level of risk identified by the LS/RNR, the higher risk rating will be used to determine an appropriate level of services, including community supervision.

Guidelines for Victim Contact

The evaluator will attempt to obtain voluntary input directly from the victim unless she/he determines that obtaining such input is inappropriate or not possible given the circumstances. In these cases, the evaluator will document the reason(s) for not attempting to contact the victim (e.g. safety concerns, absence of contact information for the victim, etc.). Information obtained from a victim that is not already publicly available may not be used without the victim's informed written consent which may be revoked at any time. When consent is withdrawn service providers will not share previously unreleased information. When victim contact is established, the evaluator should inquire if a victim advocate is involved and whether the victim wants the advocate to participate in the interaction(s) with the evaluator. If the victim is not receiving advocacy services, the evaluator will offer to provide information about how to access these services. When the evaluator is not able to contact the victim, she/he will inform the victim advocate agency of jurisdiction of the initiation of the evaluation process in an effort to facilitate victim involvement.

Intimate Partner Violence Offender Intervention Services

IPV offender services shall be recommended when IPV-specific Risk factors are identified. Evaluators will assign offenders a risk level⁹ according to the guidelines provided below. In cases involving offenders with domestic violence charges or convictions whose crimes were NOT related to a situation with an intimate partner, IPV services should not usually be recommended. However, evaluators may determine that other services may be appropriate given the circumstances (see the **Duration and Intensity** and **Non-Intimate Partner Violence Services** section below).

General guidelines for determining risk and need levels are as follows:

- IPV cases where only General Criminogenic Risk factors apply are in the Low risk range.
- Cases with one or more IPV-Specific Risk Factors are at minimum in the Medium risk range.

⁹ Hanson et. al (2017)

- Cases with one to three Critical Risk factors are in the High-Risk range.
- Cases are in the Elevated High-Risk range when one or more Elevated Critical Risk factors are present or four or more Critical Risk Factors are present.

The presence of multiple risk factors will result in higher treatment intensity and/or duration within the designated risk level and range and may indicate the need for assignment to a higher risk level and range. Risk ratings should be reassessed if information becomes available suggesting that adjustments may be necessary.

Intimate Partner Violence-Specific Risk Factor Domains

Offenders with risk and need factors in this domain should receive IPV treatment services according to the guidelines provided in the **Duration and Intensity of Services** section below.

- Domain A: Prior Intimate Partner Violence (IPV)-related incidents
 1. Prior IPV assault conviction, arrest or citation (Critical risk factor)¹⁰
 2. Documented violation of protection order or failure of conditional release order (Significant risk factor)¹¹
 3. Prior IPV conviction, arrest or citation other than assault (Significant risk factor)
 4. Prior IPV assault not reported to criminal justice system (Significant risk factor)¹²
 5. Past or present IPV protection or conditional release order (do not score if A2 was scored)¹³
- Domain D: Suicide risk/Homicide ideation or threat
 1. Victim reports offender has made credible threats of suicide, homicide, or serious bodily harm to victim or victim's children within past 12 months (Elevated Critical risk factor)¹⁴

¹⁰ Campbell & Messing (2017); Hilton, N. Z., et al. (2004); Kropp, Hart, Webster, & Eaves (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

¹¹ State of Colorado Judicial Department (1998); Hilton, N. Z., et al. (2004); Kropp, Hart, Webster, & Eaves (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

¹² Kropp, Hart, Webster, & Eaves (1998); Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

¹³ State of Colorado Judicial Department (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

2. Suicide attempt or serious suicidal/homicidal ideation within past year (Critical risk factor) (do not score if D1 was scored)¹⁵
 3. Any ideation about suicide or homicide within the past 12 months (do not score if D1 or D2 was scored)¹⁶
- Domain E: Weapons/Firearms
 1. Use and/or threatened use of weapons in current or past incident (Elevated Critical risk factor)¹⁷
 2. Prior IPV assault conviction and presence of gun in the home (Critical risk factor)
 3. Prior IPV assault not reported to criminal justice system and presence of gun in the home (Significant risk factor) (do not score if E2 was scored)
 - Domain G: Obsession with the victim
 1. Stalking or serious and intrusive monitoring (Elevated Critical risk factor)¹⁸
 2. Obsessive jealousy with the potential for violence; violently and constantly jealous; or morbid jealousy (Critical risk factor) (do not score if G1 was scored)¹⁹
 - Domain H: Additional safety concerns
 1. Victim believes offender is capable of killing the victim (Elevated Critical risk factor)²⁰

¹⁴ Campbell & Messing (2017); Kropp, Hart, Webster, & Eaves (1998); Hilton, N. Z., et al. (2004); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

¹⁵ Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

¹⁶ Kropp, Hart, Webster, & Eaves (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

¹⁷ Kropp, Hart, Webster, & Eaves (1998); Campbell & Messing (2017); State of Colorado Judicial Department (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

¹⁸ Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

¹⁹ Kropp, Hart, Webster, & Eaves (1998); Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

²⁰ Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

2. Offender tried to “choke” or strangle victim (Elevated Critical risk factor)²¹
 3. Offender threatened victim with a weapon or assaulted victim while the victim was pregnant (Elevated Critical risk factor)²²
 4. Victim forced to have sex when not wanted (Critical risk factor)²³
 5. Victim concerned for safety (Significant risk factor)²⁴
 6. Offender controls most of the victim’s daily activities (Significant risk factor)²⁵
 7. Physical violence toward victim has increased in severity (Significant risk factor)²⁶
 8. Victim coerced to have sex when not wanted (Significant risk factor)
- Domain I: Non-IPV violence toward family members including child and elder abuse
 1. Past/current substantiated DCFS case (Significant risk factor)²⁷
 2. Past assault of family members not including intimate partners²⁸
 3. Children present during any offense or used to manipulate/control the primary victim.²⁹
 - Domain J: Explicit or implicit attitudes condoning IPV³⁰

²¹ Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

²² Campbell & Messing, 2017; Hilton, N. Z., et al. (2004); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

²³ Kropp, Hart, Webster, & Eaves (1998); Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

²⁴ Hilton, N. Z., et al. (2004); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

²⁵ Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

²⁶ Kropp, Hart, Webster, & Eaves (1998); Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

²⁷ Hilton, N. Z., et al. (2004); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

²⁸ Kropp, Hart, Webster, & Eaves (1998); Hilton, N. Z., et al. (2004); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

²⁹ State of Colorado Judicial Department (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

- Domain K: Prior completed or non-completed IPV treatment, except for the current referral³¹
- Domain L: Victim-initiated separation from the offender
 1. Victim fled from the offender within the last 12 months and withheld location information (Elevated Critical risk factor)³²
 2. Victim separated from the offender within the last 12 months or offender believes victim intends to leave (Significant risk factor)³³

General Criminogenic and Behavioral Risk Factor Domains

Offenders with risk and need factors in this domain should receive services according to the guidelines provided in the **Duration and Intensity of Services** section below. The presence of risk and need factors in this domain do not necessarily indicate the need for IPV offender services.

- Domain B: Substance abuse within the past 12 months, excluding periods of incarceration, unless evidence is provided of successful completion of a substance use disorder treatment program (see the section **Guidelines for Treatment of IPV Offenders with Co-Occurring Conditions** for additional guidelines)³⁴
- Domain C: Mental health disorder that leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning (not

³⁰ Kropp, Hart, Webster, & Eaves (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

³¹ State of Colorado Judicial Department (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

³² Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

³³ State of Colorado Judicial Department (1998); Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

³⁴ Kropp, Hart, Webster, & Eaves (1998); Campbell & Messing (2017); Hilton, N. Z., et al. (2004); State of Colorado Judicial Department (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

substance use). See the section **Guidelines for Treatment of IPV Offenders with Co-Occurring Conditions** below for additional guidelines.³⁵

- Domain E: Weapons/Firearms
 4. Access to a firearm (Do not score if scored in E1, E2, or E3)³⁶

- Domain F: Adult criminal history, non-IPV (both reported and unreported to criminal justice system, with an emphasis on the last 5-10 years)
 1. Offender was on community supervision at the time of the IPV offense³⁷
 2. Past assault of non-family members or intimate partners (includes physical assault, sexual assault, and any use of a weapon) including incidents not reported and those reported to law enforcement³⁸
 3. Prior non-IPV conviction for crimes other than assault³⁹
 4. Past violation of conditional release or community supervision (Do not score if scored in A2)⁴⁰
 5. Animal cruelty/abuse⁴¹

- Domain M: Unemployment (does not include offenders on public assistance, students, homemakers, or retirees) or reports significant financial stress⁴²

³⁵ Kropp, Hart, Webster, & Eaves (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

³⁶ Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

³⁷ State of Colorado Judicial Department (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

³⁸ Kropp, Hart, Webster, & Eaves (1998); Hilton, N. Z., et al. (2004); State of Colorado Judicial Department (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

³⁹ State of Colorado Judicial Department (1998)

⁴⁰ Kropp, Hart, Webster, & Eaves (1998); Hilton, N. Z., et al. (2004); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

⁴¹ Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

- Domain N: Pro-criminal thinking patterns and/or influences (e.g., friends, family, and associates)⁴³

Separation of Risk Levels in Service

Individuals should receive services in settings with others whose risk levels are similar. Additional recommended services for offenders may include those that focus on substance abuse, mental health, and other services addressing criminogenic risks and needs.

Core Intervention Elements

Intimate Partner Violence intervention services should provide offenders with the opportunity to develop and demonstrate healthy intra and interpersonal skills and thinking. Accordingly, IPV services should address victim empathy, accountability, sexist attitudes, emotional regulation, stress management, anger management, relationship building, conflict resolution, communication, parenting practices, impact of violence on children, violence/abuse prevention and IPV services should also assist offenders with addressing “life stability” concerns (e.g. employment, housing, food, etc. via community referrals and/or in-house services). Services should make use of social learning via in-session exercises and between-session assignments.⁴⁴ While psychoeducational services may be one appropriate modality for facilitating the development of prosocial skill and thinking patterns, these services should not represent the primary modality for Medium, High and Elevated High-risk offenders. With these offenders, skill-building and process-focused interventions should serve as primary modalities.

Diversity and Difference

Treatment services should be provided in ways that are respectful and responsive to issues of difference and diversity including language and communication needs. Services for women should include a focus on addressing issues of victimization including safety planning, addressing parenting stress and parenting skills, and a focus on stress reduction with emotion

⁴² Babcock, et al. (2016); Kropp, Hart, Webster, & Eaves (1998); Campbell & Messing (2017); State of Colorado Judicial Department (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

⁴³ Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

⁴⁴ Babcock, et al. (2016)

regulation and acceptance and mindfulness strategies. Services for racial and ethnic minority groups should be responsive to social conditions and stressors including oppression and discrimination, historical trauma, and cultural norms including religion and spirituality. Services for Lesbian, Gay, Bisexual, Transgender, Queer, and gender non-conforming individuals should address forms of abuses specific to these populations and impacts of homophobia and heteronormativity.⁴⁵

Duration and Intensity of Services

Intimate Partner Violence intervention services should be provided on a continuum of care according to offender risk levels and readiness for change.⁴⁶ This continuum includes early intervention/prevention for low-risk offenders; outpatient or amplified outpatient services for medium and high-risk offenders; and incarceration-based or intensive supervision services for elevated high-risk offenders. Residential services may be appropriate for some medium or high-risk offenders. Offender accountability and victim safety are more likely to be achieved when services are supported by appropriate levels of community supervision⁴⁷ which are referenced in the following guidelines. Providers will indicate how the recommended interventions should be delivered in a treatment plan. The suggested time frames are guidelines regarding the time required to complete a treatment plan within each risk level. Treatment plans should address individual offender circumstances that might prevent them from learning or adopting healthy relationship attitudes and behaviors.

Duration of Sessions

Treatment sessions should last between 60 and 90 minutes.

Low-Risk IPV Offenders: Early Intervention

Cases where no IPV-specific risk factors apply are in the Low Risk range.

When only General Criminogenic risk factors are of concern, 4-12 weeks should be sufficient time for completing treatment plan objectives. Continual monitoring for IPV behaviors and related thinking errors should occur, and should concerns arise, treatment providers may re-

⁴⁵ Babcock, et al., (2016)

⁴⁶ Levesque, Gelles, & Velicer (2000); Hellman, Johnson, & Dobson (2010); Cantos & O'Leary (2014)

⁴⁷ Murphy, Musser, & Matoni (1998); Shepard, Falk, & Elliott (2002)

evaluate the offender to determine if more intensive services are needed. Low risk offenders should not receive services with those classified as Medium, High, or Elevated High-risk offenders.

A low-risk IPV offender will receive community supervision in the form of court probation or a more intensive supervision level.

Medium-Risk IPV Offenders: Outpatient Services

Cases with one or more IPV-Specific Risk Factors are at minimum in the Medium risk range.

In medium-risk IPV cases, between 13 and 24 sessions should be recommended. All sessions should be completed in no fewer than 13 weeks but no more than 30 weeks. Sessions will typically occur weekly.

A medium-risk IPV offender will receive community supervision in the form of supervised probation or a more intensive level of supervision.

Service providers should communicate frequently with stakeholders, no less than once a month, in order to ensure comprehensive supervision of the offenders' behaviors.

High-Risk IPV Offenders: Amplified Services

Cases with one to three Critical Risk factors are in the High-Risk range.

In high-risk IPV cases, between 25 and 32 sessions should be recommended. Sessions should occur weekly but may occur more often during the first six months of treatment. After six months, sessions can be scheduled less frequently but at least monthly. All sessions should be completed in no less than 30 weeks but no more than 40 weeks

In cases where the living environment of the offender is not conducive to change, the offender has less than adequate self-regulation for general outpatient treatment or other general life skill deficits have been found to be present, residential or intensive outpatient treatment may be recommended.

A high-risk IPV offender will receive community supervision in the form of probation services from Adult Probation and Parole. Service providers shall communicate with stakeholders frequently, no less than once a month, in order to ensure comprehensive supervision of the offenders' behaviors. In some cases, weekly communication may be recommended.

Elevated High-Risk IPV Offenders: Incarceration-Based or Intensive Services

Cases are in the Elevated High-Risk range when one or more Elevated Critical Risk factors are present or four or more Critical Risk Factors are present.

Elevated High-Risk offenders should receive IPV services while incarcerated or under an intensive supervision protocol (ISP) (e.g., parole, probation, etc.). Treatment services should occur twice weekly during the first three months and at least weekly thereafter.

Number of Group Participants and Facilitators

Groups for offenders should not exceed 8-10 participants. Groups should be facilitated by one or more clinicians approved by the Domestic Violence Offender Management Group Applications Committee.⁴⁸

Offender Treatment and Practitioner-Client Relationships

Facilitators should utilize a client-centered approach that communicates compassion and understanding. They should take a facilitative and supportive role. This orientation toward client-practitioner relationships is associated with positive treatment outcomes and reduced recidivism, whereas confrontational approaches have not been supported by clinical outcome studies.⁴⁹

Compliance with Services

Service providers should use discretion in determining whether an offender is compliant with treatment recommendations. They should establish policies addressing compliance (e.g., attendance, participation, abusive behaviors, etc.). These policies should hold offenders accountable for complying with court orders and treatment recommendations including those pertaining to substance abuse, mental health, and other types of ancillary services.

In cases where the offender is participating but not meeting treatment goals in a timely manner the provider may determine that the offender has reached maximum benefit from services. When this occurs, the provider will notify the referring agency regarding the failure to meet treatment plan goals. Offenders with a maximum benefit designation should be considered higher risk for re-offense and receive more intensive community supervision.

⁴⁸ Babcock, et al. (2016)

⁴⁹ Sonkin & Leibert (2003); Babcock, et al. (2016)

In general, adequate participation would equate to no more than one absence or cancellation per month and compliance with recommended ancillary services. Individual circumstances may warrant modification of these expectations. Non-compliance should result in re-evaluation regarding the potential need for more intensive services. Service providers will notify referring agencies when an offender fails to comply with services including non-compliance with community supervision terms, violation of conditional release agreements and protection orders, or actions of further violence including signs of imminent danger to others or escalating behaviors that may lead to violence.

Termination of Services

At the time of the termination of services, the offender will be re-evaluated to determine whether identified risk factors have been adequately addressed, (i.e. 80-100% of treatment plan goals have been met). The written termination summary will document how risk factors have been addressed and include evidence for the development of healthy intra and interpersonal skills and the desistance of abusive behaviors. This document will also include recommendations regarding the potential need for follow-up treatment.

Two weeks prior to the planned termination of services, or within one week following the unplanned termination of services, the service provider will attempt to contact the victim to notify them of the anticipated or unanticipated termination of services, unless it is determined that such notification is inappropriate or not possible given the circumstances. In these cases, the provider will document the reason(s) for not notifying the victim (e.g. safety concerns, absence of contact information for the victim, etc.). When the provider does not contact the victim, she/he will inform the victim advocate agency of jurisdiction of the termination of services. Contact with victims proximate to the termination of services should inform them of the anticipated completion or unanticipated termination of services and invite voluntary feedback regarding offender behavior. If victims provide information regarding offender behavior, this information may not be used in the offender's record and/or be used to justify the need for additional services without the victim's informed written consent.

Guidelines for Treatment of IPV Offenders with Co-Occurring Conditions

Substance Use Disorders (IPVRNE Domain B)

The following guidelines should be followed when making treatment recommendations related to domestic violence focused services when there is also a need to address Substance Use Disorders.

- Recommendations should be based on a standardized and recognized tool, such as the American Society of Addiction Medicine Patient Placement Criteria (ASAM-PPC).
- When the offender's substance abuse issues prevent them from benefitting from IPV treatment and increase the risk of further IPV, SUD treatment should be recommended to address these concerns prior to IPV treatment participation. Conversely, concurrent treatment for IPV and SUD is recommended when the offender's substance abuse issues will not prevent them from benefitting from IPV treatment and is thought to reduce the risk of further IPV.
- Alcohol/drug testing/monitoring should be recommended for offenders with SUD concerns. Test results, including missed tests, should be shared with the referring court or agency and used in determining whether an offender is compliant with IPV services.

Mental Health and Other Co-occurring Disorders (IPVRNE Domains C, D)

The following guidelines should be followed when making treatment recommendations related to domestic violence focused services when there is also a need to address mental health conditions.

- In determining whether mental health conditions warrant additional services, clinical judgment should be used in determining whether the severity of the MH condition interferes significantly with daily functioning (e.g., leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning), and/or contributes to IPV risk.
- Should factors related to ideation or threats regarding Suicide or Homicide (IPVRNE Domain D) be related to mental health conditions, mental health services need to specifically monitor and address these risks. {If homicidal ideation is extreme, offenders may not be good candidates for outpatient interventions and incarceration/hospitalization may be necessary, until sufficient progress has been made to stabilize the client's mental health.}
- Should mental health conditions be resolved during the course of IPV services the treatment provider may report satisfactory completion. Should mental health conditions not be resolved during the course of IPV services providers should

communicate with the referral source regarding the degree to which these conditions have been satisfactorily resolved and whether further participation in mental health services is necessary to address risk factors.

- Recommendations regarding services should also take into consideration co-occurring conditions such as chronic health conditions and impairments, developmental and intellectual disabilities, traumatic brain injury, and other neurological conditions. While resolving such conditions is likely beyond the scope of IPV treatment objectives, their implications for treatment should be considered. In some cases, these conditions may be so prominent as to render IPV treatment as ancillary to other services or inappropriate.

Trauma-Focused Services

Domestic Violence Offender Services should embrace trauma-informed principles while simultaneously holding offenders accountable for their behaviors and attitudes. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), trauma-informed services:

1. Realize the widespread impact of trauma and understand potential paths for recovery;
2. Recognize the signs and symptoms of trauma in clients, families, staff, and others;
3. Respond by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seek to actively resist re-traumatization.

A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These are:

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, Historical, and Gender Issues

Conjoint Treatment Guidelines

Conjoint services in which both the offender and victim participate may be useful to consider in situations where both demonstrate intent to remain in an ongoing relationship. Conjoint services are not standard couple sessions and should not put responsibility for change onto the victim by assigning change tasks to the victim. These services will focus on the Core Intervention Elements outlined above. Victims should be fully empowered to determine for themselves whether participation in conjoint treatment is desirable. Victim participation is never required element of offender services. Conjoint services shall adhere to following guidelines:

- Conjoint services should not constitute the full set of offender services and shall not occur within the first four group or individual sessions. A minimum of one individual session, which could include other members of a multidisciplinary treatment team (e.g., probation, mental health provider, etc.) shall occur before conjoint services are recommended and initiated.
- Conjoint services will include safety planning for both parties. Safety planning with victims must occur in a setting where the offender is not present. As part of the safety planning process, victims are invited but not required to participate in an IPV-focused victim danger assessment.
- A victim can withdraw from conjoint services at any time.
- Treatment providers should have clearly documented policies and procedures regarding conjoint services, including expectations regarding confidentiality.
- Conjoint services may include mutually-agreed upon individuals for the purpose of supporting victim safety and the offender change process.

Non-Intimate Partner Violence Services (non-IPV)

In cases where the offender has not had an intimate partner relationship with the victim, services should be tailored to address the circumstances of the individual and should not, without specific rationale, be addressed solely in the context of IPV services. These services may focus on Substance Use Disorder(s), mental health issue(s), repeat problems with interpersonal conflict, and other criminogenic behaviors and beliefs. Recommended services addressing non-IPV behaviors and attitudes should follow the guidelines set forth in the **Duration and Intensity of Services** section above. Victim input should be pursued in accordance with the **Guidelines for Victim Contact** outlined above.

Internet Treatment for Distance and Employment Schedules

In situations where a domestic violence offender client resides more than 50 miles from a provider of domestic violence offender services, or if a provider of domestic violence offender services travels more than 50 miles from their standard location to provide domestic violence offender services, or when a client has employment that involves either significant travel away from home or extensive work hours on an alternating schedule, services may be scheduled on a plan that accommodates for this. For example, sessions may occur every other week or two weeks of the month instead of weekly and for a session length up to three hours. In some instances, telehealth or teleconferencing may be an acceptable medium for providing individual offender treatment but is not to be used for group or conjoint interventions. It is the responsibility of the practitioner to use a secure HIPPA-compliant internet platform for these services.

IPV-RNE Scoring Sheet

DRAFT ONLY

Client Name

ID:

Date

Domains and Risk Factors (Indicate the risk factor applies by marking the space at the right)	IPV Elev. Critical	IPV Critical	IPV Sig.	IPV	Non-IPV
Domain A: Prior Intimate Partner Violence (IPV) related incidents					
A1. Prior IPV assault conviction, arrest or citation					
A2. Documented violation of a protection order or failure of conditional release					
A3. Prior IPV conviction, arrest or citation other than assault					
A4. Prior IPV assault not reported to criminal justice system					
A5. Past or present IPV protection or conditional release order (do not score if A2 was scored)					
Domain B: Substance abuse					
B. Substance abuse within the past 12 months, excluding periods of incarceration, unless evidence is provided of successful completion of a substance use disorder treatment program.					
Domain C: Mental health disorder					
C. Mental health disorder that leads to clinically significant distress					

or impairment in social, occupational, or other important areas of functioning (not substance use)					
Domain D: Suicide risk/Homicide ideation or threat					
D1. Victim reports offender has made credible threats of suicide, homicide, or serious bodily harm to victim or victim’s children within past 12 months					
D2. Suicide attempt or serious suicidal/homicidal ideation within past 12 months (do not score if D1 was scored)					
D3. Any ideation about suicide or homicide within the past 12 months (do not score if D1 or D2 was scored)					
Domain E: Weapons/Firearms					
E1. Use and/or threatened use of weapons in current or past incident					
E2. Prior conviction of IPV assault and presence of gun in the home					
E3. Prior IPV assault not reported to criminal justice system and presence of gun in the home (do not score if E2 was scored)					
E4. Access to a firearm (do not score if E1, E2, or E3 was scored)					
Domain F: Adult criminal history, non-IPV (both reported and unreported to criminal justice system, with an emphasis on the last 5-10 years)					
F1. Offender was on community supervision at the time of the IPV offense					
F2. Past assault of non-family members or intimate partners (includes physical assault, sexual assault, or any use of a weapon) including incidents not reported and those reported to law enforcement					
F3. Prior non-IPV conviction for crimes other than assault					
F4. Past violation of conditional release or community supervision (do not score if scored in A2)					
F5. Animal cruelty/abuse					
Domain G: Obsession with the victim					
G1. Stalking or serious and intrusive monitoring					
G2. Obsessive jealousy with the potential for violence; violently and constantly jealous; or morbid jealousy (do not score if G1 was scored)					

Domain H: Additional safety concerns					
H1. Victim believes offender is capable of killing the victim					
H2. Offender tried to “choke” or strangle the victim					
H3. Offender threatened victim with a weapon or assaulted victim while the victim was pregnant					
H4. Victim forced to have sex when not wanted					
H5. Victim concerned for safety					
H6. Offender controls most of the victim’s daily activities					
H7. Physical violence toward victim has increased in severity					
H8. Victim has been coerced by offender to have sex when not wanted					
Domain I: Non-IPV violence toward family members including child and elder abuse					
I1. Past or current substantiated DCFS case					
I2. Past assault of family members not including intimate partners					
I3. Children present during any offense or used to manipulate/control the primary victim					
Domain J: Explicit or implicit attitudes condoning IPV					
J. Explicit or implicit attitudes condoning intimate partner violence					
Domain K: Prior completed or non-completed IPV treatment, except for the current referral					
K. Prior completed or non-completed IPV treatment, except for the current referral					
Domain L: Victim-initiated separation from the offender					
L1. Victim fled from the offender within the last 12 months and withheld location information					
L2. Victim separated from the offender within the last 12 months or offender believes victim intends to leave					
Domain M: Unemployment					
M. Unemployment (does not include offenders on public assistance, students, homemakers, or retirees) or reports significant financial stress					

Domain N: Pro-criminal thinking patterns and/or influences					
N. Pro-criminal thinking patterns and/or influences (e.g., friends, family, and associates)					
COLUMN TOTALS					
	IPV Elev. Critical	IPV Critical	IPV Sig.	IPV	Non-IPV
GRAND TOTAL					

Determination of Services

Primary Determination	Check the box that applies	Risk Level	IPV Services	Recommended minimum community supervision
Only Non-IPV risk factors		Low	4-12 weeks, without mixing with clients of higher risk.	Bench probation
Only IPV Other or IPV Significant factors		Medium	13-24 sessions. Should be completed within 30 weeks.	Supervised probation
1-3 Critical factors		High	25-32 sessions spread across at least 30 weeks, weekly or more frequently for first six months of treatment, may reduce to monthly after first six months. Should be completed within 40 weeks.	Adult Probation & Parole
4 or more Critical factors OR any Elevated Critical Risk factors		Elevated High	_____ sessions, occurring twice weekly during the first three months and at least weekly thereafter.	Intensive supervision protocol

Secondary Determination	Check all that apply	Services
Domain B SUD concerns		Substance use disorder services
Domain C Mental health disorder		Mental health services
Domain F Non-IPV Adult criminal history		Consider behavioral health services to address these risks
Domain I3 Children present or offender is a parent		Consider adding parenting specific services

Domain M Unemployment concern		Consider vocational and financial referrals or services
Domain N Pro-criminal concern		Consider behavioral health services to address these risks

Override Reasons if applicable:

Signature of Evaluator: _____ **Date**

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PROVIDER CLINICIAN QUALIFICATIONS

Education or licensure level

1. a licensed psychiatrist, or
2. a licensed clinical psychologist, or
3. a licensed clinical social worker, or
4. a licensed marriage and family therapist, or
5. a licensed professional counselor, or
6. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist, or
7. a person with a graduate degree in counseling, psychiatric nursing, marriage and family therapy, social work or psychology, is a certified Social Worker, or who is working toward another clinical license, and has been approved by the Division of Occupational and Professional Licensing for the appropriate supervision, or
8. a graduate student in a practicum or internship approved by the educational institution in which the student is pursuing a relevant court or education, or
9. a licensed social services worker as a co-leader only

Initial training

24-hour UADVT Pre-service Training, including a minimum of:

1. 8 hours of domestic violence overview of Utah state law and advocacy services and survivor experience/safety
2. 8 hours of domestic violence offender evaluation, including use of the Intimate Partner Violence Risk and Needs Evaluation
3. 8 hours of domestic violence offender intervention
4. The above initial training is required of any provider who has not previously been approved in Utah to provide offender treatment OR a previously approved provider who has not completed at least 16 hours of approved domestic-violence related CE during the previous 2 years.

5. If comparable training has been completed in another state, the applicant may submit documentation to demonstrate equivalency.

Training Competencies/Knowledge Areas

- Dynamics of power and control and batterer tactics
- Gender roles, socialization and the nature and function of violence
- Shelter movement, victim safety and sensitivity
- State-specific domestic violence laws
- State-specific requirements for offender services and providers
- Substance abuse and domestic violence
- Victims who use violent self-defense
- Effects of violence on children
- Trauma and Post-traumatic stress
- Cultural competency and diversity
- Batterer intervention programs and coordinated community response
- Group facilitation
- Intake and evaluation
- Confidentiality
- Critical treatment issues including ethics and risk of collusion

Continuing Education

16 hours of UADVT approved training yearly

Check of Criminal Background

Violence

- Must be violence free as evidenced by lack of domestic violence conviction on Criminal Background Check.

Criminal involvement

- Must pass a DHS background check for outpatient treatment programs.

Required Supervision

Supervision by an approved Supervisor/supervising Consultant meeting the minimum frequencies described below, and for which the Supervisor/Supervising Consultant is responsible for determining whether more frequent supervision is necessary:

Terminal Graduate Degree and working toward full independent licensure:

- If the Master’s/Doctoral Degree clinician has provided less than 100 hours of domestic violence offender treatment services OR provided such services for less than 12 months, then supervision will be a minimum of 1 hour per week.
- If the Master’s Degree/Doctoral clinician has provided more than 100 hours of domestic violence offender treatment services AND provided such services for at least 12 months, then supervision will be a minimum of 1 hour per month.

Fully Licensed Clinician:

If the Fully licensed clinician has provided less than 100 hours of domestic violence offender treatment services OR provided such services for less than 12 months, then documented consultation with an approved consultant will be a minimum of 1 hour every month.

Supervisor/Supervising Consultant Requirements

1. Licensed Mental Health Therapist who has met the Domestic Violence Provider Requirements plus a minimum of two years or 1000 hours of DV treatment experience.
2. Maintain 16 hours yearly of UADVT approved training as outlined in DV provider requirements.

NEW APPLICANTS

Applications

1. Review of applications, determination of eligibility, notification of approval, and record-keeping of approved applications shall be under the supervision of the DVOMG and subsequent DVOTF.

VICTIM ADVOCACY COORDINATION

The State of Utah has been moving toward statutory requirements for victim service providers. Some legislators have attempted to define the level of training and limits of confidentiality for advocates. Sometimes these bills are incongruent with federal privacy laws, regarding the sharing of personal information of victims of crime; and if passed, could place advocates in direct violation of federal laws often accompanied with program funding sources. Many states and federal programs require victim advocates to be credentialed, currently Utah does not.

The Commission on Criminal and Juvenile Justice, Office on Domestic and Sexual Violence, The Office on Victims of Crime along with the Victims of Crime Council under the direction of HB 177 from the 2018 Legislative session are examining victim advocate accreditation for Utah. The following is information to support these entities in moving forward.

Reasoning:

1. Accreditation will provide uniform standardization of training requirements for those providing victim services in Utah. Currently some agencies have no training requirements for advocates, while others have made it a requirement to have an SSW, neither of which seem appropriate for victim advocates. Some individuals represent themselves as victim advocates when they neither are employed by an advocacy agency nor have had advocate training.
2. Provide peer evaluation and accountability, including a nationally accepted code of ethics for victim service providers.
3. Give allied professionals a way to easily and quickly identify trained victim service providers, setting them apart from community advocates, and reduce the impact of unaccredited, self-proclaimed “advocates”, who interfere with the vital work conducted by professional victim service providers.
4. Recently, the DVOMG conducted a statewide survey of victim service providers. The survey was completed by systems and non-profit advocates in rural and urban communities throughout Utah. The majority of advocates who participated in the survey

agreed it would be best if those working within the field, providing direct services to victims of crime were able to define what an advocate is, and what the standards for performing this work should be, rather than allowing allied professionals to set the standards for us.

Facts:

1. National Advocate Credentialing Program (NACP) accreditation was launched in 2003, after years of research by state, federal and national assistance organizations. Accreditation through this program is the gold standard in most states requiring accreditation, as well as the Department of Defense and other federal entities.
2. Accreditation through the NACP would be faster and less expensive than an in-state agency developing a new process. Development of an in-state program would require developing training standards, a code of ethics, a database for tracking all applications, tracking continuing education units (CEU's) and renewal applications, full time employees to run the system, etc. This is a financial burden that would potentially draw finances away from other victim services.
3. Of the advocates who responded to a recent statewide survey, 16% said they are already accredited through the NACP; 80% of those who are not accredited agreed that they would like to become accredited through this program. 66% of respondents have already attended the required pre-service training for the accreditation, and all but one agreed that they have the ability to attend the number of annual CEU's hours required. Of the barriers associated with advocates becoming accredited, the most frequently mentioned was simply the lack of knowledge about the program.
4. Pre-service training, as well as ongoing CEU's can be obtained by any advocate at no cost. The only cost required for accreditation is the cost of the actual application fee, which is minimal compared to another professional licensure. It is also prorated according to the level of accreditation, so newer advocates and volunteers would not pay the full price of someone applying for an advanced level accreditation.

Additional Information about NACP:

1. Information about credentialing through NACP can be found on their website <https://www.thenacp.org>
2. Training requirements consist of a 40-hour pre-service training. This requirement can be achieved through any authorized state victim assistance academy, to include the Utah Victim Assistance Academy, or for free, at the participants own pace at the Office for Victims of Crime Online Technical and Training Assistance Center. There is also a requirement of 32 hours of CEU's every two years, or 16 hours annually.
3. Cost of credentialing through NACP ranges from \$70 for beginners, or provisional application, to \$140 for an advanced application, with a renewal cost of \$100 every two years.

RULE CHANGES

R501-21-7. Domestic Violence

(1) Domestic Violence (DV) treatment programs shall comply with generally accepted and current practices in domestic violence treatment, and shall meet the following requirements:

(a) maintain and document cooperative working relationships with domestic violence shelters, treatment programs, referring agencies, custodial parents when the consumer is a minor, and local domestic violence coalitions;

(i) treatment sessions for children and victims shall offer a minimum of ten sessions for each consumer, not including intake or orientation;

(b) if the consumer is a perpetrator, program contact with the victims, current partner, and the criminal justice referring agencies is also required, as appropriate;

(i) The number of treatment sessions for each perpetrator, not including orientation and assessment interviews shall be congruent with evidence-based standards.

(2) Staff to Consumer Ratio

(a) The staff to consumer ratio in adult treatment groups shall be one staff to eight consumers, for a one-hour long group; or one staff to ten consumers for an hour and a half long group. The maximum group size shall not exceed 16.

(b) Child victim, or child witness groups shall have a ratio of one staff to eight children, when the consumers are under 12 years of age; and a ratio of one staff to ten children when the consumers are 12 years of age and older.

(3) Client Intake and Safety

(a) When any consumer enters a treatment program, in accordance with UCA § 50-60-102(5), a licensed mental health therapist shall complete a domestic violence treatment evaluation using the Intimate Partner Violence Risk and Needs Evaluation (IPVRNE) tool. A written evaluation report that includes recommendations for offender treatment shall be presented to the referring magistrate, if applicable.

(b) For perpetrator consumers, additional information shall be obtained from the police incident report, perpetrator's criminal history, prior treatment providers, and the victim and victim advocate.

(c) When appropriate, additional information for child consumers shall be obtained from parents, prior treatment providers, schools, and Child Protective Services.

(d) When any of the above cannot be obtained, the reason shall be documented.

(e) The assessment shall include the following:

(i) a profile of the frequency, severity, and duration of the domestic violence behavior, which includes a summary of psychological violence;

(ii) documentation of any homicidal, suicidal ideation and intentions, as well as abusive behavior towards children;

(iii) a clinical diagnosis and a referral for evaluation to determine the need for medication, if indicated;

(iv) documentation of safety planning when the consumer is an adult victim, child victim, or child witness; and that they have contact with the perpetrator;

(A) for victims who choose not to become treatment consumers, safety planning shall be addressed when they are contacted; and

(v) documentation that appropriate measures have been taken to protect children from harm.

(4) Treatment Procedures

(a) Consumers deemed appropriate for a domestic violence treatment program shall have an individualized treatment plan, which addresses all relevant treatment issues.

(b) Consumers who are not deemed appropriate for domestic violence programs shall be referred to the appropriate resource, with the reasons for referral documented, and notification given to the referring agency.

(c) Domestic violence counseling shall be provided concurrently with, or after other necessary treatment, when appropriate.

(d) Conjoint or group therapy sessions with victims and perpetrators together, or with both co-perpetrators, shall not be provided until a comprehensive assessment has been completed to determine that the violence has stopped, and that conjoint treatment is appropriate.

(e) The perpetrator must complete a minimum of 4 domestic violence treatment sessions prior to the provider implementing conjoint therapy.

(f) A written procedure shall be implemented to facilitate the following, in an efficient and timely manner:

(i) entry of the court ordered defendant into treatment;

(ii) notification of consumer compliance, participation, or completion;

(iii) disposition of non-compliant consumers;

(iv) notification of the recurrence of violence; and

(v) notification of factors which may exacerbate an individual's potential for violence.

(g) The program shall comply with the "Duty to Warn," Section 78B-3-502.

(h) The program shall document specialized training in domestic violence assessment and treatment practices, including 24 hours of pre-service training from the Utah Association for Domestic Violence Treatment, within the last two years; and 16 hours annual training thereafter for all individuals providing treatment service.

(i) Clinical supervision for treatment staff that are not clinically licensed shall consist of a minimum of one hour per week to discuss clinical dynamics of cases.

(5) Training

(a) Training that is documented and approved by the designated Utah DHS DV Specialist Regarding assessment and treatment practices for treating:

(i) DV victims; and

(ii) DV perpetrators.

(6) Programs must disclose all current DHS contracts and actions against the contract to the Office.

(7) Programs must disclose all current Accreditations and actions against accredited status to the Office.

SUGGESTED LEGISLATION

Domestic Violence Offender Management Commission

- (1) The Commission on Criminal and Juvenile Justice is authorized to administer and coordinate the operation of a multi-stakeholder commission to support the evidence-based prosecution and risk reduction efforts of offenders convicted of intimate partner domestic violence.
- (2) The commission will be charged with the dissemination of standards for the evaluation, treatment and monitoring of convicted domestic violence offenders and the establishment of an application and review process for approved domestic violence treatment providers.
- (3) The commission shall also explore the developing literature and research on the most effective methods for ending the cycle of intimate partner domestic violence and to identify best practices in the field.
- (4) The commission shall be composed of 9 voting members, appointed by the CCJJ executive director, in order to more effectively utilize their combined skills, expertise, and resources to manage the growing problem of intimate partner domestic violence as follows:
 - (a) The state court administrator or designee;
 - (b) Executive Director of the Department of Corrections or designee;
 - (c) Executive Director of the Department of Human Services or designee;
 - (d) Executive Director of the Department of Public Safety or designee;
 - (e) Prosecutor as recommended by the Utah State Bar Criminal Law Section;
 - (f) Criminal defense attorney as recommended by the Utah State Bar Criminal Law Section;
 - (g) Director of Utah Office for Victims of Crime or designee;
 - (h) Domestic violence victim advocate in active practice within Utah's communities;
 - (i) Licensed mental health professional certified to provide intimate partner domestic violence treatment as recommended by the Utah Association for Domestic Violence Treatment;

- (j) Citizen representative with significant personal experience with the issue of domestic violence;
- (5) Voting members shall be appointed to three-year terms with the option for one-time renewal.
- (6) Chair of the commission shall be elected by the voting members on an annual basis.
- (7) As possible, the commission shall direct that the commission work with state and local agencies that provide information and programs to prevent and prosecute intimate partner domestic violence to ensure the most effective use of evidence-based data gathering, assessment, supervision and risk reduction practices.
- (8) The commission shall work with the judiciary, additional state agencies, intimate partner domestic treatment providers, and other stakeholders to complete, by no later than September 1, 2020, a review of current and recommended intimate partner domestic violence policies, procedures, programs, and practices in the state's criminal justice system, including:
 - (a) Current and recommended risk-based standard of care regarding intimate partner domestic violence treatment, as well as recommended licensing requirements for intimate partner domestic violence treatment providers;
 - (i) Developing a licensing application and review process for treatment professionals who provide services to intimate partner domestic violence offenders.
 - (b) Reviewing the role of intimate partner domestic violence victim advocates and the intersection of domestic violence offender management throughout the criminal justice system including recommending intimate partner domestic violence training or continuing education.
 - (c) Reviewing of best practice standards and protocols that may be used to train persons within the criminal justice system concerning intimate partner domestic violence procedures, programs, or practices, including training of:

- (i) peace officers;
 - (ii) first responders;
 - (iii) prosecutors;
 - (iv) defense counsel;
 - (v) judges and other court personnel;
 - (vi) the Board of Pardons and Parole and its personnel;
 - (vii) the Department of Corrections, including Adult Probation and Parole;
 - (viii) domestic violence treatment providers, and
 - (ix) others involved in the state's criminal justice system;
- (d) Recommending outcome-based metrics to measure achievement related to intimate partner domestic violence policies, procedures, programs, or practices in the criminal justice system;
- (e) Identifying needs that are not funded or that would benefit from additional resources;
- (f) Identifying funding sources, including outlining the restrictions on the funding sources, that may fund intimate partner domestic violence policies, procedures, programs, or practices;
- (g) Reviewing and recommending which governmental entities should have the authority to implement recommendations of the committee; and
- (h) Reviewing and reporting the need, if any, for legislation or appropriations to meet budget needs.
- (i) Reviewing and reporting on relevant research regarding the risks and needs of juvenile domestic violence offenders as well as treatment options.
- (9) CCJJ may establish and administer a performance incentive grant program that allocates money appropriated by the Legislature to public or private entities:

- (a) to provide technical assistance to this commission and assist in meeting the above-delineated requirements; and
 - (b) Publish training materials and research conducted by the commission for dissemination to stakeholders and any other interested parties.
- (10) The commission shall report to the Law Enforcement and Criminal Justice Interim Committee by no later than the September 2020, interim regarding the grant under subsection (4), the commission’s activities under this section, and whether the commission should be extended beyond June 30, 2021.

Not part of Legislative Language

NON-VOTING MEMBERS (See section 8 above)

One member who can represent victim advocate organizations

One member who can represent rural areas and is active in the local coordination of criminal justice

One member who can represent rural areas and is active in victim services advocacy for domestic violence

Of the five members appointed below two shall be providers on the approved provider list. This is a sub-committee of the Domestic Violence Offender Management Commission who will manage clinician applications.

1. One shall be a licensed social worker
2. One shall be a licensed psychologist
3. One shall be a licensed marriage and family therapist
4. One shall be a licensed professional counselor
5. One shall be an unlicensed mental health professional