NWADVTP

Position Paper Regarding Domestic Violence Treatment in Washington

This is in response to the research and meta-analysis required by RCW 26.50.800, which WSIPP, the Washington State Institute for Public Policy, has been conducting to evaluate the effectiveness of domestic violence perpetrator treatment in our state. There has been talk in some circles of turning over clinical work with perpetrators to the Department of Corrections Probation Officers, and local probation departments, or sending domestic violence perpetrators to short term anger management type programs. Another option being talked about is jail time for DV offenses with no other intervention. If these changes were to occur, it would effectively remove current Washington State Certified Domestic Violence Perpetrator Programs from providing treatment services to court ordered offenders. State Certified programs meet or exceed 25 pages of regulations in WAC 388-60 designed to maximize victim safety and perpetrator accountability. Our concern is that the manner in which the research is being conducted leads to erroneous conclusions. Those conclusions can be the basis for very dangerous policy decisions that undermine the safety of domestic violence victims and the accountability of perpetrators.

1. **Professional, independent review of the Meta-Analysis and other research required by RCW 26.50.800.** The NWADVTP has contacted professional domestic violence researchers to conduct an independent review of the research, and meta-analysis that is being conducted by Marna Miller, PhD and her team at WSIPP. We have grave concerns about a meta-analysis that only considers a dozen random controlled studies while excluding scores of well conducted, peer-reviewed research projects that show the effectiveness of Domestic Violence Treatment. Further, research that only focuses on legal recidivism misses a more complete picture of how peoples' lives are positively affected by a well-coordinated community response to domestic violence that includes a strong clinical perpetrator treatment component. Though WSIPP believes its standards for evidence lead to more reliable results, we do not believe that the methodology employed by WSIPP can take stock of the complexities of Domestic Violence. The idea of turning over Domestic Violence Treatment to the Department of Corrections, and local probation departments is an idea that has not been adequately researched or discussed by all concerned parties. And without such dialogue and research, such a shift in policy can have dangerous and unexpected results.

We believe that victims truly can be safer with quality perpetrator treatment, and we believe that the best research bears this out. Community Corrections Officers and Probation Officers do a great job, but they do not have the clinical background and training to provide effective treatment to domestic violence offenders.

The professionals that we have contacted for review are: Eric Mankowski, PhD, Portland State University; Donald Dutton, PhD, University of British Columbia, Canada; and Edward Gondolf, PhD, University of Indiana.

2. **Domestic Violence is not a simple issue.** Most cases are very complex with many offenders that we see in treatment presenting with multiple issues. The current standards outlined in WAC 388-60 give us minimum guidelines for treatment, and are up for review. Around 80 % or so of our offender clients have Chemical Abuse/Dependency issues at some level. Approximately 1/3rd of offender clients have some Mental Health issues including personality disorders. Most offender clients have Power & Control issues, and underlying those issues are:

a. Attachment Disorders.
b. Toxic Shame/Guilt from childhood.
c. Trauma issues from physical, emotional, and sexual abuse as a child.
d. Trauma issues and PTSD from War, and Family of Origin.
e. 85 % of male offenders, and close to 100% of female offenders have experienced or witnessed Domestic Violence in their Families of Origin.
f. Dependency/Co-Dependency issues.
g. Fear/Insecurity/Low Self-Esteem issues.
h. Many offender clients lack life skills, and coping skills.
i. Lack of emotional development, emotionally stunted.
j. Externally focused orientation to life with little, if any, internal focus.

It has been found with most offenders that there is a large amount of denial, minimization and blaming that takes a considerable amount of time to work through. It often takes around three months or so of weekly treatment sessions to allow for a reduction in denial, minimization, and blaming. The above listed issues become a part of the offender's treatment plan. Those offenders with multiple issues as indicated above may need more than one year to address them effectively. If the above issues are not adequately addressed in treatment, the violence is likely to continue and new generations will be exposed to more violence. Short term interventions do not provide enough time or therapy to work through basic issues of denial, minimization or blaming, much less the other pieces necessary for significant and lasting changes in behavior. Arresting, and prosecuting without follow up intervention only aggravates the situation by putting the victims in more danger.

3. **An effective Coordinated Community Response to Domestic Violence** requires that all parties involved in Domestic Violence intervention communicate, and cooperate with each other on a regular on-going basis. The major components of a Coordinated Community Response have historically been the Criminal Justice System, Victim Advocacy Services, and Domestic Violence Treatment Providers. There have been others in the community that have also been a part of this response such as Faith Based

Communities, Employers, Violent Crime Victims Advocates, and others providing adjunct services like Chemical Dependency Treatment, Mental Health Services, Non-Violent Parenting Programs, etc.

Most cities, and counties around the State of Washington have meetings in which the members of the Coordinated Community Response come together, at least once per month, to discuss issues with services that are needed in those communities. Those Domestic Violence Intervention Committees (DVIC's), Taskforces, or Commissions have helped to keep the Coordinated Community Response moving in a positive, healthy direction. Many of these groups have been meeting for many years. One of the oldest groups is the Tacoma/Pierce County DVIC which has been meeting regularly since 1989.

Over the past few years, we have seen a deterioration of some of those groups, and the overall effectiveness of a Coordinated Community Response in many communities around the State of Washington due in part to the economy and shrinking resources. This deterioration has put more victims of domestic violence at risk, and our overall numbers of domestic violence crimes in the State of Washington have been steadily increasing since 2008 according to WASPC statistics.

We do realize that financial concerns and other priorities have contributed to the deterioration of the Coordinated Community Response. In some communities key players in the Coordinated Community Response are volunteering their time to continue the meetings that are so necessary in maintaining an active Coordinated Community Response to Domestic Violence.

We believe that the right of all human beings to live safely, and peacefully should be the number one priority in all our communities. We need to not lose sight of our priorities if we are to help keep victims safe.

4. **RCW 26.50.150 and WAC 388-60 set the minimum standards for Domestic Violence Treatment.** Certified Domestic Violence Perpetrator Treatment Programs are mandated to adhere to WAC 388-60, but they also have some leeway as to how these standards are implemented by programs. This is as it should be so that offenders can choose a program that fits their needs as is regulated by Federal Statute.

Washington State Department of Health and other regulatory agencies have never been allowed to show preference of one mode of therapy over another. Such decisions are left up to the professionals providing the services, as long as the requirements of the statutes are fulfilled.

At times, some people have promoted specific models of treatment and modes of therapy implying that somehow one is better than another. There is little evidence to prove their case. It is more likely that the therapist-client therapeutic bond would be a

better indicator of the client's success in making behavioral change than what mode of therapy is being employed. It has been effectively shown that punitive forms of treatment do not work as they interfere with the establishment of a therapeutic bond, and they model the same inappropriate behaviors that we are attempting to have our client's correct in their own lives.

Many certified programs in the State of Washington use a mode or model of therapy that is Cognitive Behavioral Based with some other aspects of other models included as well. Most programs use a process oriented group therapy that allows for clients to process their issues in a group setting. There are also some culturally relevant treatment programs that include culturally specific elements and language into the treatment process. There are culturally relevant programs for Spanish Speaking Cultures, Native American Cultures, Russian-Ukrainian Cultures, and Afro-American Cultures.

Some of the modes of therapy used in treatment programs around the State of Washington include, but are not limited to:

a. Cognitive Behavioral Therapy (CBT).
b. Reality Therapy, and other versions of Reality type Therapy.
c. Developmental Therapy.
d. Adlerian Therapy.
e. Transpersonal Therapy.
f. Moral Recognition Therapy (MRT).
g. Culturally Relevant Therapies.
h. Trauma-informed Therapies.

There are also some adjunct types of therapy in addition to Domestic Violence Treatment that are beneficial to the success of our clients, such as:

a. Trauma Reduction Therapies (EMDR, Hypnotherapy, NLP, etc.).
b. Chemical Dependency Treatment and 12 Step Program Participation.
c. Alanon, Co-Dependency Anonymous, Adult Children of Alcoholics, Sex and Love Addicts Anonymous, as an adjunct or aftercare program, etc.
d. Mental Health Counseling/Medication.
e. Individual Therapy for PTSD, Personality Disorders, etc.

Most Domestic Violence Treatment Programs in the State of Washington require clients to complete homework assignments. Some of the assignments may include:

a. Writing and presenting of Life Story to the group.
b. Empathy Letter to the victim/victims.
c. Reports on certain topics/books pertinent to the client's recovery.
d. Recovery Plans/Safety Plans.
e. Cultural Stories to present to group.
f. Ceremonies/rituals to make change and reduce violence.

g. Anger and Control logs.
h. and many other types of assignments pertinent to the clients recovery.

Domestic Violence Treatment Programs have to address the serious problem of relapse of Chemical use as well as Behavioral Relapse. Though relapse is not a requirement for clients going through treatment, it seems to be problematic for some of our clients. This needs to be taken into consideration when doing research about recidivism. Some clients seem to need to prove to themselves that they have a problem. Relapse tends to happen for some clients before they make real lasting change. So, some clients will have their programs extended or re-start treatment more than once in some cases, and make several trips to see the judge or probation officer for violations of their agreement or for new offenses. Domestic Violence Treatment and lasting recovery from the perpetration of violence is a process that is on-going for the rest of the client's life. We need to realize that it is a process, and not a one time or short term event.

5. **Domestic Violence Treatment does work.** When there is a solid Coordinated Community Response treatment works very well for many people. Most treatment providers know this. It's why we continue to do this difficult and often thankless work. Providers are encouraged to have some way of measuring outcomes with their programs. Some programs have well thought out methods of tracking client outcomes. There has not been much real research done on treatment programs in the State of Washington. There needs to be quality research on all available programs to clearly see the validity and effectiveness of Domestic Violence Treatment. Most research has been done on other programs outside the State of Washington with attempts to compare them to what we do in Washington. Not all programs are the same in length, content, or structure.

6. **Short term CCAP/MRT type programs have not been adequately researched to show their effectiveness in addressing Domestic Violence issues.** Some short term programs that have cropped up in the State of Washington have not been shown to be effective for long-term recovery from violence and abuse. Some programs see an offender anywhere from one or two sessions to maybe 20 sessions with no consistency in length or content. Many of these types of programs do not have time to address issues of denial, minimization, and blaming effectively, and they certainly don't have time to address the myriad of other issues. There seems to be a movement among some judges and attorneys to find different ways to address Domestic Violence issues. Looking for ways to improve the quality of Domestic Violence Intervention is what we all want, but without a solid understanding of the complexities of Domestic Violence we can end up with simplistic, ineffective solutions to very complex issues.

7. **What we see as valid outcomes of DV Treatment, and possible outcome based evaluations.** In addition to completing all of the requirements of WAC 388-60

and the treatment program contract, some programs around the state have developed tools to assist in measuring outcomes of perpetrator treatment. One such tool is the Perpetrator Index that was developed many years ago by the Tacoma/Pierce County DVIC, a work group of the Pierce County Commission Against Domestic Violence. The Perpetrator Index was developed with input from victim advocacy services, criminal justice system, and treatment providers. It is currently used by some programs around the State of Washington. There are probably other types of outcome evaluations being used in different parts of the state. We would like to see a collaborative effort to create a way to conduct outcome type research with treatment programs around the state. Documentation needs to go beyond recidivism looking at the reduction of negative behaviors and activities, replaced by positive behaviors and activities. Having verification of these behavioral changes from the victim and others in the client's life without placing the victim in a dangerous position would be an important part of this process.

8. **Possible solutions to current situation in DV Program supervision with DSHS, peer review, possible DOH Credentialing, and possible RCW and WAC revisions.** It is obvious to most people that the State of Washington has never put forth resources to adequately supervise and monitor Domestic Violence Treatment Programs. Additionally, people in those positions over the years have not possessed the experience or training needed to effectively supervise DV treatment programs (no offense to any of them). One of the requirements is to have experience working with Perpetrators of Domestic Violence in a State Certified Treatment Program. The people who are charged with Program Management at DSHS typically have worked alone, with no administrative or clerical help. They provide certification of programs, re-certification of programs, and investigation of complaints against programs. The DSHS Advisory Committee that is outlined in WAC 388-60 has not met in close to 15 years. The explanation that has been given has been that DSHS does not have the money to pay travel expenses to members of that committee. Most people would volunteer their time, and travel expenses to provide quality input to DSHS regarding Domestic Violence Treatment. There is no excuse for not having the Advisory Committee meet on a regular basis as is required by WAC 388-60.

The NWADVTP (formerly known as WADVIP) has over the years attempted to provide programs with Peer Review/Consultation (free of charge). We have also provided on-going continuing education in the form of Annual Domestic Violence Conferences (since 1994), and short term workshops where we bring in Domestic Violence Experts from the local community, and around the world to present on relevant issues, and new ideas on the Treatment of Domestic Violence. Presentations have been made by; Ellen Pence, PhD, Lenore Walker, EdD, Donald Dutton, PhD, Daniel Sonkin, PhD, Caroline West, PhD, Barbara Hart, PhD, and Oliver Williams, PhD just to name a few. With some local

expert presenters such as: Anne Ganley, PhD, Roland Maiuro, PhD, April Gerlock, PhD, ARNP, and others from the Northwest. These trainings continue to be widely accepted and attended by treatment providers. The NWADVTP currently represents approximately 75 % of Domestic Violence Treatment Providers from around the State of Washington with some members from Oregon, Idaho, and British Columbia.

We believe that the current WAC 388-60 should be revised and updated as a means of continuing to improve the quality of clinical work done in Domestic Violence Treatment Programs in our state. Topics for discussion about WAC updates among all stakeholders could include:

a. Domestic Violence specific education/training requirements for potential providers (review or upgrade as needed).
b. Change the name of our organization from WADVIP to NWADVTP.
c. Re-activate the DSHS Advisory Committee as a volunteer committee.
d. Establishing standards for Family Court Evaluations, and Criminal Court Assessments.
e. Possible Peer Review/Consultation for Domestic Violence Programs.
f. Improved trainee and staff supervision.
g. Other possible changes as suggestions are submitted.

Washington State has been at the forefront of addressing the issues of Domestic Violence in all of its complexities, in order to create a safer community for all of our citizens, especially those who are most vulnerable. The State of Washington has been deemed as progressive by many in the Domestic Violence movement around the country. This is not a time to retreat from the gains that have been made over the last several decades in establishing an effective Coordinated Community Response to Domestic Violence: it is a time to build on those gains and move forward in a progressive manner. To do that will require hearing from all who are affected by and concerned about Domestic Violence. Nothing less than the best, fullest, and most accurate information is what will allow us to shape policies and practices that can truly help to end the on-going cycle of Domestic Violence in our community.

Respectfully,

NWADVTP Board of Directors

“Electronically Signed”
Steven C. Pepping, MA, CDP, DVP
NWADVTP President