

COLORADO DEPARTMENT OF REGULATORY AGENCIES
OFFICE OF POLICY AND RESEARCH

COLORADO DOMESTIC VIOLENCE INTERVENTION PROGRAM

1997 SUNSET REVIEW



Table of Contents

<i>EXECUTIVE SUMMARY</i>	<u>1</u>
<i>INTRODUCTION</i>	<u>2</u>
SUNSET PROCESS	2
WHAT IS DOMESTIC VIOLENCE?	2
COLORADO DOMESTIC VIOLENCE LAW	3
PROFILE OF THE PROFESSION	5
<i>SUMMARY OF STATUTE AND STANDARDS</i>	<u>6</u>
STATUTE	6
STANDARDS	7
<i>REGULATION IN OTHER STATES</i>	<u>10</u>
<i>PROGRAM DESCRIPTION</i>	<u>13</u>
CERTIFICATION	13
REPORTING	15
MONITORING	16
<i>CONCLUSIONS & RECOMMENDATIONS</i>	<u>17</u>
IS THE PRESENT STRUCTURE OF LOCAL BOARDS AND CERTIFICATION OF DOMESTIC VIOLENCE TREATMENT PROVIDERS THE MOST EFFECTIVE REGULATORY SCHEME?	18
<i>APPENDICES</i>	<u>23</u>
SUNSET STATUTORY EVALUATION CRITERIA	24
STATUTE	25
SUMMARY OF SURVEYS	27
LOCAL BOARD MEMBER SURVEY - DORA	40
PROBATION SURVEY - DORA	42
CERTIFIED DOMESTIC VIOLENCE TREATMENT PROVIDER SURVEY - DORA	44
VICTIM SERVICES SURVEY - DORA	46

EXECUTIVE SUMMARY

In 1988, the Colorado General Assembly enacted a statute addressing treatment for domestic violence offenders. Sections 18-6-800.3 through 18-6-803, C.R.S., define domestic violence, address sentencing issues and mandate treatment for domestic violence offenders. Additionally, the statute requires that courts refer perpetrators only to those programs that are certified to provide treatment.

To accomplish this goal, the statute states that the Chief Judge in each judicial district shall appoint a local certification board to certify and monitor treatment programs. The statute also states that the Chief Justice of the Colorado Supreme Court shall appoint a state commission to draft standards for treatment. This Commission created the *Colorado Standards for Intervention with Court Ordered Domestic Violence Perpetrators*

The Department of Regulatory Agencies has conducted the 1997 sunset review of the two sections of the domestic violence statute that mandated the creation of local certification boards and the state commission. The report concludes that the current program is flawed in many ways. There is inconsistency in the certification and monitoring processes among the local certification boards and the Commission has no authority over local boards. Furthermore, local certification boards receive no financial support from the district or state level. This sunset report recommends allowing the provisions of article 6, title 18, part 802 (1) and (2) and article 6, title 18, part 803 to terminate. Adoption of this recommendation includes leaving in requirements that perpetrators sentenced to a treatment program or evaluation shall pay for the program or evaluation on a sliding fee basis.

If the General Assembly decides to sunset the program, there still exists the need for a certification program, monitoring component and best practice guidelines for domestic violence treatment programs to ensure victim and community safety. The survey component of this report revealed strong support for standards and certification. Standards exist to ensure a focus on victim safety and to establish a minimum level of accountability for treatment providers. Additionally, standards are important in establishing equity in sentencing and allowing consistent monitoring of treatment programs. Therefore, this sunset review recommends establishing a domestic violence treatment providers certification process similar to the proposed Alcohol and Drug Abuse Counselor Certification Program within the Department of Regulatory Agencies.

INTRODUCTION

Sunset Process

The function of setting standards and certifying domestic violence treatment programs shall terminate on July 1, 1998 unless continued by the General Assembly. It is the responsibility of the Department of Regulatory Agencies (DORA) to conduct a sunset review and evaluation of the regulatory program.

The purpose of this review is to determine whether there is a need for the continued existence of the program and whether the regulation it provides is the least restrictive, consistent with the public interest. DORA's findings and recommendations are submitted via this report to the House Committee of Reference of the Colorado General Assembly.

The sunset review process includes an analysis of the statute, interviews with professional association members, local board members, state officials, certified treatment providers, and victim services' representatives. Monthly meetings of a multi-disciplinary committee on standards and certification were attended. At these meetings, members discussed the future of the local certification boards and court ordered treatments. A comprehensive survey was mailed to probation officers, certified treatment providers, local board members, and victim services' representatives to determine the effectiveness of the regulatory program. The excellent response received provided DORA with a pragmatic view of the current system.

What Is Domestic Violence?

Domestic violence is a pattern of assaultive and controlling behavior, both criminal and noncriminal, perpetrated on one adult by another who was or is intimate with the victim. Cases of domestic violence are not limited to situations in which actual physical harm or intimidation occur. The Colorado Domestic Violence Law defines "domestic violence" in §14-4-101 (2), C.R.S., as:

Any act or threatened act of violence that is committed by any person against another person with whom the actor is a current or former relation, or with whom the actor is living or has lived in the same domicile, or with whom the actor is involved or has been involved in an intimate relationship.

Domestic violence is the single major cause of injury to American women, exceeding rapes, muggings and even auto accidents. The following facts were compiled by "Court Watch," a California organization created to monitor the prosecution and disposition of domestic violence cases throughout Los Angeles County and to report findings to appropriate state and federal agencies.

- 95% of the victims of spousal abuse are women.
- Every 15 seconds a woman is beaten.
- There are over 4 million **reported** cases of battered women each year; however, domestic violence is the most underreported crime in the United States.
- 50% of women experience domestic abuse or violence in their lifetime.
- In 70% of homes where the wife is beaten, children are victims of abuse.
- 40% of women homicide victims are killed by their male partners or husbands.
- A female victim is assaulted an average of 7 - 10 times before seeking assistance.
- More than 50% of homeless women left their homes to escape a battering situation.

Colorado Domestic Violence Law

Historically, domestic violence was considered a civil matter except when the violence resulted in criminal behavior such as assault, battery, or homicide. The traditional policy of police acting as mediator or conciliator was dangerous to the complaining party as well as the police officer involved. This traditional policy usually required multiple police interventions over a lengthy period of time. If charges were filed, the complaining spouse would often later drop the charges out of fear, shame or love. When convictions were obtained, judicial attitudes and rehabilitative programs resulted in ineffectual sentences and unchanged abusive behavior.

Prior to 1979, domestic violence perpetrators were treated on a voluntary basis as no formal court referral system existed. In 1980, an Adams County treatment program, Alternatives to Family Violence, assisted in the development of a referral system for domestic violence perpetrators in municipal court. However, there were no formal standards governing the treatment of those who were referred. Beginning in 1984, the City and County of Denver initiated changes in police, prosecution, judicial and probation policies concerning domestic violence. By then, domestic violence was recognized as a crime by the criminal justice system.

In 1984, the Denver Consortium, a group of concerned individuals from the legal and law enforcement communities, as well as the treatment community involved in abuse issues, helped to institute a policy of mandatory arrest at the scene of domestic violence. This policy increased the number of referrals to treatment providers. Members from Safeguard, a victim's advocacy group, AMEND (Abusive Men Exploring New Directions) and others became concerned that the treatment provided was not uniform and that the standards were not consistent. In 1986, Denver instituted the mandatory arrest policy for domestic violence cases. In the same year, Denver added the mandatory arrest policy to its Domestic Violence Manual (modifications to the manual were approved and adopted in November of 1990).

In 1988, the Colorado General Assembly passed the Domestic Violence Act that provided for a Commission appointed by the Chief Justice of the Colorado Supreme Court to draft standards for the certification of domestic violence treatment programs. The original Commission included a Ph.D. psychologist, a Licensed Professional Counselor (LPC), the director of development in the Denver District Attorney's Office, an assistant district attorney from the Denver office, a representative from the 17th Judicial District Probation Department and a representative from a women's shelter in Boulder.

The Commission created the *Colorado Standards for Intervention with Court Ordered Domestic Violence Perpetrators (Colorado Standards)*. These standards are the basis from which local boards certify and monitor programs. As provided in §18-6-801, C.R.S., anyone convicted for violation of any criminal law, the underlying factual basis of which includes an act of domestic violence, as defined in §18-6-800.3(1), C.R.S., shall be ordered to a treatment program following the standards established in §18-6-803, C.R.S. If an intake evaluation conducted by a certified treatment provider indicates that sentencing to a treatment program is inappropriate, the person is referred back to the court for alternative disposition. The court may order an evaluation to be conducted prior to sentencing if an evaluation would assist the court in determining an appropriate sentence. If such an evaluation recommends treatment, the person is ordered to complete a treatment program which is certified in accordance with §18-6-802, C.R.S.

Profile Of The Profession

There are approximately 106 certified treatment providers in Colorado's twenty-two judicial districts. These practitioners come from a wide variety of professional groups, community-based groups and agencies, private non-profits and private practice groups. Certified domestic violence treatment providers intervene with court-ordered clients who commit acts of violence in adult-to-adult intimate relationships. The functions included in the delivery of this service are outlined in the *Colorado Standards*. Sections 6.0, 7.0 and 8.0 outline appropriate and inappropriate treatment approaches, intake and evaluation procedures, length of treatment, intervention standards, and discharge criteria.

Court ordered domestic violence perpetrators receive treatment in an office setting via individual and group counseling. Treatment generally consists of weekly meetings of small groups supervised by one or two trained group leaders. Licensed psychotherapists, such as psychologists, social workers, marriage and family therapists and professional counselors, as well as unlicensed therapists treat the perpetrators. "Counseling programs attempt to change batterers' abusive behavior by changing their attitudes, teaching skills, ameliorating psychological problems, or other mechanisms. Batterer intervention programs, in addition to their rehabilitative aspects, provide some monitoring and surveillance of batterers. They may keep threat of other sanctions salient for batterers."¹ Providers counsel and monitor the perpetrators and report back to the courts and the probation departments regarding their progress.

Certified domestic violence treatment providers are guided by the *Colorado Standards* pursuant to §18-6-803(1), C.R.S. These standards preclude the use of some forms of treatment, such as treatments that blame or intimidate the victim; ventilation techniques that utilize controlled violence; and traditional couples' therapy techniques. The *Colorado Standards* require that certified counselors maintain an ongoing focus on victim safety issues and communicate regularly with victims and victims' services agencies. Certified treatment providers play not only the role of a counselor but also assume a monitoring function that reports back to the courts and probation. In addition to domestic violence perpetrators who receive court ordered treatment, there are numerous professional groups and private practitioners providing treatment to perpetrators privately seeking counseling on their own initiative.

¹ Richard M. Tolman, "Expanding Sanctions for Batterers: What can we do besides jailing and counseling them?", p. 170-185.

SUMMARY OF STATUTE AND STANDARDS

This section of the report provides an overview of the highlights of the Colorado statute concerning domestic violence treatment programs.

Statute

Section 18-6-801(1)(a)(b), C.R.S., requires that any person found guilty of a criminal act, the underlying factual basis of which includes an act of domestic violence, shall be ordered to complete a treatment program. The court may order an evaluation prior to sentencing if an evaluation would assist the court in determining an appropriate sentence.

Article 6 of Title 18 of the Colorado Revised Statutes provides for the certification and standards for domestic violence treatment programs. All domestic violence treatment programs and providers shall be certified by the local Domestic Violence Board pursuant to §18-6-802, C.R.S. The statute provides for the Chief Judge in each Judicial District to appoint a local board that certifies and monitors treatment programs for persons convicted of a domestic violence offense. The local board should consist of eight members, two members from victim services, and one member each from law enforcement, the local prosecutor's office, probation services, the mental health profession, state or county department of social services, and the community at large [§18-6-802)(1)(a), C.R.S.]. The statute specifies that one-half of the board members be reappointed every two years and that the board meet at least quarterly.

The board is empowered to perform the following duties under §18-6-802 (2)(a)(b), C.R.S.

- certify treatment programs according to the "Manual of Colorado Standards for Treatment of Domestic Violence Perpetrators,"
- review certified treatment programs annually,
- receive complaints and grievances regarding treatment programs, and
- make recommendations to the Chief Judge as to continued certification of programs.

The statute mandates that the board preserve the confidentiality of information received about domestic violence perpetrators during complaint investigations or grievance proceedings.

Perpetrators of domestic violence must pay for treatment costs (§18-6-802(3)(a), C.R.S. Any defendant sentenced to a treatment program must pay for the treatment program on a sliding fee basis. Perpetrators deemed indigent by the court must pay a nominal fee or may be required to perform in-kind service useful to the treatment agency. For perpetrators to obtain indigent status, they must produce evidence demonstrating that they are actively looking for employment or pursuing vocational counseling or training.

Standards

Intervention standards mandate minimum conditions that allow for the monitoring and containment of defendants' behavior, while at the same time increasing the community's and the victim's safety. The following provides highlights of the educational and training requirements, intervention approaches and standards, and discharge criteria.

Commission

The Commission created by §18-6-803(1), C.R.S., authorizes the Chief Justice of the Supreme Court, or designee, to appoint a Commission to draft a manual of standards for the treatment of domestic violence perpetrators. This manual is available to local boards that are appointed pursuant to §18-6-802(1)(a), C.R.S. This Commission includes six members, of whom two members are from the district attorney's offices, two members are experts in the field of treatment of domestic violence perpetrators, one member is from the probation department, and one member represents victims' advocacy. The Commission is authorized to meet no less than semiannually to review the manual and make any necessary revisions. The strictly voluntary Commission does not have state funds appropriated for its operation.

Education and Training Requirements

The Declaration of Principles Section included in the *Colorado Standards for Intervention with Court Ordered Domestic Violence Perpetrators, 1993 (Colorado Standards)* states that “court ordered domestic violence perpetrators are a separate category of violent perpetrators requiring a specialized approach.” Psychotherapists counseling domestic violence perpetrators generally agree that specialized training and experience is required to work most effectively with these individuals.

The education and training requirements specify that treatment providers must meet the criteria set out in the *Colorado Standards*. Initial education requirements include a Bachelor’s Degree in a human service related area or an equivalent combination of college courses and applied experience. There is a requirement of 155-169 hours in basic domestic violence and counseling related areas. Undergraduate, graduate and post graduate course work may all be included as hours towards initial certification. Course work must include domestic violence dynamics, gender issues, specific populations, addictions, resistive client, clinical interviewing and assessment, individual and group skills training and personality disorders.

Each counselor seeking certification must have 800 hours of direct client contact with individual, group, couples, or family therapy, and 200 client hours working in a certified domestic violence treatment program with court ordered clients.

In addition, domestic violence treatment providers must participate in 24 hours of continuing education per year in counseling or therapy related fields, substance abuse, diverse client populations, and sex role and gender issues.

Intervention Approaches and Standards

Group therapy is the intervention of choice for domestic violence perpetrators. The *Colorado Standards* state that it is not appropriate to begin domestic violence treatment utilizing traditional couples or family therapy techniques. Couples therapy may be considered after the perpetrator has participated in a minimum of 20 sessions over a minimum of five months. Periodic couples meetings (as opposed to ongoing couples therapy) may be used to elicit information, set behavioral goals, arrange a separation, or to teach anger management skills. Substance abuse should be addressed at the onset of treatment. Referrals to other agencies for specialized treatment may be initiated in those circumstances.

Providers conduct a thorough client intake as a basis for assessing treatability and appropriate treatment modalities. The intervention standards include a list of issues to be addressed during the initial intake. Length of treatment for a domestic violence perpetrator is a minimum of 36 sessions, meeting weekly in group and/or on an individual basis. However, the treatment provider may reduce the length of treatment to 24 sessions if the perpetrator meets all of the following criteria:

- Has been free of all forms of violence as defined in the *Colorado Standards* from the inception of treatment according to victim and perpetrator reports;
- Has accepted the responsibility for his/her violent behavior;
- Has cooperated in therapy by talking openly and processing personal feelings;
- Has a low probability of continued violence based on a lethality evaluation;
- Has no known alcohol or drug abuse involvement;
- Has met financial responsibilities of the treatment program;
- Has not harassed the victim;
- Has no obsessional thinking regarding jealousy, or blaming the victim for real or perceived injuries to self esteem; and
- Has no obsession with abandonment issues or attempts to locate the victim, if separated.

Discharge Criteria

Therapists' judgments and information from the victim determine whether a client is discharged administratively or clinically. A clinical discharge is given upon successful completion of the program, while an administrative discharge is granted if there is an expiration of court-ordered therapy or an inability to continue the program (i.e., moving out of town or referral to another treatment program). Termination from the treatment program may occur if the perpetrator violates the conditions of the client contract or conditions of probation. Under the *Colorado Standards*, if an perpetrator continues to exhibit signs of violence at the time of discharge, a treatment provider has a duty to notify the victim, contact a probation officer, request an extension of time for treatment, and ask the client to continue in treatment.

REGULATION IN OTHER STATES

Law enforcement officials have traditionally treated violence against family members less seriously than violence between strangers or unrelated friends.² Domestic violence laws in the fifty states range from mandatory treatment, standards, certification, arrest and monitoring to a total hand's off approach by the criminal justice system. There is considerable diversity in states' requirements for perpetrator treatment and standards and monitoring of treatment providers. Presently, 15 states mandate standards for court ordered domestic violence programs, 16 states are in the process of developing standards or have standards in draft form, and 16 states have recommended or voluntary standards.

The following chart compiled by the Colorado Coalition for Domestic Violence illustrates the differences and similarities among the fifty states.

A States' Perspective on Domestic Violence Laws*

State	Arrest Law	Mandatory Treatment	Mandatory Standards	Voluntary Standards	Certification	Monitoring
AL	may	no	no	yes	voluntary	no
AK	may	no	yes	no	yes	yes/ACDVSA
AZ	may	no	in process	no	in process	in process
AR	may	no	in process	no	in process	in process
CA	no	yes	yes	no	yes/county	yes/ probation
CO	may	yes	yes	no	yes	yes/local boards
CT	shall	no	no	no	no	no
DE	may	no	in process	no	no	no
FL	may	yes	yes	no	yes	yes/DOC
GA	may	no	no	protocol	no	yes/local DV
HI	may	no	draft	yes	no	no
ID		no	no	yes	no	no
IA	no	yes	yes	no	yes	yes/DOC
IL	may	no	no	protocol	DPA	no
IN	no	not statewide	draft	protocol	yes/CADV	yes/local DV
KS	shall	no	no	no	no	yes/ KCADV
KY	may	no	yes	no	placed on list	yes/DMH
LA	no	yes	in process	yes	no	no
ME	may	in process	yes	no	yes/DOC	yes/DOC
MD	may	no	in process	no	no	no
MA	no	no	yes	no	yes/DPH	yes/DPS
MI	may	no	some counties	no	county	yes/ taskforce

² Joan Zorza. *The Criminal Law of Misdemeanor Violence, 1970-1990*, 83 J. CRIM. L. & CRIMINOLOGY, 46, 47(1992)

State	Arrest Law	Mandatory Treatment	Mandatory Standards	Voluntary Standards	Certification	Monitoring
MN	may	no	in process	yes	no	yes/local DV
MO	may	no	no	in process	no	no
MS	may	no	no	no	no	no
MT	may	no	in process	no	no	no
NE	may	no	in process	no	no	no
NV	shall	no	no	no	no	no
NH	may	no	no	yes	yes/DV program	no
NJ	may	no	no	yes	yes/NJADVP	yes/NJADVP
NM	may	no	in process	no	no	no
NY	shall	no	some counties	no	yes/NYOPDV	yes/local DV
NC	may	no	in process	no	yes	yes
ND	may	no	no	yes	yes/Par. Prob	no
OH	may	no	no	recommended	yes/Loc DV	yes/ local DV
OR	shall	yes	no	yes	no	yes/state
OK	may	no	yes/state	no	yes/DMH	yes/DMH
PA	may	no	no	recommended	yes/PCADV	yes local DV
RI	shall	yes	in process	no	yes/DOC	yes/DOC
SC	may	no	no	no	no	no
SD	shall	no	in process	no	no	no
TN	may	yes	yes	no	no	no
TX	may	yes	yes/state	no	yes/DCJ	yes/TCFV
UT	may	no	yes/state	no	yes	yes/DHHS
VT	may	no	yes	yes	yes/DOC	yes
VA	may	no	no	no	no	no
WA	no	no	yes/state	no	yes/DCFS	yes/DSHS
WV	may	no	no	no	no	no
WI	shall	no	yes/state	county	no	yes/DHFS
WY	may	no	in process	no	no	no

* Prepared by Colorado Coalition Against Domestic Violence

Key to Table Abbreviations

CDVS Coalition Against Domestic Violence and Sexual Assault
 DOC Department of Corrections
 DMH Department of Mental Health
 DHHS Department Health & Human Services
 OPDV Office for Prevention of Domestic Violence
 DSHS Department of Social and Health Services
 DHFS Department of Health and Family Services

DPH Department of Public
 CADV Coalition Against Domestic Violence
 DPS Department of Public Safety
 DSS Department of Social Services
 DCJ Department of Criminal Justice
 CFV Coalition Against Family Violence
 DVP Domestic Violence Program

Key to States' Grid

Arrest Law : States use different language for arrest laws concerning domestic violence offenses. Some states use *police shall arrest*, some use *police may arrest without a warrant* and some states do not have a statewide mandate concerning arrest policy. In states in which there is not a state law concerning arrests, there are generally other required policies such as making reasonable efforts to protect from future harm or requiring police departments to have a written policy concerning domestic violence offenses.

Mandatory Treatment: Identifies which states have a legislated mandate requiring DV perpetrators to go to a Batterers' Intervention/ Treatment Program.

Voluntary Standards: Identifies which states, or organizations within a state, have adopted voluntary standards for intervention/treatment of domestic violence perpetrators.

Certification: Identifies states that have some certification or approval process to show adherence to standards, either mandatory or voluntary.

Monitoring: Identifies the states that monitor programs for adherence to standards. In some cases the monitoring entity is identified.

PROGRAM DESCRIPTION

The *Colorado Standards* mandate a system of certification, monitoring, and reporting. In Colorado, the state mandates standards but there is no state agency that monitors or certifies treatment providers. Rather, local boards with representatives from victim services, law enforcement, prosecution, human services, probation and the community-at-large certify and monitor programs. Inherent in the practice of certification is the notion that the public good is protected by achieving and maintaining certain standards. Monitoring is needed to ensure that programs comply with the standards. A discussion of the current system of certification and monitoring follows.

Certification

Domestic violence treatment programs offering services to court ordered perpetrators must be certified by a local domestic violence board pursuant to §18-6-802, C.R.S. The term “treatment programs,” refers to a large variety of professional groups, community based groups and agencies, private practice groups, and private practice individuals. A treatment program can be an individual or a group of individuals operating under one program. If an individual treatment provider comprises a program, that individual must be certified. If a group of individuals comprises a treatment program, the program director or supervisor must be certified. This director, in turn, must ensure that all individuals providing treatment within the program are compliant with the *Colorado Standards* developed by the Commission pursuant to §18-6-803, C.R.S., and adopted by local boards.

Local boards certify treatment programs according to each program’s compliance with the *Recommended Standard Operating Procedures Domestic Violence Treatment Providers Certification Board (Recommended Standards Operating Procedures)* created pursuant to §18-6-803, C.R.S. These procedures are only recommended, they are not statutory requirements. These procedures vary among the 22 local judicial boards and each applicant must meet the criteria for certification determined by the relevant judicial district board. The recommended certification procedures require a completed written application demonstrating satisfactory compliance with the requirements of the *Colorado Standards*, an oral interview, and an on-site inspection. However, not all boards consistently require an on-site inspection or oral interview for certification.

Applicants desiring certification must complete a comprehensive application form and submit it to the local certification board within the judicial district where the applicant will provide services. In addition to reviewing the application, the local board may also require a personal interview with the provider, a site visit to the treatment agency, and a review of case files and tapes of sessions. Considering the information gathered from these review mechanisms, the local certification board may grant conditional or full certification to the provider. A full certification is one without any limitations; a conditional certification means that the local board has certified the applicant for a limited time period as negotiated by the local board and the program.

Some boards are very active and involved in ensuring the quality of domestic violence providers within their judicial districts. Other judicial districts do not have a local board because the Chief Judge has not appointed one. In the Appendix (pages 27-30), the summarized survey responses of local board members and providers, illustrates the disparity of requirements, procedures and processes among the 22 local boards.

As stated previously, local certification boards differ in their procedures for application and monitoring. They devote varying degrees of effort to the certification of treatment programs. The 22 different judicial districts responsible for certifying domestic violence treatment providers emphasize different requirements. For example, one judicial district may notify the applicant within 30 days of the board's decision regarding certification, while another board may take several months to notify a provider. The lack of consistency in applying standards could result in different levels of treatment among the providers.

Another factor that contributes to inconsistency is that the resources of each community are diverse; rural areas having different needs than the Denver Metropolitan Area. Therefore, variation exists in the operational procedures of the boards. This variation leads to complications with reciprocity between districts since some boards are reluctant to grant reciprocity to providers who have been certified in a jurisdiction they feel does not adhere to the *Recommended Standard Operating Procedures*. For instance, some districts allow reciprocity for a certified provider with a simple application form. Other districts do not allow any reciprocity and require treatment providers to go through the application process as if they had never been certified. The standards do not give any guidance regarding reciprocity, so each board makes independent decisions on how it will handle programs from other jurisdictions.

Licensed professional organizations representing psychologists, social workers, nurses, and professional counselors, believe that the present system of mandated certification by local boards subjects their members to dual regulation. They contend that since their professions are already regulated by the Department of Regulatory Agencies (DORA), monitoring by the local boards is duplicative. Victim service organizations and other community groups that support standards believe that working with court ordered domestic violence perpetrators is vastly different from counseling people who voluntarily seek service. Further, DORA does not monitor the providers for compliance with treatment standards. Therefore, standards, certification and monitoring of treatment providers are necessary to ensure victim and community safety.

Reporting

Perpetrators in Compliance: In cases involving a deferred sentence, treatment providers are required to report quarterly in writing to the Court and the District Attorney on the treatment status of the domestic violence perpetrator. In cases involving supervised probation, treatment providers must report quarterly in writing to the supervising Probation Officer.

Perpetrators in Violation of Treatment Program: In cases involving a deferred sentence, treatment providers are required to report in writing within 10 working days to the court and the District Attorney of the perpetrator's non-compliance with his/her treatment program. In cases involving supervised probation, treatment providers must report in writing within 10 days of the perpetrator's non-compliance with his/her treatment program to the supervising probation officer.

Final Report: When a perpetrator has successfully completed his/her treatment program, the treatment provider provides a report in writing, within one month stating to the court, District Attorney, and probation services that the perpetrator has successfully completed his/her treatment program.

Monitoring

Not all Boards consistently participate in an annual review of treatment programs, even though the *Recommended Standard Operating Procedures* advise annual reviews of each provider. An effective program of monitoring is not limited to an annual review, but rather, is an ongoing process. The DORA survey revealed strong support for a monitoring program that evaluates the providers' compliance with the standards. Survey results indicate that 85% of certified treatment providers, 75% of victim service providers, and 80% of local board members believe that treatment programs should be monitored. Local monitoring entities can exist in a number of different forms. However, they should be reflective of community groups who are involved in the containment of perpetrators.

CONCLUSIONS & RECOMMENDATIONS

Parties involved in domestic violence intervention programs (probation officers, certified treatment providers, victims' advocates, etc.) generally agree that domestic violence perpetrators must be contained and held accountable for their actions. In addition, the safety of victims of domestic violence is a primary concern. Those providing domestic violence intervention services must be knowledgeable and experienced in the treatment of domestic violence perpetrators (DV perpetrators). The active involvement of police, probation officers, the courts, and the victim in the treatment of DV perpetrators is important and should be preserved.

The goal is to minimize the potential for further abuse and harm to victims of domestic violence and promote the effective treatment of domestic violence perpetrators. Domestic violence perpetrators are a separate category of violent offender requiring a specialized approach because of the complex issues and dynamics present in domestic violence cases. Due to the potential lethality of these situations, adequate punishment and effective treatment are needed to ensure safety for victims.

Without providing effective intervention, punishment, and treatment for domestic violence perpetrators, this type of violence and tragedy will not only continue but be passed from generation to generation. There are numerous cases in which inappropriate or inadequate intervention with perpetrators resulted in continued victimization, injury and/or death for victims.

Domestic and family violence must be reduced and prevented. The best hope is for a strong public policy against domestic and family violence. Leadership, communication and coordination among legislators, government administrators, law enforcement, courts, attorneys, correction departments, providers of treatment for perpetrators, and advocates and providers of services to victims are critical.

Is the Present Structure of Local Boards and Certification of Domestic Violence Treatment Providers the Most Effective Regulatory Scheme?

The current system of local certification boards is flawed in several areas: inconsistency in the certification and monitoring process; lack of reciprocity among judicial districts; lack of authority for the Commission over local boards; and a process subjecting certified treatment providers to two separate grievance procedures. The Commission was created to develop standards, but was not given a budget or statutory authority to provide guidance or support to local certification boards. In this report's survey of local board members, a majority of respondents reported that their boards need technical assistance. Specifically, they identified the need for clarification on operating procedures, the appeals process, reciprocity of certification and standardized operating procedures between jurisdictions.

In addition, local board members must contribute a tremendous amount of volunteer time in order to fulfill the boards' functions. Local certification boards receive no financial support from the district or state level, nor do treatment providers contribute to the cost of monitoring. Yet boards make photocopies, pay for postage, travel to meetings, and conduct site assessments. Therefore, based on the review and analysis of the current system, DORA makes the following recommendation:

Allow §18-6-802 (1) and (2), C.R.S., and §18-6-803, C.R.S., to sunset on July 1, 1998. Make conforming amendments throughout the statute when references are made to those sections.

Repeal of the two sections would eliminate standards for treatment of court ordered perpetrators, abolish the Commission, and eliminate the certification and monitoring of perpetrator treatment providers. However, there still exists the need for a monitoring component and best practice guidelines for domestic violence treatment programs to ensure victim and community safety. The goal of an effective domestic violence containment model is to "provide standardized treatment of this client group according to best practice standards that define and treat domestic violence as a crime, provide appropriate consequences and effective treatment for perpetrators, increase victim safety and ensure consistent monitoring communication and accountability among treatment providers, victim service agencies and the criminal justice system."

The goals of most treatment programs are to confront the abusive person with his/her behavior, to hold the person accountable for his/her actions and to affect change in the perpetrator's abusive behavior. Treatment must be viewed in the context of the entire community's response to domestic violence. Treatment alone is not the panacea for abusive behavior but an integral part of an entire spectrum of solutions.

The survey component of this report revealed strong support for standards and monitoring. Of local board members and victim service providers who responded to the survey, there was an overwhelming support for standards. Standards exist to ensure a focus on victim safety and to establish a minimum level of accountability for treatment providers. Standards provide a baseline for treatment and prohibit practices that undermine victim safety and perpetrator accountability. Additionally, standards or guidelines are important in establishing equity in sentencing and allowing consistent monitoring of treatment programs. Since sentencing must be objective and nondiscriminatory, courts need to ensure that perpetrators charged with similar crimes receive substantially similar treatment. Some degree of equity is established by dictating a minimum level of treatment.

It is believed that standards should not be developed in isolation; groups involved with domestic violence services and/or the containment of perpetrators should be given the opportunity to provide input and comment as standards are being formulated.

If the current certification and standards requirements are allowed to sunset, a number of options for changes to the present system in Colorado have been considered. Brief synopses of each option follow:

OPTION A: Overhaul the current system of Commission and local boards.

This option proposes keeping the involvement and oversight of treatment programs at the local board level. Some communities have an effective system. However many communities do not have local boards that operate effectively and efficiently. Local certification boards differ in their application policies and monitoring procedures. A degree of consistency must be built into the certification and monitoring processes. Standard operating procedures that include uniform applications and monitoring would provide each locality with the same basic information about treatment programs, generating some degree of consistency between districts.

This option requires that the General Assembly appropriate funds for the Commission. These funds would allow the Commission to resume its

semiannual meetings and to review and revise the *Colorado Standards for Intervention with Court Ordered Domestic Violence Perpetrators*. The Commission would also use the funds to expand the Commission's role as the central coordinating entity for all local boards. In addition, if the Commission operated in an advisory capacity, specific legislation would need to be enacted to allow for this capability.

Funds would also be needed for reimbursement to local board members for photocopies, travel, conducting site assessments, and other duties as required. Other statutory provisions should include liability immunity for the State Commission and local board members when acting according to procedure and in good faith.

OPTION B: Establish a program in Office of Probation Services.

Under this model, Probation Services would develop best practice guidelines for use by probation officers who supervise domestic violence perpetrators. Probation departments would use these guidelines for determining appropriate treatments and levels of supervision for domestic violence perpetrators. Probation officers in many jurisdictions already monitor treatment providers and often stop referring probationers to programs that are not appropriate.

Probation Services would develop these best practice guidelines for probation officers in conjunction with a multidisciplinary committee, with representatives from victim services, law enforcement, criminal justice, treatment providers, licensed professionals and the community at large. To ensure statewide support, Probation Services would present the proposed guidelines throughout the state and revise, as needed to reflect local concerns.

The guidelines would provide "best practice" for treatment based on the premise that not all perpetrators should receive the same treatment. The Office of Probation Services recently received funding for the development of a screening tool to develop a risk assessment program of domestic violence perpetrators. Levels of risk would dictate the type of treatment and the amount of supervision each perpetrator would receive, and help indicate whether there is a need for other treatment methods or jail.

OPTION C: Model the DV system after the Sex Offender Treatment System

The Sex Offender Treatment Board was designed partially by looking at the shortcomings of the DV system. With one state board, instead of 22 boards at the judicial district level, there are less inconsistencies statewide. The opposing perspective recognizes that with a state board there is virtually no local control or monitoring. In addition, the number of DV perpetrators is so much greater than the number of sex offenders that it might not be an easy model to mirror. With one Board to cover the state, the monitoring of programs will be less intense. This model also requires statutory authority and provisions to operate the program. The General Assembly would need to appropriate funds to develop and implement the program and to create standards.

The Department of Regulatory Agencies recommends the following option:

Option D: Establish a Domestic Violence Treatment Providers Certification Process Similar to the Proposed Alcohol and Drug Abuse Counselor Certification Program within The Department of Regulatory Agencies

The November 1996 Performance Audit of the Alcohol and Drug Abuse Division (ADAD) recommended evaluating the feasibility of transferring the counselor certification responsibilities from the Department of Human Services to the Department of Regulatory Agencies because DORA's primary function is professional certification and licensure.

Under this model (Option D), that is similar to the proposed ADAD model, DORA would review applications for certification, appeals, and denials. Licensees in any of the four mental health disciplines (Social Work, Psychology, Professional Counseling, and Marriage and Family Therapy) would be exempt from certification requirements if they could document training, experience and competence equal to that of a certified domestic violence treatment provider. This practice would avoid duplication of regulation for licensed mental health professionals. There are currently 106 mental health care providers who have indicated on their database application form that they are certified domestic violence providers.

In addition, all domestic violence treatment providers, whether certified or licensed by DORA, would be subject to the 22 prohibited psychotherapy activities illustrated in §12-43-704 (a)-(u), C.R.S. Domestic violence treatment providers would practice under “generally accepted standards of practice” for domestic violence treatment providers. Whereas ADAD already has developed the standards of practice for counselors, DORA would need to convene an advisory committee to develop and establish certification standards and generally accepted standards of practice for domestic violence treatment providers.

APPENDICES

Sunset Statutory Evaluation Criteria

- (I) Whether regulation by the agency is necessary to protect the public health, safety and welfare; whether the conditions which led to the initial regulation have changed; and whether other conditions have arisen which would warrant more, less or the same degree of regulation;
- (II) If regulation is necessary, whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest, considering other available regulatory mechanisms and whether agency rules enhance the public interest and are within the scope of legislative intent;
- (III) Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures and practices and any other circumstances, including budgetary, resource and personnel matters;
- (IV) Whether an analysis of agency operations indicates that the agency performs its statutory duties efficiently and effectively;
- (V) Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates;
- (VI) The economic impact of regulation and, if national economic information is available, whether the agency stimulates or restricts competition;
- (VII) Whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession;
- (VIII) Whether the scope of practice of the regulated occupation contributes to the optimum utilization of personnel and whether entry requirements encourage affirmative action;
- (IX) Whether administrative and statutory changes are necessary to improve agency operations to enhance public interest.

Statute

18-6-802. Domestic violence - local board -- treatment programs - liability immunity.

(1) (a) The chief judge in each judicial district shall appoint a local board which shall certify and monitor treatment programs for persons convicted of the crime of domestic violence. Said board shall consist of eight members: Two members from the victim services field; one member from law enforcement; one member from a prosecutor's office; one member from the probation department; one member from the community at large; one member from the mental health profession; and one member from the state department of human services or county department of social services. The board should reflect the ethnic composition of the community in which it is located.

(b) One-half of the board members shall be reappointed every two years, and the board shall meet at least quarterly. No board member shall have a pecuniary interest in the treatment program or the services provided in connection therewith.

(2) (a) The board shall certify treatment programs according to the program's compliance with the manual of Colorado standards for treatment of domestic violence perpetrators created pursuant to section 18-6-803. All certified treatment programs shall be reviewed by the board annually.

(b) The board shall receive complaints and grievances regarding treatment programs and shall make recommendations to the chief judge as to continued certification of the program.

(c) All information concerning a domestic violence perpetrator received by the board in the process of a certification, a complaint, or a grievance shall be held in strictest confidence by the board.

(d) The board and its individual members shall be immune from any liability, civil or criminal, and from termination of employment, for the good faith performance of their duties as specified in this subsection (2).

(e) Repealed.

(3) (a) Any defendant who is sentenced to a treatment program pursuant to section 18-6-801 or who is ordered to complete an evaluation pursuant to section 18-6-801 (1) shall pay for the treatment program or evaluation on a sliding fee basis, as provided in the manual of Colorado standards for treatment of domestic violence perpetrators.

(b) Any defendant determined by the court to be indigent shall pay a nominal fee or may be required to perform in-kind service useful to the treating agency. A defendant shall be determined to be indigent only if he can show evidence that he is actively looking for employment or pursuing vocational counseling or training and that he has made a commitment to the treatment program.

18-6-803. Commission - manual of standards for treatment of domestic violence perpetrators.

(1) The chief justice of the supreme court or his designee shall appoint a commission which shall draft a manual of standards for treatment of domestic violence perpetrators to be used as provided in section 18-6-802 and which manual shall be made available to local boards appointed pursuant to said section.

(2) The commission shall consist of six members: Two members from district attorneys' offices; two members who shall be experts in the field of treatment of domestic violence perpetrators; one member from the probation department; and one member from a domestic violence program which provides services to victims of domestic violence.

(3) The commission shall meet no less than semiannually to review the manual and shall make any revisions it deems necessary.

(4) This shall be a voluntary commission, and no state funds shall be expended on this commission.

Summary Of Surveys

In 1996, the Colorado Coalition Against Domestic Violence (CCADV) prepared and distributed a survey regarding domestic violence treatment programs and providers. Four different groups received surveys tailored specifically to their responsibilities and activities; these groups included probation officers, certified treatment providers, local board members and victims' services.

To determine the effectiveness of the certification program, the Department of Regulatory Agencies (DORA), Office of Policy & Research, in 1997, distributed its own survey to the same four groups. In addition to answering the questions posed in the survey, several of the respondents wrote comments. The purpose of the survey was to elicit comments, information regarding certification of providers, and the effectiveness of the local boards. The following information summarizes the responses to the surveys sent by DORA and CCADV. Please note that the totals of responses in each category may not equal the number of respondents since some left questions blank and some selected more than one choice. A copy of each survey is included in Appendix B.

LOCAL BOARD SURVEY RESULTS - DORA

The Office of Policy and Research sent surveys to local board members in 22 judicial districts. One hundred forty-three surveys were distributed with a return rate of 86 (70%). Twenty-two districts responded reflecting a 100 % representation.

The composition of local boards includes representatives from victims' services, probation services, social services, district attorneys' offices, mental health services, law enforcement, and the community at large. Responses indicate that the majority of the boards meet monthly or quarterly; a few do not meet regularly. The number of certified treatment providers in the judicial districts varies from one to more than twenty-five. Approximately eight boards allow reciprocity among judicial districts for certification. However, members of the same board have differences of opinion on whether they allow reciprocity.

Nine boards have decertified treatment providers, while seven have placed one or two providers on probation. The reasons for disciplinary action include: inappropriate treatment, failure to comply with standards, failure to comply with continuing education requirements, inadequate record keeping, and lack of concern for victim safety.

Regarding which entity should determine standards for domestic violence treatment providers, 66 ranked the state first, 13 ranked the judicial district (local boards) first, and three ranked victim's advocacy groups first. Approximately 95% of local board members support some type of standards for providers. Comments submitted by board members regarding state standards follow:

- Resources are needed to administer accountability for standards compliance.
- State standards offer the best chance of providing consistent treatment procedures from one district to another.
- Without standards, there is no guarantee that persons treating perpetrators know what they are doing.
- Standards should be uniform across the state and not interpreted by each district. They should be written so that there is some leeway for different geographic areas.

Respondents were asked to what extent they agreed with the following two statements (**5 represents strongly agree, 1 represents strongly disagree**). The statements and summaries are listed below:

There should be changes to current standards.

- 5 (12 respondents 14%)
- 4 (22 respondents 26%)
- 3 (34 respondents 40%)
- 2 (12 respondents 14%)
- 1 (5 respondents 5%)

Comments:

- Need an improved victim protection component.
- Current standards are cumbersome, there is a lot of paperwork.
- Standards need to be clear with less room for interpretation.
- Standards should be stronger to reflect jurisdictions where judges do not sentence consistently.
- Need to allow more input regarding lethality upon initial assessment/evaluation so that court can order lengthier treatment sentences.

Certified treatment providers should be monitored.

- 5 (60 respondents 71%)
- 4 (13 respondents 15%)
- 3 (7 respondents 8%)
- 2 (2 respondents 2%)
- 1 (2 respondents 2%)

Over seventy percent (70%) strongly agree that certified treatment providers should be monitored. Only two respondents strongly disagreed with monitoring requirements. A majority of board members (65) replied that local boards should be the entity monitoring the providers. Only a few chose the Department of Regulatory Agencies, Probation Services, Department of Criminal Justice, or the State Commission on Domestic Violence as the primary agency to monitor treatment providers. In addition, board members specified the local boards or the Department of Regulatory Agencies as the appropriate entity to handle disciplinary actions against treatment providers.

To determine the consistency of local boards in Colorado (regarding certification and monitoring), respondents were asked to indicate the frequency that their Board uses the following procedures from the *Recommended Standard Operating Procedures for Domestic Violence Treatment Providers Certification Board*: approved application form, oral interview, site inspection, 30 day notification regarding certification, reciprocity with other judicial districts, review of clinical records, recertification, and continuing education requirements. Board members designated the frequency (never, sometimes, most of the time, always) for the following operations.

- Requires Commission approved application form.
- Requires oral interview of provider for certification.
- Site inspection conducted for certification.
- Notifies within 30 days of board's decision regarding certification.
- Certification reciprocal with other board's in the State.
- Board annually reviews clinical records to insure treatment provider compliance with requirements of standards.
- Board requires recertification yearly.
- Board requires written application for yearly recertification.
- Board requires proof of continuing education for yearly recertification.

There was quite a discrepancy among the 22 boards, and within each board responses were conflicting. For example, 10 boards responded unanimously that they "always" require an oral interview for the certification process. Members in the remaining 12 boards provided conflicting answers to that question; some responded "sometimes," others "most of the time." Conflicting responses also occurred intra-board and inter-board regarding reciprocal certification, annual review, and site inspections.

LOCAL BOARD SURVEY RESULTS - CCADV

Surveys were sent to local board members in 14 judicial districts. In five districts, the board chairperson said that he/she would distribute the surveys. One district chairperson was too busy to distribute the survey. One-hundred forty-three surveys were distributed with a return rate of 29 (20%). Thirteen districts responded, reflecting a 59% respondent rate.

The composition of local boards includes representatives from victims services, probation services, social services, district attorneys' offices, mental health services, and local communities. Responses indicate that boards meet monthly, quarterly, six times a year, or not at all. The number of provider treatment programs monitored varied from fewer than five to greater than fifteen. Eight boards allow reciprocity among judicial districts for certification, one does not, and three have to review the application before a decision is made. Seven boards have decertified treatment providers while six have not. Regarding the appeals process, there is a split, whereby six have a process and six do not. All those who responded to the question regarding state mandated standards support them. Twenty-one respondents support provider treatment program standards and six were unsure.

Board Member Comments:

Changes Needed in the Standards

- Clarification on what to do with repeat offenders.
- Clarification regarding victim contact.
- Protocol for gender specific groups.
- Standards for addressing substance abuse.
- Higher educational requirements for treatment providers.
- Additional training about the criminal justice system for treatment providers.
- Guidelines for boards regarding investigating complaints and appeals.
- Clarification of recertification and monitoring processes.
- Improve state coordination of boards.
- Funding for boards to operate.

Reasons for State Mandated Standards

- Guidelines for appeals/complaints.
- Courts require defendants to be treated consistently, so need to be able to measure this in some way, i.e. certification.
- Need clear guidelines for enforcing standards.
- Important to have standards for DV training because degrees don't necessarily mean the treatment provider has had any DV training.

Changes Needed in the Legislation

- More attention to victims' needs/rights.
- Liability protection for boards.
- Technical support from the State.
- Statutory responsibility for implementing standards.
- Definition of reciprocity.

Major Hurdles to Monitoring Programs

- Too time consuming.
- Need funds to support board
- Need guidelines for monitoring.
- Board apathy.

PROBATION SURVEY RESULTS - DORA

Surveys were sent to the Chief Probation Officer (CPO) in each Judicial District. Of the 22 surveys sent, 18 districts responded (both CPO and DV officer responded in one district). The composition of the respondents includes 2 DV officers, 9 CPO, 3 probation officers, 4 supervisory probation officers, and 1 unidentified. The responses to the questionnaire are summarized below:

The number of respondents are indicated by parentheses.

1. Years of service as a probation officer

Thirteen respondents (68%) have been PO's for more than 12 years.

2. Domestic violence cases managed yearly

The responses varied from 0-5 cases to 30-40 cases to over 900 cases a year.

3. Extent of monitoring perpetrators' attendance at treatment program.

Sixteen respondents (84%) monitor monthly while the remaining 3 (16%) monitor weekly.

4. Statistics regarding recidivism rates.

Only one district has compiled recidivism rates in relation to successful completion of a treatment program by the perpetrator.

5. Effectiveness of the following sanctions as penalties for domestic violence:

Sanctions	Yes	No	Maybe
Traditional incarceration	9	5	5
Weekend incarceration	5	4	8
Home confinement	5*	12	0
Intensive probation	5	5	3
Community service	8	5	2
Restitution	15	5	1
Mandatory treatment programs	13	5	2

* Only when combined with treatment

6. Should treatment be mandated?

Yes (10) No (0) Maybe(2)

7. Receive complaints against certified DV treatment providers?

Yes (14) No (5)

Complaints submitted by Victim (7) DV perpetrator (12) Other certified treatment providers (2) Local Board (2).

8. Resolution of complaints

- Refer to local board (11)
- In-house resolution (5)
- Seek legal counsel (3)
- Refer to new treatment program (2)

9. On a scale of 5 to 1 (5 representing strongly agree and 1 representing strongly disagree) recommended changes to the current standards.

5 (6) 4 (3) 3 (3) 2 (0) 1 (1)

10. Recommended monitoring of certified treatment providers

5 (12) 4 (0) 3 (3) 2(0) 1(0)

11. Appropriate entity to monitor providers(ranked in order of importance).

First	Local Boards (8)	SCDV (6)	DCJ (1)	
Second	SCDV (5)	DORA (3)	Probation (1)	
Third	Local Boards (5)	DORA (4)	DCJ (1)	SCDV (1)
Fourth	Probation (4)	SCDV (4)	DCJ (2)	
Fifth	Probation (2)	DCJ (2)	DORA (1)	

12. Treatment for DV perpetrators.

- Same treatment for all (7)
- Tailored to individual (8)

13. Appropriate entity to determine standards for DV treatment providers. (ranked)

First	State standards (11)	Victims advocates (2)	No standards (1)
Second	Local boards (5)	State standards (3)	
Third	Local boards (3)	Victims advocates (2)	
Fourth	No standards (2)		

14. Roles appropriate for Probation Department

- Report information to local boards (5)
- Meet regularly with treatment providers (9)
- Respond to complaints regarding treatment providers (5)
- Perform random visits to treatment providers (6)
- Participate in development of treatment standards (10)
- Contact with victim (13)
- Perform risk assessment of the perpetrator (14)
- Determine sanctions against perpetrator (13)
- Participate in determining length of treatment (9)

Respondents were asked to rank the importance of the duties listed in question #14. A majority of the respondents indicated that performing risk assessment and determining sanctions for perpetrators were the most relevant duties for the Probation Services. Reporting information to local boards and participating in development of treatment standards were ranked as the least important functions for probation.

Additional Comments:

- Probation’s responsibility should initially be to monitor and supervise perpetrators, making appropriate recommendations and referrals to address their needs while keeping the victim’s safety in mind.
- Probation departments should have their own Domestic Violence Officer who could be certified to deliver treatment to perpetrators at no charge using cognitive therapy combined with DV treatment. This Department did not have a provider a few years ago and had to utilize a probation officer to provide treatment. Feedback from victims was that Probation was just as effective as the current provider.

Probation Survey Results - CCADV

Surveys were sent directly to the Chief Probation Officer in each Judicial District. Instructions were to respond to the survey or give it to the domestic violence unit or domestic violence probation officer. Of the twenty-three surveys sent, fifteen were returned (14 judicial districts responded).

Eleven respondents reported that they do not track domestic violence cases while three reported that they do track them. The primary reason for choosing a certified provider treatment program is location. Other criteria include: special circumstances (gender, language, cost), cost, reputation of provider, program components, and alcohol/drug capabilities. Twelve probation officers are dissatisfied and two are satisfied with the current laws. Recommendations for improving the process include: mandatory jail terms for repeat perpetrators, flexibility for length of treatment time, and money for local boards.

Probation Officer Comments:

Treatment

- Develop assessment for treatment and supervision needs.
- Develop protocol for working with female perpetrators.
- Create different treatment levels similar to those for substance abuse offenders.

Treatment Providers

- Increase victim contact throughout the defendant’s treatment.
- Not enough consistency among providers within the same jurisdiction.
- Insufficient number of treatment providers.
- Insufficient number of Spanish speaking treatment providers.
- In rural areas, perpetrators must drive long distances to treatment provider.
- Programs do not meet guidelines on absences/reporting to Probation Services.

Courts/Sentencing

- Judges are not consistent with sentencing. They do not impose sanctions for noncompliance and repeat perpetrators.
- Develop a process to address repeat perpetrators.
- Allow only county courts to handle DV cases. When in municipal court, there is not enough oversight.
- Caseloads are too high for the number of probation officers.

CERTIFIED TREATMENT PROVIDER SURVEY RESULTS - DORA

Ninety-eight surveys were distributed throughout the State of Colorado. Sixty-nine were returned representing 18 judicial districts. Of the 69 treatment providers, 39 are State licensed [ADAD/CAC (5), LCSW (10), LPC (15), MFT (4), PSY (4), RN (1)] and the remainder (30) are unlicensed psychotherapists.

Twenty-three have worked with DV perpetrators for 1-5 years while 34 providers have worked with perpetrators for 6-10 years. Eight providers have practiced for over 10 years and one provider has over twenty years of experience. One-half of the respondents believe that uniformity of counseling programs and treatment processes is critical. However, individualized goals and treatment are essential in some cases. Fifty percent either believe in individualized treatment or standard care practice.

Respondents were asked to what extent they agreed with the following three statements (**5 represents strongly agree, 1 represents strongly disagree**). The statements and summaries are listed below:

There should be changes to current standards.

- 5 (25 respondents 36%)
- 4 (14 respondents 20%)
- 3 (13 respondents 19%)
- 2 (12 respondents 17%)
- 1 (5 respondents 7%)

Over fifty percent of the respondents supported changing the standards. Approximately 24% indicated that the standards should remain the same.

Certified treatment providers should be monitored.

- 5 (38 respondents 55%)
- 4 (21 respondents 30%)
- 3 (5 respondents 7%)
- 2 (3 respondents 4%)
- 1 (2 respondents 3%)

Separate certification programs for treatment providers should continue.

- 5 (50 respondents 73%)
- 4 (9 respondents 13%)
- 3 (3 respondents 4%)
- 2 (1 respondents 1%)
- 1 (5 respondents 7%)

Eighty-five percent (85%) reported in the 4-5 number range that certified treatment providers should be monitored. Only five respondents strongly disagreed with monitoring requirements. A majority of board members (65) replied that local boards should monitor the treatment providers.

Appropriate entity to monitor providers (ranked in order of importance).

First	Local Boards (28)	DORA (16)	SCDV (14)	DCJ (11)	Probation (5)
Second	SCDV (18)	DORA (8)	Probation (8)	Local Boards (4)	DCJ (1)
Third	SCDV (8)	DORA (5)	Probation (5)	Local Boards (1)	DCJ (1)
Fourth	DORA (8)	Probation (4)	DCJ (4)	Local Boards (1)	SCDV (1)
Fifth	Probation (4)	DCJ (3)	Local Boards (3)	DORA (2)	SCDV (0)

Appropriate agency to handle disciplinary actions

First	DORA (24)	Local Boards (23)	SCDV (14)	DCJ (8)	Probation (0)
Second	SCDV (15)	DORA (8)	Local Boards (5)	Probation (4)	DCJ (2)
Third	DORA (7)	DCJ (6)	SCDV (6)	Probation (2)	Local Boards (1)
Fourth	DORA (6)	DCJ (4)	Probation (3)	SCDV (1)	Local Boards (1)
Fifth	Probation (6)	DORA (5)	Local Boards (3)	DCJ (1)	SCDV (0)

More than one-half of the respondents recommended local boards or the State Commission on Domestic Violence as the agency that should be responsible for monitoring certified treatment providers. In addition, board members specified the Local Boards or the Department of Regulatory Agencies as the appropriate entity to handle disciplinary actions against treatment providers.

To determine the consistency of local boards in Colorado (regarding certification and monitoring), certified providers were asked the following:

The following procedures are taken from the *Recommended Standard Operating Procedures for Domestic Violence Treatment Providers Certification Board*. Please indicate which Judicial District Board(s) where you are certified, adhere to the following (list the judicial district boards in the spaces provided “a” through “d:”

- The following board required Commission approved application form.
- Participated in oral interview by board members for certification.
- Site inspection by board members conducted for certification.
- Notified within 30 days of board’s decision regarding certification.
- Certification reciprocal with other boards in the State.
- Board annually reviews clinical records to insure treatment provider compliance with requirements of standards.

- Board requires recertification yearly.
- Board requires written application for yearly recertification.
- Board requires proof of continuing education for yearly recertification.

The majority of providers who responded are certified in multiple districts. Their responses, once again, illustrate the discrepancy among the 22 judicial boards. For example, certified providers received different treatment from the same board regarding the oral interview, 30 day notification, and site inspection. There were also inconsistencies in procedures from one board to another.

CERTIFIED TREATMENT PROVIDER SURVEY RESULTS - CCADV

One hundred and one surveys were distributed throughout the State of Colorado. Thirty-five surveys were returned representing 15 judicial districts. Of the 35 treatment providers, twenty-six were state licensed mental health care providers (LPC (14), LCSW (5), RN (6), unknown (1)). There are at least thirteen persons who are certified in more than one jurisdiction.

Ten providers have worked with DV perpetrators for 3-5 years while 22 providers have worked with perpetrators for more than 5 years. Seventy-seven percent of respondents have specialized training for working with criminal offenders. All 35 respondents agree that there should be standards and certification for treatment providers. Ninety-one percent of respondents agree that treatment providers should be monitored: by local boards (14), or by a state board (5).

Certified Treatment Provider Comments

Standards

- Better evaluation process needed.
- Less stringent requirements for certification needed.
- Require licensure/masters' degree for counselors.
- Flexibility in treatment needed.
- Need specialized DV training for treatment providers.
- More criminal justice intervention for high risk behaviors and noncompliance perpetrators needed.

Implementation

- Compensation for local boards.
- No monitoring if licensed.
- Board unclear about role and responsibilities.
- Boards not supportive of treatment programs.
- Programs are not monitored closely enough.
- More collaboration between treatment providers and probation needed.

VICTIMS SERVICES SURVEYS - DORA

Surveys were sent to 42 domestic violence services throughout Colorado. Twenty-six were returned, representing a 62% response rate with only five districts not represented. Of these 26, nine have representation on their local board. A majority of the services have good relationships with the local District Attorneys Office, Probation Services, Social Services, local boards, law enforcement officers, and certified treatment providers.

Respondents were asked to what extent they agreed with the following two statements (**5 represents strongly agree, 1 represents strongly disagree**). The statements and summaries are listed below:

There should be changes to current standards.

- 5 (7 respondents 29%)
- 4 (6 respondents 25%)
- 3 (7 respondents 29%)
- 2 (4 respondents 17%)
- 1 (0 respondents 0%)

Half of the respondents strongly believe that there should be changes to the standards. A few believe that the standards should remain the same.

Comments:

- Funding for local boards is needed.
- Need more flexibility to individualize treatments and different treatments for repeat perpetrators.
- Local board composition should be determined locally.
- More realistic in meeting rural communities needs.
- Length of treatment should be extended.

Certified treatment providers should be monitored.

- 5 (17 respondents 65%)
- 4 (3 respondents 11%)
- 3 (5 respondents 19%)
- 2 (0 respondents 0%)
- 1 (1 respondents 4%)

Sixty-five percent (65%) strongly agree that certified treatment providers should be monitored. Only one respondent strongly disagreed with monitoring requirements. A majority of board members (65) replied that local boards should monitor the certified treatment providers.

Appropriate entity to monitor treatment providers (ranked in order of importance).

First	Local Boards (17)	SCDV (4)	DCJ (4)	DORA (2)	Probation (1)
Second	SCDV (3)	Probation (3)	DORA (1)	DCJ (1)	Local Boards (1)
Third	DORA (3)	Local Boards (1)	DCJ (1)	SCDV (0)	Probation (0)
Fourth	DORA (2)	DCJ (1)	SCDV (0)	Local Boards (0)	Probation (0)
Fifth	Probation (3)	DCJ (0)	DORA (0)	Local Boards (0)	SCDV (0)

More than seventy-five percent of the respondents chose local boards or the State Commission on Domestic Violence as the agency responsible for monitoring certified treatment providers.

Comments:

- Someone needs to regulate local boards to ensure that they are functioning. Then, local boards should handle the local certification.
- Probation Services could monitor somewhat because they see the perpetrators who are in treatment and have a sense of effectiveness of the programs.

Appropriate entity to determine standards for DV treatment providers. (ranked)

First	State standards (18)	Victims advocates (4)	Local boards (4)	No standards (1)
Second	Local boards (11)	Victims advocates (4)	State standards (1)	No standards (0)
Third	Victims advocates (7)	Local boards (3)	State standards (2)	No standards (1)
Fourth	No standards (6)	Victims advocates (0)	State standards (0)	Local boards (0)

Comments - Discussion of positives and negatives of local boards.

- The support for local boards is great, though it does not work without funding and leadership.
- Local boards know an area's needs and how to meet those needs. But the local boards need to have an orientation and know their responsibilities.
- Local boards must have state support to give them the autonomy they need to be effective.
- Local boards can sometimes cease to function and be persuaded by personal agendas.
- Ask too much of the volunteer board. Need a paid position to coordinate the effort.
- Local boards have working knowledge of their own communities and the types of services and resources that are available. However, local boards may not be objective because they are part of the community.

VICTIMS SERVICES SURVEYS - CCADV

Surveys were sent to 54 member programs of the Colorado Coalition Against Domestic Violence. Eight surveys were returned representing a response rate of 15%. The following are the responses to the questions on the survey:

Does your organization work collaboratively with a local Perpetrator Treatment Program?

Yes: 6

No: 2

Does your organization have a representative on the local board?

Yes: 4

No: 4

Has your organization received complaints from victims about the local Perpetrator Treatment Program?

Yes: 2

No: 5

Does your organization support certification of treatment providers?

Yes: 8

No: 0

Issues about the current legislation:

- Ambiguity in the law leads to inconsistent law enforcement procedures.
- Not addressing repeat perpetrators.

Complaints about Treatment Programs

- Perpetrator does not attending sessions and there is no consequence.
- Confidentiality between the treatment provider and the victim was not honored.

Comments:

- Differentiate between grievances for local board and grievances for Mental Health Grievance Board.
- More leeway in treatment modalities/interventions needed.
- Fund the local board and require the state to monitor the local boards.
- More advanced training for treatment providers needed.
- State Board for technical support for local boards needed.

Local Board Member Survey - DORA

Name: _____ **Judicial District** _____

1. Please note what entity you represent on the Local Board.

District Attorneys' Office _____

Victims Services _____

Probation _____

Social Services _____

Mental Health Services _____ (if licensed, what discipline i.e. social worker, etc.)

2. How often does the Board meet? Yearly _____ Quarterly _____ Monthly _____ Not regularly _____
Never _____ Other _____

3. How many certified treatment providers in your Judicial District? _____

4. Do you allow reciprocity? Yes _____ No _____. If not, please explain.

5. Who should determine standards (if anyone) for DV treatment providers? Please rank in order (1 designating the preferred)

State standards _____

Each judicial district sets standards _____

Victims advocacy groups set standards _____

No standards _____

Comments:

To what extent do you agree with statements 6 and 7? Please circle the appropriate response from the choices below: 5 representing strongly agree and 1 representing strongly disagree.

6. There should be changes to the current standards.

Strongly Agree 5 4 3 2 1 Strongly Disagree

Comments:

7. Certified treatment providers should be monitored?

Strongly Agree 5 4 3 2 1 Strongly Disagree

8. Which entity listed below would be the appropriate one to monitor providers? Please check all that apply. If you designate more than one, please rank in order of importance.

Probation _____ Department of Regulatory Agencies (DORA) _____ Dept. Criminal Justice _____

State Commission on Domestic Violence _____ Local Boards (Judicial Districts) _____

Comments:

9. Should treatment for DV offenders be the same _____ or tailored to individuals _____?

Comments:

10. Which entity would be the appropriate one to handle disciplinary actions against treatment providers? Please check all that apply. If you designate more than one, please rank in order of importance.

Probation _____ Department of Regulatory Agencies (DORA) _____ Dept. Criminal Justice _____
State Commission or Board on Domestic Violence _____ Local Boards (Judicial Districts) _____
Comments:

11. How many providers have been decertified? _____. For what reasons.

How many providers have been placed on probation? _____. For what reasons.

12. Which of the following statements are accurate?

- _____ Our Board developed our own Operating Standards
_____ Our Board follows the **Recommended Standard Operating Procedures for Domestic Violence Treatment Providers Certification Board**
_____ Our Board has no standard operating procedures.

Comments:

13. The following procedures are taken from the **Recommended Standard Operating Procedures for Domestic Violence Treatment Providers Certification Board**. To determine the consistency of State Boards in Colorado (regarding certification and monitoring), please indicate the frequency that your Board uses the procedures listed below.

- Requires State Commission approved application form _____
never _____ sometimes _____ most of the time _____ always _____
- Requires oral interview of provider for certification _____
never _____ sometimes _____ most of the time _____ always _____
- Site inspection conducted for certification _____
never _____ sometimes _____ most of the time _____ always _____
- Notifies within 30 days of Board's decision regarding certification _____
never _____ sometimes _____ most of the time _____ always _____
- Certification reciprocal with other Board's in the State _____
never _____ sometimes _____ most of the time _____ always _____
- Board annually reviews clinical records to insure treatment provider compliance with requirements of standards _____
never _____ sometimes _____ most of the time _____ always _____
- Board requires recertification yearly _____
never _____ sometimes _____ most of the time _____ always _____
- Board requires written application for yearly recertification _____
never _____ sometimes _____ most of the time _____ always _____
- Board requires proof of continuing education for yearly recertification _____
never _____ sometimes _____ most of the time _____ always _____

Additional Comments:

Probation Survey - DORA

Name _____ Position _____ Judicial District _____

1. Please indicate how many years you have been a probation officer
1-5 years _____ 6-8 years _____ 9-12 years _____ more than 12 years _____

2. How many domestic violence cases a year do you manage?
0-5 _____ 6-10 _____ 11-20 _____ 20-30 _____ 30-40 _____ more than 40 (please specify how many) _____

3. To what extent do you monitor the offender's attendance at the treatment program?
Weekly _____ Monthly _____ Occasionally _____ Never _____

4. Have any statistics been compiled in your district regarding recidivism rates on DV offenders who have successfully attended a treatment program? Yes _____ No _____. If yes, please include data.

5. Jurisdictions in the U.S. utilize the following sanctions as penalties for domestic violence cases. Based on your experience and knowledge, please comment on the effectiveness of each one.

Traditional incarceration:

Weekend incarceration:

Home confinement (use of an electronic monitoring device)

Intensive probation

Community Service

Restitution:

Mandatory treatment programs:

6. Do you think that DV offenders should be mandated to treatment? Yes _____ No _____

7. Do you receive complaints in your department against certified DV treatment providers? Yes _____ No _____.

If yes, please indicate below who submits the complaints and the types of complaints submitted.
victim _____ DV offender _____ other certified treatment providers _____ others (please specify) _____

8. How do you resolve the complaints? (For instance, do you refer them to another state agency, resolve them in-house, etc.)

To what extent do you agree with statements 9 and 10? Please circle the appropriate response from the choices below: 5 representing strongly agree and 1 representing strongly disagree.

9. There should be changes to the current standards.
Strongly Agree 5 4 3 2 1 Strongly Disagree
Comments:

10. Certified treatment providers should be monitored?

Strongly Agree 5 4 3 2 1 Strongly Disagree

Comments:

11. Which entity listed below would be the appropriate one to monitor providers? Please check all that apply. If you designate more than one, please rank in order of importance.

Department of Regulatory Agencies (DORA) _____
State Commission on Domestic Violence _____
Probation _____

Dept. Criminal Justice _____
Local Boards (Judicial Districts) _____

Comments:

12. Should treatment for DV offenders be the same _____ or tailored to individuals _____?

Comments:

13. Who should determine standards (if anyone) for DV treatment providers? Please rank in order (1 designating the preferred)

State standards _____
Each judicial district sets standards _____
Victims advocacy groups set standards _____
No standards _____

Comments:

14. Which of the roles listed below are appropriate for the Probation Dept. in regards to DV cases? Please check all that apply. If you designate more than one, please rank in order of importance.

Report information to local boards _____
Meet regularly with treatment providers _____
Respond to complaints regarding treatment providers _____
Perform random visits to treatment providers _____
Participate in development of treatment standards _____
Contact with the victim _____
Perform risk assessment of the perpetrator _____
Determine sanctions against the perpetrator (i.e. community service, treatment, etc.) _____
Participate in determining how long treatment should be mandated for the offender _____

Comments:

Certified Domestic Violence Treatment Provider Survey - DORA

Name (optional) _____ How many years have you been a DV provider? _____

1. Do you have a license from the Department of Regulatory Agencies? ____ What type of license? _____

2. Do you have specialized training for working with domestic violence perpetrators? Yes ____ No _____. How did you receive your training?

3. Who should determine standards (if anyone) for DV treatment providers?

Please rank in order (number 1 designating the preferred)

State standards _____
 Each judicial district sets standards _____
 Victims advocacy groups set standards _____
 No standards _____

To what extent do you agree with statements 4, 5 and 6 below? Please circle the appropriate response from the choices below: 5 representing strongly agree and 1 representing strongly disagree.

4. There should be a separate certification program for DV treatment providers, beyond the licensure required by the Department of Regulatory Agencies (i.e. Social Worker, Licensed Professional Counselor, RN, Psychologist, etc.) ?

Strongly Agree 5 4 3 2 1 Strongly Disagree

Comments:

5. There should be changes to the current standards.

Strongly Agree 5 4 3 2 1 Strongly Disagree

Comments:

6. Certified treatment providers should be monitored?

Strongly Agree 5 4 3 2 1 Strongly Disagree

Comments:

7. Which entity listed below would be the appropriate one to monitor providers? Please check all that apply. If you designate more than one, please rank in order of importance.

Probation _____ Department of Regulatory Agencies (DORA) _____ Dept. Criminal Justice _____
 State Commission on Domestic Violence _____ Local Boards (Judicial Districts) _____

Comments:

8. Should treatment for DV offenders be the same _____ or tailored to individuals _____?

Comments:

9. Which entity would be the appropriate one to handle disciplinary actions against treatment providers? Please check all that apply. If you designate more than one, please rank in order of importance.

Probation _____ Department of Regulatory Agencies (DORA) _____ Dept. Criminal Justice _____
 State Commission or Board on Domestic Violence _____ Local Boards (Judicial Districts) _____

Comments:

10. List the judicial districts where you are certified as a DV treatment provider.

A. _____ B. _____ C. _____
—

11. The following procedures are taken from the **Recommended Standard Operating Procedures for Domestic Violence Treatment Providers Certification Board**. To determine the consistency of State Boards in Colorado (regarding certification and monitoring), please indicate which Judicial District Board(s) where you are certified, adhere to the following (list the judicial district boards in the spaces provided a through d):

- Board required State Commission approved application form

a. _____ b. _____ c. _____ d. _____

- Participated in oral interview by Board members for certification

a. _____ b. _____ c. _____ d. _____

- Site inspection by Board members conducted for certification

a. _____ b. _____ c. _____ d. _____

- Notified within 30 days of Board's decision regarding certification

a. _____ b. _____ c. _____ d. _____

- Certification reciprocal with other Board's in the State

a. _____ b. _____ c. _____ d. _____

- Board annually reviews clinical records to insure treatment provider compliance with requirements of standards

a. _____ b. _____ c. _____ d. _____

- Board requires recertification yearly

a. _____ b. _____ c. _____ d. _____

- Board requires written application for yearly recertification

a. _____ b. _____ c. _____ d. _____

- Board requires proof of continuing education for yearly recertification

a. _____ B. _____ c. _____ d. _____

Additional Comments:

Victim Services Survey - DORA

Name _____
 Organization _____
 Judicial District(s) Served _____

1. Does your organization have a representative on the **local board** that certifies and monitors treatment programs for domestic violence perpetrators? Yes _____ No _____
2. Does your organization work in cooperation with a local perpetrator treatment provider? Yes _____ No _____. If yes, in what ways do you work together?
3. Has your organization received complaints from victims regarding any local certified domestic violence providers? Yes _____ No _____. If yes, what kinds of complaints do you receive?
4. If you answered yes to question #3, how do you respond to complaints received?
 Check all that apply.
 Refer/contact local board _____ Resolve using in-house sources _____
 Refer/contact probation _____ Refer/contact law enforcement agency _____
 Refer/contact legal counsel _____ Refer/contact Dept. of Reg. Agencies _____
 Refer/contact District Attorney _____ Other _____
 Refer/contact treatment provider _____
5. Please note which entities your organization has contact with regarding domestic violence..
 District Attorneys' Office _____ Local Board _____
 Probation _____ Law enforcement _____
 Social services _____ Certified providers _____

Please explain the type of relationship your organization has with the entities that you noted above.

To what extent do you agree with statements 6 and 7 Please circle the appropriate response from the choices below: 5 representing strongly agree and 1 representing strongly disagree.

6. There should be changes to the current standards.
Strongly Agree 5 4 3 2 1 Strongly Disagree
 Comments:

7. Certified treatment providers should be monitored?
Strongly Agree 5 4 3 2 1 Strongly Disagree
 Comments:

8. Which entity listed below would be the appropriate one to monitor providers? Please check all that apply. If you designate more than one, please rank in order of importance.

Department of Regulatory Agencies (DORA) _____
State Commission on Domestic Violence _____
Probation _____

Dept. Criminal Justice _____
Local Boards (Judicial Districts) _____

Comments:

9. Should treatment for DV offenders be the same _____ or tailored to individuals _____?

Comments:

10. Who should determine standards (if anyone) for DV treatment providers? Please rank in order (1 designating the preferred)

State standards _____
Each judicial district sets standards _____
Victims advocacy groups set standards _____
No standards _____

Comments:

11. Please discuss the positives and negatives (for or against) local boards.