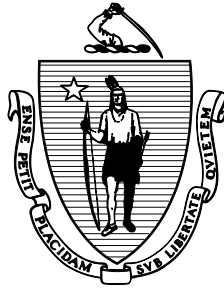


Guidelines and Standards for the Certification of Intimate Partner Abuse Education Programs



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health

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INTRODUCTION

Background

Initially written in 1991 in response to St. 1990, c.403, which provided significant amendments to G.L. c.209A, the “Abuse Prevention Act.”, the *Massachusetts Guidelines and Standards for the Certification of Batterer Intervention Programs* were revised in 1995. The statute vests the Department of Public Health with the responsibility to certify and monitor programs for compliance with these guidelines and standards particularly if they are to receive court referrals.

These basic standards for the provision of services to individuals who abuse their intimate partners were revised in 2015 to reflect the knowledge gained through twenty years of evidence-based practice, practice-based evidence, and scholarly research in the field.

A group of experts representing the coordinated community response to domestic violence were enlisted by the Department of Public Health to review the existing Massachusetts standards. The wisdom and experiences of individuals and agencies within the field of domestic violence, along with the batterer intervention standards from other states, informed the revision of the standards all the while prioritizing the safety of survivors.

Important areas of change include strengthening procedures to assure the confidentiality of the survivors, the inclusion of the use of a Department-approved tool that structures risk assessment for dangerousness, the insertion of a substance use curriculum, minimum training qualifications for program staff as well as on-going professional development, and the inclusion of the Culturally and Linguistically Appropriate Services (CLAS) standards.

The terms “batterer” and “batterer intervention” were also changed in response to an expressed consensus among domestic violence advocates, batterer intervention program staff, probation officers, judges, and the leadership of state coalition against domestic and sexual violence that the existing terminology limited the range and extent of abusive behaviors perpetrated against intimate partners. They also agreed that the term “batterer” labeled and stigmatized the individual rather than the behavior, which could interfere with a client’s ability to actively engage in the intervention. Therefore the terminology of “intimate partner abuse education programs” will describe the intervention program for perpetrators of intimate partner abuse in the revised standards.

The revised *Guidelines and Standards for the Certification of Intimate Partner Abuse Education Programs* reflect the evolution of the practice of batterer intervention and domestic violence services and provide a pathway and vision for the future of the work as they guide programs in best practice.

PURPOSE

The purpose of the *Guidelines and Standards for the Certification of Intimate Partner Abuse Education Programs* (hereinafter “the Guidelines”) is to set forth the Department of Public Health’s (hereinafter “the Department” or “DPH”) minimum standards for the certification of intervention programs for court-referred and non-court-referred individuals who have perpetrated violence against an intimate partner.

Department-certified Partner Abuse Intervention Programs exist and operate for the purpose of confronting and educating individuals who have abused their intimate partner about their violent behavior. Department certification recognizes that adjunctive referrals to other treatment modalities may assist individuals who abuse in developing a sober and drug-free life style, social skills, self-esteem, employment training or parenting skills. Adjunctive treatment for substance misuse and other problems may supplement, but is not a substitute for intervention offered by Department-certified Partner Abuse Intervention Programs to stop the perpetration of intimate partner violence.

1.0 PROGRAM CERTIFICATION

- A. For a defendant who is ordered by the court to attend a Partner Abuse Intervention Program (M.G.L. c.209A §§3, 7), only Programs that hold a valid certification granted by the Department shall be appropriate for court referrals.
- B. The Department shall certify Partner Abuse Intervention Programs that meet the requirements of the Guidelines for a period not to exceed three (3) years.
- C. Programs certified by the Department may serve court-ordered and non-court-ordered individuals who abuse.

1.1 Requirements for Certification

- A. An applicant is qualified to operate a Partner Abuse Intervention Program if the program:
 - 1. Is incorporated as a corporation in the Commonwealth of Massachusetts with a governing board;
 - 2. Has demonstrated that the program meets all requirements of the Guidelines;
 - 3. Has demonstrated to the satisfaction of the Department that the program is responsible and suitable to operate an Intimate Partner Violence Abuse Education Program in compliance with the Guidelines.

- B. In determining whether an applicant is responsible and suitable, the Department shall consider all relevant information, including, but not limited to, the following:
1. The applicant's history of compliance in Massachusetts; assessment of this factor shall include the ability and willingness of the program to take corrective action when notified by the Department of any violations;
 2. The applicant's history of compliance in other jurisdictions, including proceedings in which the program was involved, which proposed or led to a limitation upon, or a suspension, revocation, or refusal to grant or renew certification;
 3. The history of criminal conduct of the applicant, the administrators, officers or directors as evidenced by criminal proceedings against those individuals which resulted in convictions, or guilty pleas, or pleas of nolo contendere, or admission of sufficient facts;
 4. The applicant has demonstrated that the program meets the geographic distribution requirements set forth in Section 1.2;
 5. The applicant has demonstrated that the program is in compliance with all applicable state and federal laws, including, but not limited to, Title III of the Americans with Disabilities Act and Title VI of the Civil Rights Act of 1964;
 6. The applicant has the capacity and strategies to provide culturally and linguistically appropriate services (CLAS) including the capacity to recruit, retain, and promote staff that reflect the population in its service area, and annually reviews its written plan to identify and address CLAS needs for underserved populations.

1.2 Program Distribution

- A. An applicant seeking certification to operate a Department-certified Partner Abuse Intervention Program shall submit to the Department documentation of geographic need, including, but not limited to, the following information:
1. The number of restraining orders issued by courts in the proposed service area;
 2. A description of the proposed service area;
 3. A map that clearly delineates the service area;
 4. A needs survey that defines the cultural/linguistic, racial, economic, and ethnic composition of the population that comprises the program's service area; [that demonstrates that the applicant] has the capacity and strategies to provide culturally and linguistically appropriate services (CLAS) including the capacity to recruit, retain, and promote staff that reflect the population in its

service area; and includes annual reviews of its written plan to identify and address CLAS needs for underserved populations.

- B. An applicant seeking certification to operate additional services in a District Court region or county where a Department-certified Partner Abuse Intervention Program exists shall apply to the Department for a waiver of the geographic distribution criteria specified in Guideline 1.2(A), which waiver the Department may grant in its sole discretion. In addition to submission of information required by Guideline 1.2(A), an applicant for a waiver shall submit documentation of an unusual or unmet programmatic need including, but not limited to:
1. Evidence that a historical relationship exists between a court division and a program/applicant, or in other rare or exceptional circumstances;
 2. A pilot program model that meets the Guidelines for accountable and safe partner abuse intervention; or:
 - i. Evidence that demonstrates that the existing program lacks the capacity to serve all referrals in a proposed service area;
 - ii. A program that meets the Guidelines for accountable and safe Intimate Partner Abuse Education and which assists the Commonwealth in addressing identified health disparities by offering specialized services to under-served ethnic, cultural/linguistic, and racial minorities and/or gay, lesbian, bisexual, transgender individuals.

1.3 Application for Certification

Each applicant for certification shall submit a completed application containing all the information required by the Department. The Department shall require each applicant to provide the following administrative information in the application for certification:

- A. Name, address, and telephone number of the Partner Abuse Intervention Program and all program sites;
- B. A statement of ownership of the program that discloses the names, addresses, and telephone numbers of all owners, directors, and officers of the corporation, and members of any governing or advisory boards;
- C. A copy of the corporation's articles of incorporation and bylaws.

1.4 Application for Renewal of Certification

Each applicant for renewal must submit a completed renewal application to the Department no later than sixty (60) days prior to the expiration of its current certification.

1.5 **Non-Transferability of Certification**

No certification shall be transferable from one Program to another or from one location to another.

1.6 **Change of Name, Ownership or Location**

A Program shall notify the Department in writing of any change in location or name of the Program.

- A. A Program that intends to change the location of its Program to a different court division shall submit a written statement to explain the reason(s) for the relocation and verification of need for the Program in that location, and that the new location does not duplicate the services of an existing certified Program at the new site at least thirty (30) days prior to the intended date of relocation.
- B. In the case of the transfer of ownership of a Program, the new owner(s) of the Program shall file an application for certification within forty-eight (48) hours of a change in ownership. If filed in a timely manner, an application submitted as a result of a transfer of ownership shall have the effect of certification for a period of three (3) months from the date of filing or until such time as the Department takes action on the application.

2.0 **CULTURALLY INFORMED SERVICES**

- A. Programs shall:
 - 1. Incorporate tenets of cultural and linguistic competency and sensitivity into their policies, administration, hiring and communication practices, and the delivery of services so as to contribute to the elimination of racial and ethnic health disparities in the Commonwealth;
 - 2. Make services more responsive to the individual needs of Program participants;
 - 3. Be inclusive of *all* cultures, while specifically designed to address the needs of racial, ethnic, and linguistic minority groups.
- B. Programs may utilize the Department's publication, entitled "*Making CLAS Happen: Six Areas for Action*" found at www.mass.gov/dph/healthequity as a guide for implementation of culturally and linguistically appropriate services.
- C. Programs shall:
 - 1. Demonstrate their work toward cultural competency as a component of all site visits;

2. Conduct a self-assessment to develop a work plan that continues to move the Program along the continuum of competency;
3. Ensure that staff recruitment and retention strategies seek for staff to reflect the diversity of the population in the geographic service area which the Program serves;
4. Offer services that are linguistically accessible and culturally appropriate that consider the race, ethnicity, language, disability, age, sexual orientation and gender identity of Program participants;
5. Utilize technical assistance and other resources, when needed;
6. Collect data on race, ethnicity and language for all Program participants;
7. Maintain and periodically update a demographic profile that describes its service area/population groups.

3.0 **DEFINITION OF INTIMATE PARTNER VIOLENCE**

For the purpose of these Guidelines, and as a reference for those who provide Partner Abuse Intervention Program services to abusive partners, the definition of partner abuse shall be understood as follows:

- A. Partner abuse is a pattern of coercive control and abusive behavior occurring in the context of an intimate relationship and directed by one partner toward the other partner. The context in which intimate partner violence occurs may vary, but includes:
 1. Married couples living together;
 2. Married couples living apart;
 3. Married couples who are in the process of divorce;
 4. Former spouses who are divorced;
 5. Domestic partners who are co-habiting;
 6. Former domestic partners who are no longer co-habiting;
 7. Persons who have a child in common whether or not they are married or lived together;
 8. Family members who are related by blood or marriage irrespective of whether they are or were residing together in the same household, e.g., adult parent: adult-child relationship, step-parent: step-child relationship, etc.;
 9. Persons who are or formerly were engaged to marry each other;
 10. Persons in a substantive dating relationship which has existed over time;
 11. Persons formerly in a substantive dating relationship that has been terminated by either person.

- B. Intimate partner violence is behavior that physically harms, arouses fear or prevents one partner from doing what he/she¹ wishes.

¹ For purposes of these Guidelines, the terms “she” or “he” are used interchangeably and include all genders.

- C. The intent and/or effect of abusive behavior are to undermine the will of an intimate partner and to substitute the will of the abusive partner for the will of the other partner. Abusive partners batter intimate partners to achieve and maintain power over their partner. Abusive partners select the targets of their abuse. They often choose the circumstances of their violence including the amount of injury inflicted by their assaults.

- D. Intimate partner violence may consist of one or a combination of two or more of the following behavioral elements:
 - 1. Physical assault;
 - 2. Verbal and emotional forms of assault and control such as intimidation, coercion, threats, isolation or degradation;
 - 3. Economic forms of control such as withholding or denying access to money or other basic resources, sabotaging employment, housing or educational opportunities;
 - 4. Sexual assault or coercion;
 - 5. Social isolation such as possessiveness, jealousy, denying communication with friends, prohibiting access to transportation and telephone;
 - 6. Failure to comply with immigration requirements, making immigrant spouse unable to work and vulnerable to deportation;
 - 7. Forcing the loss of child custody;
 - 8. Using children to assert or maintain power and control over an intimate partner;
 - 9. Stalking, harassing and on-going monitoring and pursuing of an intimate partner;
 - 10. Abuse against persons with disabilities such as disabling equipment, manipulating medications, or refusal to provide essential personal assistance;
 - 11. Forcing or manipulating the misuse of substances.

- E. There is no behavior on the part of the abused intimate partner that causes or excuses abuse. The abusive partner bears sole responsibility for his or her actions.

3.1 Substance misuse or psychopathology neither causes nor diminishes responsibility for perpetrating intimate partner violence.

4.0 INTAKE AND EVALUATION

The standards regarding intake and evaluation are the minimum to which a Program shall adhere. In addition, the Program shall use its judgment at all times during the intake and evaluation process and shall immediately notify the abusing partner's supervising referral source if staff have reasonable evidence of an imminent threat or risk of harm to another

person's physical safety or ability to function adequately, whether based on a single risk factor or a combination of risk factors or part of a pattern of continued risk of harm.

4.1 General Requirements

- A. The intake and evaluation process occurs over an eight-week period which concludes in a programmatic decision to admit or deny admission.
- B. The intake and evaluation process shall take no longer than eight (8) weeks.
- C. In the event that the referred participant is non-compliant with any Program condition during the intake and evaluation process, the Program shall report non-compliance to the supervising referral source within at least seven days.
- D. In addition, the Program shall use its judgment at all times during the intake and evaluation process and shall immediately notify the supervising referral source if staff have reasonable evidence of an imminent threat or risk of harm to another person's physical safety or ability to function adequately, whether based on a single risk factor or a combination of risk factors or part of a pattern of continued risk of harm. Moreover, the Program shall use all reasonable means to warn past and current partners deemed to be placed at high risk from the abusing partner's behavior.
- E. Issues such as substance use, mental health, and past trauma shall be identified without allowing these issues to excuse or justify individual responsibility for abuse but only as correlatives to an abuser's behavior and for purposes of making referrals for adjunctive treatment.

4.2 Intake

The intake process often is the first point of contact with a Program for a potential participant. Intake provides a meaningful and critical opportunity for staff to engage the prospective participant by explaining the Program and dispelling myths about it. It also offers the chance to discuss the prospective participant's uncertainty around participation, explain the goals and purpose of the Program, and to motivate the prospective participant to engage in the Program.

- A. Only individuals who meet the minimum staffing qualifications specified in Guidelines 9.4 shall conduct the intake process.
- B. The Program shall not engage in the evaluation process specified in Guideline 4.3 unless and until the program is in receipt of the intake information specified in Guideline 4.2 (C, 9, 12) and has attempted to obtain intake information specified in Guideline 4.2 (C).
- C. The Program shall ask the following information from the participant at intake and shall not proceed to evaluate the candidate until the Program is satisfied that the following information is provided:

1. Name, telephone number, and address of the Program participant;
2. Social security number, if any, and date of birth;
3. Employer name, business address, email address, telephone;
4. Names and current phone numbers of all former and current partners, including those subjected to intimate partner violence as defined in Guideline 3.0;
5. Driver's license number, if any, motor vehicle registration, if any, plus motor vehicle model, make, and year;
6. History of and current substance use;
7. History of any psychiatric illness including, but not limited to threats or ideation of homicide or suicide, history of depression, paranoia;
8. History of the abuser's infliction of abuse, as defined in Guideline 3.0;
9. History of police reports filed involving the abuser regarding domestic or other violence crimes, harassment or abuse (M.G.L. c. 41 §98G), including any history of an intimate partner's prior calls to the police department;
10. The abuser's possession of, access to, and use of weapons to threaten, assault, or injure victim(s);
11. A description of past and present abusive and controlling behaviors toward current and past partners;
12. A copy of all criminal offender record information that the abuser obtained or obtains from any source, as is the abuser's right under M.G.L. c.6 §171A (in connection with any decision regarding employment, volunteer opportunities, housing or professional licensing) and M.G.L. c.6 §175 (in connection with a request to the Department of Criminal Justice Information Services);
13. A copy of any possessed or obtained court orders the abuser has acquired regarding alimony, child support or visitation/no visitation;
14. A copy of any and all court restraining or protection orders that were served upon and that are in the abuser's possession with respect to prevention of abuse; prevention of harassment; vacation of a marital or non-marital home; or no contact with another person (adult or child).

D. The Program may attempt in writing to obtain:

1. From city and town police departments and from State Police and MBTA police: public record information including daily logs, arrest registers, or other similar records of domestic abuse (M.G.L. c. 41 §98G, M.G.L. c.6 §172), including any history of prior calls to the police if needed and available;
2. From the referring probation department at the time of referral: copies of the Court Activity Record Information (CARI) and

pertinent information from the interstate system for the exchange of criminal offender record information (M.G.L. c.6 §174), and from the statewide domestic violence recordkeeping system maintained by the Commissioner of Probation in order for the Program to determine whether and the extent to which the named offender has a civil or criminal record involving domestic or other violent crimes, harassment or abuse including complaints or requests for protection under M.G. L. c. 208 §§18 or 34B, 34C, or 34D; M.G.L. c.209 §32, M.G.L. c.209A §§, 3, 4 5 or 7, M.G.L. c.209C §§15 or 20, M.G.L. c. 218 §35A, M.G.L. c. 258 §9 or similar laws of another jurisdiction;

3. From the referring probation department or pursuant to the offender's written authorization for the Child Support Enforcement Division of the Department of Revenue to disclose to Program staff for purposes of intake and evaluation: information regarding the offender's compliance with court-ordered child support and/or alimony payments, and visitation orders and other protection orders or judicial orders of the Massachusetts Probate and Family Court, or District or Superior Court with respect to domestic relations (alimony, child support, visitation), or violent crimes, harassment or abuse of a child, elder, spouse or ex-spouse, intimate partner, or other person.

- E. The Program shall make every effort to initiate intake within three (3) weeks from the abusive partner's contact with the provider.
- F. As part of the intake process, intake staff shall develop a written history and profile of the abuser's violent behavior, based on information obtained from criminal justice agencies, including, but not limited to publicly accessible reports such as police reports; information obtained from the abuser's legal counsel with the written authorization of the abuser; and information obtained from third parties including, but not limited to other treatment providers or other state agencies (e.g., the Department of Children and Families or the Department of Revenue Child Support Enforcement) with the written authorization of the abuser.

4.3 Evaluation Process

The Program shall engage in a further intake and evaluation process after the initial intake under Guideline 4.2. Participation in a rolling intake and evaluation group during this time period is part of the evaluation process and is probationary in nature and is not considered admission into the Program.

- A. The evaluation portion of the intake and evaluation process shall explore a number of areas of the individual's behavioral health to determine criteria upon which to admit or deny participation in the Intimate Partner Abuse

Education services. Specifically, the Program shall screen all prospective Program participants during the evaluation process, and periodically throughout their tenure in the Program, to determine if the Program participant should be referred to a health provider for assessment for substance use, mental health or other behavioral issues.

- B. In determining an individual's suitability for admission into Intimate Partner Abuse Education services, the Program must evaluate whether other presenting behavioral problems would undermine that person's ability to benefit from the Program and necessitate denial of admission. In order to make such determination, the Program shall document and evaluate the individual's (1) history of violence and abuse toward adults and children; (2) history of substance use; (3) family history; and (4) history of mental illness.
- C. The intake and evaluation process shall involve no less than one (1) individual session or no more than eight (8) weeks in a rolling intake and evaluation group. The process shall concentrate on evaluating the individual's suitability for the Program and, at a minimum, consider the following data:
 - 1. Attendance at sessions
 - 2. Cooperation with rules
 - 3. Participation
 - 4. Freedom from violence or abusive behavior
- D. The Program shall evaluate the individual's willingness to discuss past abusive and controlling behavior(s) and lethality, since the program bears the particular responsibility to warn past and current partners deemed to be at high risk from the abusive partner's behavior.
- E. The Program shall utilize the Batterer Intervention Risk Assessment and Management (BIRAM) instrument, or a comparable Department-approved instrument, to evaluate risk for dangerousness of the referred abuser as part of the evaluation for admission to the Program.
- F. Pursuant to G.L. c.209A §7, based on intake information the Program shall provide written notice to the referring court as to whether or not the individual is amenable to intervention. The Program shall provide written notice to non-court referral sources. Written notice shall include a summary of the referred individual's risk assessment and documentation of all attempts to warn past victim(s) and current partner(s).
- G. The Program shall have the means to either provide services to or refer the abuser to an adjunctive behavior health program if the screenings and assessments obtained during intake and evaluation process indicate co-occurring substance misuse, mental health or other behavioral issues that

need to be addressed.

- H. The Program shall have linkages with other allied behavioral health service providers so that the Program is positioned to make appropriate referrals. The Program shall evaluate the individual's participation in and seriousness about participation in one or more allied programs or services as a part of the intake and evaluation process.
- I. During the intake and evaluation process, when it becomes apparent to a Program that the individual has a substance use or other behavioral health problem, the Program shall provide written notice to the referral source of the Program's screening and recommendation(s).

4.4 Admission

- A. At the conclusion of the intake and evaluation process, the Program shall decide whether to formally admit an individual. As a *quid pro quo* for admission, the individual and an authorized signatory for the Program shall sign a written agreement, specifying the respective responsibilities of both the Program and the individual. The agreement shall, at a minimum, include:
 - 1. The duration of the Program, a minimum of 80 hours (including the intake and evaluation period), and a target completion date conditioned on regular attendance;
 - 2. The fee agreement;
 - 3. The individual's agreement to stop all forms of violence;
 - 4. The individual's agreement to comply with all Program rules regarding drug and alcohol use while in attendance at individual or group sessions or other components of the Program;
 - 5. The individual's written agreement to provide the Program with written authorization, as needed during the evaluation process, to obtain personal information held by third parties including, but not limited to allied behavioral health providers, state agencies (e.g., the Department of Children and Families or the Department of Revenue Child Support Enforcement) and others who are bound to maintain confidentiality absent a written authorization or as required by law;
 - 6. The individual's written agreement to provide an update of intake information required in Guideline 4.2. (C, 1-5) every three (3) months;
 - 7. The individual's written release of information/waiver of confidentiality in accord with Guideline 5.2.
- B. Pursuant to G.L. c.209A §7, the Program shall provide written notice to the referring Probation Officer or other referral source, whether or not the Program intake and evaluation resulted in a determination that the referred

individual is amenable to intervention and admitted to the Program.

- C. In addition, the Program shall provide the referring court or other referral source with a written summary evaluation as to the abuser's history and severity of abuse, description of violence as reported by the abusive partner, history of weapons used, evidence or concerns of substance misuse, suitability for intervention, and willingness or unwillingness to accept any conditions of admission into the Program

5.0 **INFORMATION SHARING, WAIVER OF CONFIDENTIALITY, AND RECORD KEEPING REGARDING ABUSIVE PARTNERS AS PROGRAM PARTICIPANTS**

5.1 **Policies and Procedures**

Programs shall develop written policies and procedures and forms with respect to Program participation, information sharing, waiver of confidentiality and record keeping regarding participants. For purposes of the Guidelines, the term "participant" refers without limitation to a referred abusive partner, a prospective participant, an admitted participant and a discharged participant.

- A. The policy and procedures shall require all participants as a condition of participation to sign a written release of information/waiver of confidentiality form for purposes of intake and evaluation, treatment, supervision and case management, and successful completion of or discharge from the Program.
- B. The policy and procedures shall require staff to maintain secure files and data systems for holding participant information, including the signed original of the waiver of confidentiality.
- C. The policy and procedures shall prohibit staff from disclosing participant information without written authorization or as permitted or required by law or these Guidelines.
- D. The policies and procedures shall address the collection, retention and disclosure of participant information consistent with Guidelines 4.2 (C) and Guideline 5.2 (A).
- E. The policies and procedures shall address mandatory reporting consistent with Guideline 5.3.
- F. The policies and procedures shall address limited confidentiality consistent with Guideline 5.4.
- G. The policies and procedures shall address administrative and judicial proceedings consistent with Guideline 5.5.

5.2 Collection, Retention and Disclosure of Information about Abusive Partners/Participants

- A. The Program shall use a release of information/waiver of confidentiality form to inform the participant of the nature and extent of information that the Program collects from, retains and releases to courts, probation, adjunctive behavioral health providers, intimate partners, domestic violence counselors and other third parties. The form shall include dated signatures and printed names of the participant and a witness (who may be a staff person). The form shall be valid for at least 2 years and shall include a specific expiration date.
- B. The Program shall not collect or retain information unless (i) the information is relevant for the delivery of Intimate Partner Violence Abuse Education services, and (ii) the Program determines that collection or retention of the information does not jeopardize the physical safety of an intimate partner or other person (adult or child) of his/her ability to function adequately.
- C. The Program shall collect and retain information including, but not limited to the participant's Program application, enrollment, attendance, level of participation, completion, failure to participate, or termination prior to completion as well as any threats of violence or further acts of violence.
- D. The Program may disclose participant information *with the participant's written and signed authorization* to a designated representative of the participant, or to a designated health or allied health provider or other designee.
- E. The Program may disclose participant information *without* the participant's authorization to a referral source, law enforcement, the Department of Public Health, the Department of Children and Families, and the Department of Revenue as well as the courts and probation or as otherwise permitted or required by law or these Guidelines.
- F. The release of information/waiver of confidentiality form shall inform the participant that Massachusetts mandates that Programs shall report suspected child abuse to the Department of Children and Families, suspected abuse of a disabled individual to the Disabled Persons Protection Commission, and suspected elder abuse to the local office of Elder Protective Services Program.
- G. The release of information/waiver of confidentiality form shall inform the participant of the right to revoke his/her authorization to the release of

information/waiver of confidentiality. Such revocation shall be effective prospectively and does not require the Program to retrieve information that it already released. Any such revocation would automatically disqualify the abusive partner from participating in certified Intimate Partner Violence Abuse Education services and necessitate the Program to summarily terminate the abuser and immediately notify the probation department for the referring court or other referral source.

5.3 Mandated Reporting

The Program shall inform the participant that, as a condition of participation in the Program, partners will be provided information about the participant's (1) enrollment, attendance, participation, concerns, completion or termination prior to completion, and degree of compliance with the program rules, and (2) information about risk, threats, and/or possible escalation of violence indicated by the abusive partner with respect to a partner's/victim's, or a child's physical safety or ability to function adequately.

5.4 Limited Confidentiality with Respect to Information About Abusive Partners as Participants

- A. Certified Partner Abuse Intervention Programs shall develop policies and procedures concerning the confidentiality that will be afforded to program participants in other aspects, both within and outside the Program. For example, this includes policies regarding an abuser's/participant's possession or use of a cell telephone on the Program premises and/or during group, group observers' use of audio or video taping of group sessions, contracts with the television or print media and community education activities.
- B. All applicants/participants shall sign a Group Confidentiality Agreement prior to participating in a group session requiring all group participants to maintain confidentiality of the other group members.

5.5 Judicial or Administrative Proceedings

- A. Certified Partner Abuse Intervention Programs shall develop policies about providing testimony in administrative and judicial proceedings, addressing matters such as the scope of participation of the Program staff in judicial or administrative proceedings and the parameters of confidentiality in cases involving perpetrators of intimate partner violence mandatorily referred by the court. The policy should specify that the court is entitled to information about the application, enrollment, attendance, potential violence or threats of violence, lethality assessment, termination prior to completion of the Program and justification of same, and

completion of court mandate.

- B. Programs that are certified by the Department shall develop policies and procedures for responding to subpoenas and compulsory legal process, and ensuring that no personal data are made available in response to a demand for data made by means of compulsory legal process, unless the participant or his legal representative has been notified of such demand in reasonable time that he may seek to have the process quashed.

6.0 CONDUCTING PARTNER/VICTIM CONTACTS AND MAINTAINING CONFIDENTIALITY

- A. Programs support the safety and empowerment of partners/victims through periodic contact with them. For purposes of the Guidelines, “Confidential Partner/Victim Information” is any information about an abusive partner’s current or former partner(s) or victim(s), whether information is obtained from a partner/victim, another source, or generated by Program staff, that individually identifies the partner or victim and/or family member(s). All partner/victim information obtained by a Program is confidential, regardless of the original source and exclusive of any other statutory or common law privileges that may apply. Except as otherwise provided in these Guidelines or as required or permitted by law, the Program shall restrict the use and disclosure of confidential partner/victim information to persons directly connected with the administration or monitoring of the Program with a need to know including, but not limited to Program staff, Department certification or contract monitoring staff, or others whom the Department’s Director of the Division of Violence and Injury Prevention deems as having a need to know. Partner/victim safety is always prioritized when initiating any contact. The Program shall hold any and all information obtained through contact with any partner/victim in confidence and shall never convey confidential partner/victim information to the abusive partner.
- B. The Program shall attempt to contact current and/or former partners/victims during or after the abusive partner’s enrollment in the Program in order to conduct a confidential interview to provide and obtain information.
- C. The Program shall use a secure method of communication to contact the partners/victims, including, but not limited to certified mail return receipt, a telephone conversation, or in person. The internet, email and/or social media are not a confidential method of contact and may not be used.
- D. Only Program staff members who are specifically trained in the following curriculum areas shall conduct partner/victim contacts: victim services including, but not limited to victim rights and safety planning, confidential

trauma-informed approaches to working with victims, the different mechanics of intimate partner violence (see Guideline 3.0) and Partner Abuse Intervention Program Services.

- E. The Program shall maintain confidential partner/victim information in separate files in a locked filing cabinet (physically separate from the file for abuser information) or password protected electronic files (distinct from the electronic file for abuser information). The Program shall use a coding system and unique identifier to avoid identification of a partner/victim by name.
- F. The Program shall establish formal written, collaborative relationships with victim service providers to ensure that partners/victims have access to their free, confidential safety planning, advocacy, and other appropriate services.

6.1 Purpose of the Partner/Victim Contact

The purpose of partner/victim contact is:

- A. To assist partners/victims in the identification of strategies to promote their safety and that of their families;
- B. To inform partners/victims of any imminent risk of harm to them as threatened by their abusers at any time of their participation in the Program;
- C. To inform partners/victims of their abusers' enrollment, attendance, and completion or termination in the Program, along with the content and limitations of the Program;
- D. To inform partners/victims of the free, confidential services available to them through local domestic violence victim service programs and other supportive service agencies;
- E. To solicit partners'/victims' input on their abusers' past and current behaviors to inform the intervention with the abuser;
- F. To provide culturally appropriate referrals to partners/victims.

6.2 Written Policies and Procedures

- A. The Program shall have written policies and procedures to define how partner/victim contacts are conducted. Written procedures shall include language that states (1) the information obtained through a contact is protected to maintain confidentiality, but may not be privileged unless a

statutory or common law testimonial privilege applies; (2) how the partner contact information is confidentially disseminated to the appropriate group leaders and their supervisors on a need-to-know basis; and (3) how the Program informs participants about the Department's requirement that Programs contact partners and victims.

- B. The Program shall have clearly written rules to inform all of its participants about the Department's requirements for partner/victim contacts. These rules shall: explain that (1) all information obtained from partners/victims shall be confidential, (2) the Program shall not inform the participant about how or when the Program contacts a partner/victim, and (3) the Program cannot answer any questions from the participant about the information obtained from or given to the partner/victim.
- C. The Program shall have clearly written policies to define the frequency of ongoing partner/victim contacts in cases when partners/victims agree to it and to designate which staff shall provide such contact.
- D. The Program shall have a clearly written policy to establish guidelines for the minimum number of attempts that the Program staff shall make and document to reach partners/victims, how/if information is mailed, and whether and how telephone voice mail and text messages are left in a way that safeguards the partner/victim.
- E. The Program shall have clearly written policies to inform partners/victims which Program participant records are available to them upon request, and the method the Program shall use for transmitting such records to them.
- F. The Program shall have a clearly written policy to outline how, upon making contact, information about victim support services is provided so as to ensure that all contacted partners/victims receive updated, accurate information in plain language that is understandable to them. Policies shall include procedures for culturally competent translation of written materials for non-English speaking partners/victims; modifications for disabled partners/victims; elderly partners/victims; and partners/victims under the age of 18.
- G. The Program shall have clearly written policies and procedures to define how partners/victims may file grievances and describe any and all steps of the grievance process, including how to file an appeal if the grievance is not resolved at different steps in the process.
- H. The Program shall have a written policy and procedure for responding to subpoenas or court orders requesting that the Program disclose confidential partner's/victim's information.

- I. The Program shall develop and implement written procedures for conducting an initial partner/victim contact risk assessment that provides the partner/victim with:
 1. Access to information regarding a safety plan;
 2. Information about safety issues and potential consequences for the victim/partner that may arise from disclosure of information;
 3. Available options, such as protective orders and referrals to a domestic violence program for shelter, legal advocacy, visitation and other services; and
 4. The Program's assessment of the level of safety and/or risk that the partner/victim may incur through continued communication with the Program.

6.3 Content Information Provided to the Partner/Victim

- A. The Program shall inform the partner/victim that:
 1. At first contact, either in writing or verbally, that speaking with the Program is not an obligation;
 2. Contact with the Program may be terminated at any time, at will;
 3. At each verbal or written contact that any information shared during any contact that involves suspected child abuse or abuse of an elder or disabled adult cannot be kept confidential because the Program is required by state law to report abuse to the Department of Children and Families, Executive Office of Elder Abuse or Disabled Persons Protection Commission;
 4. The Program maintains a written summary of the contact that shall be kept in a separate secure file that is not part of the file in which the Program keeps records about the abusive partner; and
 5. The Program has limits of confidentiality regarding contact in the event that the Program is served with a subpoena or court order.
- B. The Program shall provide a partner/victim at a minimum with the following information including, but not limited to:
 1. Warnings about their abusive partner's potential to commit imminent harm to the partner/victim or others based on threats that were experienced by Program staff;
 2. Explanation of rights as defined by M.G.L. c.209A and M.G.L. c. 208;
 3. Contact information for a domestic violence victim services agency;
 4. SAFELINK information;
 5. Referral to a domestic violence service agency whenever risk factors are present so that the domestic violence service agency

- counselor can conduct a formal assessment and develop a safety plan;
6. Information and/or concerns that the Program has about the abusive partner's level of potential dangerousness;
 7. Information on abusive partner's status including level of cooperation, the time and day of the group, and the source of the abuser's referral to the Program;
 8. Explanation that Program completion only means that the abusive partner has met the rules of the Program and does not guarantee future non-violence or non-abusive behavior;
 9. Information about the Program's philosophy and intervention program and the limitations of the effectiveness of participation in a Partner Abuse Intervention Program. Information about philosophy shall minimally include the premise that the abusive partner is solely responsible for his/her own abusive behavior, and that the partner/victim is in no way responsible to help the abuser to change;
 10. An opportunity for the partner/victim to ask questions about risk and provide feedback to Program staff about indicated risk factors;
 11. Information explaining the types of records the Program maintains about the abusive partner and how to make a written request to the Program to obtain records that are not confidential;
 12. Explanation that the Program attempts further contact with the partner/victim upon certain events, for example (a) when the abusive partner is non-compliant with Program rules; (b) when the abusive partner completes the Program; or (c) when the Program acts to terminate an abusive partner from participation in the Program;
 13. A telephone number for the partner contact staff and information on how to safely reach the Program.

6.4 Information Obtained from the Partner/Victim

Staff members who contact partners/victims at a minimum shall request the following information from them:

- A. The history, level, and scope of violence or abuse (see Section 3.0);
- B. The abusive partner's past and current level of legal access to his/her children, and compliance with any court orders or restraining orders involving the children, or child welfare service plans;
- C. The partner/victim's wishes about the offending parent's level of access to the children in the future and whether there are any signs of opposition;

- D. The partner/victim's wishes about the future of the relationship (e.g., whether the partner seeks to remain together with the abusive partner, if they are currently together, to reconcile or to permanently separate/divorce if they are currently apart, and how the Program participant is attempting to pressure the partner in any way to change these plans);
- E. The partner/victim's knowledge about the abusive partner's current and past use and concerns of alcohol and drugs, including prescribed medications;
- F. The abusive partner's history of homicidal or suicidal ideation, threats and attempts, and the impact these have had on the partner(s)/victim(s);
- G. History of illness and treatment (see Guideline 4.2 (6,7.));
- H. History of armed forces service to provide those partners who are veterans with access to veteran's services.

7.0 INTERVENTION STRATEGY

Program intervention methodology primarily shall consist of group sessions that educate the abusive partner. The goals of the education and intervention Program shall be the cessation of coercive, dominating and violent behavior and increased safety of the victim(s), current partner(s), and the children. Program materials, publications, and audio-visual materials shall be culturally sensitive and non-discriminatory.

7.1 Group Sessions

- A. A participant shall attend a minimum of eighty (80) hours in the Program. The intake portion of the Program shall be considered a component of the minimum 80-hour program.
- B. The Program shall assign participants to a group with two facilitators. As a general rule, groups for adult, English-speaking males shall be co-facilitated by a female and a male who share equal responsibility for group facilitation unless otherwise approved in writing by the Department. Nothing in the Guidelines prohibits exceptions to this facilitation norm to meet the needs of specialized groups of abusive partners who speak a common language other than English or those individuals with a history of abuse of lesbian, gay, bisexual, transgendered or queer and questioning partners/victims. Groups shall be restricted to perpetrators of intimate partner violence who self-identify as the same gender. For example, a group for "males" may include individuals who are born male, bisexual men who have sex with men, and female-to-male transgendered individuals. Facilitators shall ensure that group sessions, at some point, provide ample opportunity for each group member to participate in discussions and obtain individualized feedback.
- C. The Program may assign up to twenty (20) participants to a group.

- D. The Program has the responsibility to impose any reasonable conditions on participation in intervention services that it deems appropriate.

7.2 Educational Component

The curriculum of the educational component shall at minimum include:

- A. Identification, confrontation and change of abusive and controlling behaviors to partners/victims and children. All forms of physical abuse and intimidation shall be identified and challenged with specific attention to the identification of emotional, mental, sexual and economic abuse.
- B. Identification and discussion of the short- and long-term effects of violence and abuse on partners/victims, including children who witness such abuse. Program participants shall be expected to take responsibility for creating these consequences; the exercises for abusive partners shall seek to build empathy and encourage them to take the perspective of the other, whether partner, victim or child.
- C. *Safety and Health through Alcohol and Drug Education (SHADE)* curriculum included in the educational framework of each Program.
- D. Confrontation of excuses for abuse. This shall include a philosophical stance that abuse is the sole responsibility and choice of the abusive partner; abuse is never justified.
- E. Identification and practice of cooperative and non-abusive forms of communication. Abusers are expected to learn non-abusive and responsible ways of treating their partners and children. This learning shall include respectful and responsible co-parenting.
- F. Identification of cultural and social influences that contribute to abusive behavior without allowing these issues to excuse or justify individual responsibility for abuse.
- G. Incorporation of approaches that provide for abuser partner's participation in the educational process, while simultaneously promoting Program participant accountability.

7.3 Individualized Intervention

Although the best-practice format for Intimate Partner Violence Abuse Education services is a peer participation group, some participants may need individualized rather than specialized group intervention (e.g., adolescents are not appropriate for an adult group). The Program is required to maintain a written log with the names and a justification for anyone who is assigned to receive individualized intervention in lieu of group participation; this log shall be made available to the

Department at site visits or upon request. In the event that the Program offers individualized intervention sessions, intervention staff shall focus on intimate partner violence and other perpetrated abuse and offer education that is equivalent to the educational component specified in Guideline 7.2.

7.4 Risk Assessment

The Program shall conduct on-going assessment of an abusive partner's risk of harm to partners/victims. The Batterer Intervention Risk Assessment and Management (BIRAM) shall be used unless another assessment format or tool is approved in writing by the Department.

7.5 Inappropriate Methods

Theories or methods which in any way insinuate or make the partner/victim responsible for the abusive partner's behavior or diminish the abuser's responsibility for the violence are inappropriate. While the following methods may, from time to time, become topics of discussion within the context of an intervention model that focuses on power and control in relationships, they are inadequate and inappropriate if they stand alone as the focus of the Program's intervention and educational component:

- A. Psychodynamic individual or group therapy which centers causality of the violence in the past;
- B. Any form of couples or conjoint counseling or marriage enhancement weekends or couples groups. Under no circumstances may the Program compel the abusive partner's partners/victims to participate in couples counseling as part of the Program or adjunctive to the Program;
- C. Communication enhancement or anger management techniques which lay primary causality on anger;
- D. Systems theory approaches which treat the violence as a mutually circular process, blaming the victim;
- E. Addiction counseling models which identify the violence as an addiction and the partner/victim and children as enabling or co-dependent in the violent drama;
- F. Family therapy or counseling which places the responsibility for adult behavior on the children and/or the partner/victim;
- G. Gradual containment and de-escalation of violence;
- H. Theories or techniques which identify poor impulse control as the primary cause of the violence;

- I. Methods which identify psychopathology on either parties' part as a primary cause of violence;
- J. Fair fighting techniques, getting in touch with emotions or alternatives to violence;
- K. Parenting education programs;
- L. Fatherhood programs;
- M. Mediation.

7.6 Community Outreach/Education

Programs shall offer education to the community about the Program and intimate partner violence and its consequences.

8.0 DISCHARGE CRITERIA

Programs shall have clearly defined discharge criteria incorporated in the agreement signed by the participant and the Program during the intake process. Programs shall use the participant's self-reports and descriptions from criminal justice agencies, publicly accessible victim(s) reports such as police reports, etc., and other treatment providers' professional/clinical judgment to determine if that individual has met these criteria for discharge. The Program's final discharge report shall include information about attendance and history of abuse while in the Program and clearly state that Program completion is not predictive of non-abusive behavior.

8.1 Criteria for Program Completion

- A. An abusive partner has remained violence free for no less than twenty (20) consecutive weeks prior to discharge.
- B. An abusive partner has completed at minimum 80 hours of a Program according to the Program contract and as documented by the Program.
- C. An abusive partner has completed other requirements (e.g., adjunctive substance abuse and/or mental health evaluations and treatment).
- D. An abusive partner has accepted responsibility for violent behavior; ceased to blame the partner/victim for violence; and recognized the adverse effects of his/her violent acts.
- E. An abusive partner has paid all fees and satisfied all financial obligations for the Program.
- F. A risk assessment of the abusive partner conducted by the Program using the Batterer Intervention Risk Assessment and Management tool

(BIRAM) or other Department approved risk assessment tool prior to discharge indicates a satisfactory level of safety for partners/victims and children.

8.2 Program Responsibilities upon Program Completion

- A. The Program shall provide a written summary to all appropriate referral sources, such as Chief Probation Officer or Probation Officer in Charge, the referring court, the Department of Children and Families, or other source, once all criteria have been met by the abusive partner. The discharge summary shall include information about attendance and history of abuse while in the Program.
- B. The Program shall notify the victim(s)/current partner(s) of Program completion by the abusive partner and shall offer a final report and recommendations for the abusive partner unless the victim(s)/current partner(s) request(s) not to be informed. The notification shall inform the victim(s)/current partner(s) of the limitations of intervention services, specifically that Program completion only indicates that there has been contractual and court compliance. The Program shall advise the victim(s)/current partner(s) that Program completion is not predictive of non-abusive behavior.

8.3 Extending the Length of Program Participation for Participants on Probation

- A. The Program shall offer participants who have completed the minimum 80-hour Program the opportunity to voluntarily continue their participation, or return to the Program at a later date.
- B. Programs may provide written recommendation to the Chief Probation Officer or Probation Officer in Charge, the referring court, or any referral source recommending that an abusive partner's participation in the Program be extended beyond the 80-hour period of time initially required (see Section 7.1 A). Upon receipt of such information, the referring court may review the participant's probation status.

8.4 Criteria for Termination

- A. The Program may terminate for good cause including, but not limited to the following grounds:
 - 1. Renewed physical assault, threats, stalking, or repeated or severe psychological abuse;
 - 2. Violation of restraining orders or other judicial orders that pertain to the safety of the spouse or partner and children;

3. Severe or repeated disruptive or threatening behavior in groups or repeated failure to comply with reasonable Program standards or written agreements, or failure to actively participate in group sessions;
4. Continued or repeated substance misuse, (e.g., of alcohol, prescription, or illicit drugs) during the months of Program participation;
5. Refusal to follow Program-required adjunctive treatment for comorbidities, substance misuse, and/or mental health treatment;
6. Repeated justification and/or blaming of a partner/victim for past abuse or behavior;
7. Violation of the Program's Agreement and Rules.

B. Re-enrollment: The Program has the option of requiring participants to re-enroll in the intervention group and restart the 80-hour programmatic requirement in the case of:

1. Failure to meet agreed upon payment schedules;
2. Poor attendance;
3. Repeated lateness;
4. Failure to comply with reasonable Program standards or agreements;
5. Failure to actively participate in group sessions;
6. Continued or repeated misuse of alcohol, prescription, or illicit drugs during the months of Program participation;
7. Refusal to follow recommended adjunctive treatment for comorbidities, substance misuse and/or mental health;
8. Repeated justification and/or blaming of a partner/victim for past abuse or behavior.

8.5 Program Responsibilities upon Termination of Abuser from the Program

- A. The Program shall use reasonable efforts to notify partners/victims.
- B. The Program shall provide written notice to all appropriate referral sources, such as, the referring court and the Chief Probation Officer or Probation Officer in Charge, Department of Family and Children, etc. in the case of the violation of contracted provisions which may result in a further court action under c.209A §7.
- C. If the referral is under c.209A §3(i), then the Program shall provide written notice to the referring court and the Chief Probation Officer or Probation Officer in Charge. Written notice shall be provided to non-court referral sources.

- D. The Program shall have a written policy available to the court and non-court referral sources regarding the Program's responsibility for re-admitting individuals who have not completed the Program or are reordered to the Program. The policy shall include a protocol that the Program attempt to contact the partner/victim within a week of the abusive partner's re-admission into the Program.

9.0 PROGRAM STAFFING

9.1 Staffing Requirements

- A. Each Program shall at minimum employ a qualified Program director and staff members who facilitate group sessions, and shall employ or contract with qualified supervisors to provide clinical supervision for group facilitators and partner contact staff members.

9.2 Background Checks and Pre-Requisites

- A. Programs shall obtain CORI (Criminal Offender Record Information, G.L. c.6. sec. 167-178) clearance for the purpose of screening individuals for positions of Program director, partner contact staff, and group facilitators to evaluate their ability to perform these job functions.
- B. Programs shall not hire an individual who has perpetrated domestic violence or abuse (as defined in Section 3.0) unless the Program director is satisfied that the candidate has successfully completed a certified Partner Abuse Intervention Program *and* has remained violence free in his/her life for a period of three (3) years or the candidate has remained violence free in his/her life for a period of seven (7) consecutive years.
- C. In hiring new staff or assigning current staff to be group facilitators, Programs shall ask candidates about abusive and controlling behaviors in their relationships.

9.3 Group Facilitator Qualifications and Training

- A. All group facilitators shall meet the following minimum qualifications.
 1. Successful completion of a minimum of twenty-four (24) hours of training from a DPH-approved Intimate Partner Abuse Education training Program.
 2. Observation of at least six (6) Intimate Partner Abuse Education group sessions led by staff from a DPH-approved training Program.

3. Successful completion of a domestic violence victim service agency training as defined by MGL. Ch. 233, § 20K.
- B. The Program shall provide the Department with a copy of certificates of training completion for all newly hired group facilitators and shall maintain a copy in the facilitator's personnel file.
 - C. The facilitator-in-training must be able to demonstrate the following to the satisfaction of the Program Director:
 1. An understanding of the dynamics of intimate partner violence within the context of power and control;
 2. An understanding of the effects of intimate partner violence on partners/victims and their children and the critical nature of safety plans;
 3. An understanding that for heterosexual men intimate partner violence is rooted in historical attitudes towards women;
 4. An understanding that intimate partner violence can be intergenerational;
 5. An ability to recognize risk factors, especially those associated with re-offense and homicide;
 6. An understanding of the stages of change including self-generated crises, impasses, plateaus, resistance, and relapse;
 7. Competence in reflective listening;
 8. An ability to assess participants' comprehension and incorporation of material;
 9. An understanding of childhood trauma, physical, psychological, emotional or sexual abuse and their correlations to intimate partner violence.

9.4 Intake Staff Qualifications and Training

- A. Intake staff shall complete training as described in 9.3 (A) – (C). In addition, intake staff shall demonstrate competency in skilled interviewing, identification of substance misuse and mental health symptoms, identification of dangerousness/risk factors for lethality, and techniques for motivating prospective participants to engage in the intimate partner abuse intervention.

9.5 Group Facilitator Duties

- A. Group facilitator duties include:
 1. Co-facilitate weekly intervention groups utilizing the established curriculum and techniques;

2. Model appropriate boundary setting, confrontation, reframing, paraphrasing, reflection and clarification;
3. Identify and eliminate collusion or complicity and intra-group conflicts to individual and group development;
4. Demonstrate an understanding of the function of ethno- cultural tenets;
5. Teach and model problem-solving skills and non-violent behavior options;
6. Recognize and process denial and minimization and other defense mechanisms;
7. Establish rapport and understanding in a non-judgmental and objective manner so as to build trust, reduce resistance, and elicit the necessary feedback to gauge understanding of intervention imparted;
8. Appropriately confront acts of intimate partner violence and other counterproductive behaviors;
9. Elicit self-disclosure to enhance group members' self-exploration.

9.6 Qualifications and Training for Supervisors and Consultants

- A. Programs are required to have at least one (1) person in a supervisory position that has at least three (3) years of experience in group facilitation.
- B. Programs are required to have at least one (1) person in a supervisory position that has at least three (3) years of experience working with abusive partners.
- C. Programs are required to have at least one (1) person in a supervisory position that has at least three (3) years of experience working with victims/partners.
- D. Programs may employ or contract with one or more supervisors to meet the required criteria in 9.6 (A), (B), and (C).
- E. Programs shall provide supervision through employment of supervisory staff or have formal, written arrangements to access outside consultants who are knowledgeable about psychiatric problems, substance misuse problems, post-traumatic stress disorder (PTSD), suicidal and homicidal ideation.
- F. All supervisory or consultant personnel shall have successfully completed a minimum of twenty-four (24) hours of training in intimate partner violence from a DPH-approved Intimate Partner Abuse Education training Program.
- G. In addition to the twenty-four (24) hours of Intimate Partner Abuse Education training, each supervisor or consultant in training shall observe

at least six (6) Intimate Partner Abuse Education group sessions led by staff from a DPH-approved training Program.

1. The Program shall file a record of the trainee's completion of all requirements with the Department.
2. The Program shall make the supervisor available for the Department to interview, upon request.

H. All supervisory or consultant personnel shall have successfully completed a domestic violence victim service agency training as defined by MGL, Ch. 233, § 20K.

9.7 Standards for Supervision of Group Facilitators

A. The Program shall provide clinical supervision once a week to staff who facilitate groups.

B. The content of clinical supervision shall include, but not be limited to:

1. Discussion of each group or individual group member, including weekly reports of any ongoing abusive or controlling behavior, substance use, status of relationship, access to children, demeanor during sessions, recent or pending court appearances, and new charges;
2. Discussion of any concerns the group facilitator(s) have about their group members, including mental health problems, substance use, ongoing behavior and attitude toward victim, and/or current partner, parenting, level of Program participation;
3. Report of any contact group facilitators or partner contact staff have had with any group member's partners/victims so that both supervisor and group facilitators can be apprised of partner's/victim's input and concerns;
4. Discussion about each group member's progress, or lack of progress, toward meeting Program goals and requirements, and strategizing about how to promote better participation and accountability;
5. On-going review of each group member's risk factors for re-assault of partner, child abuse, and suicide. This should include discussion about how to manage risk for Program participants with known risk factors;
6. On-going review of each group member with a diagnosed or suspected mental health problem, including need for outside evaluation and/or treatment, and coordination with the other treatment providers;

7. Periodic review of each group member with a known or suspected alcohol or drug problem, including need for outside evaluation and/or treatment, and coordination with the other treatment providers;
8. Report of educational activities, exercises or interventions from past group sessions;
9. Discussion about group dynamics, level of functioning of the group, and perceived problems;
10. Discussion of how the group facilitators are functioning as co-leaders, such as sharing responsibilities and leadership, serving as positive role models, and supporting each other's interventions;
11. Discussion about group facilitators' reactions to group members, with understanding about how these reactions affect group leadership, and overall functioning as a group facilitator;
12. Report of any contact group facilitators have had with probation officers, Department of Children and Families caseworkers, and other referral sources. Discussion of what group facilitators should communicate to probation officers, DCF caseworkers and other referral sources;
13. Discussion of relevant Massachusetts state laws pertaining to domestic violence, abuse prevention, restraining orders, harassment prevention orders, orders to vacate the marital home, child custody, reporting of abuse toward children, elders or the disabled;
14. Communication of all Program policies and state regulations pertaining to Program interventions.

10.0 PARTNER/VICTIM CONTACT STAFFING QUALIFICATIONS

The Program shall ensure and document that staff assigned to conduct partner/victim contacts meet the following minimum pre-requisites:

- A. Successful completion of a domestic violence victim service agency training as defined by MGL. Ch. 233, § 20K
- B. One year of experience working within the domestic violence field.
- C. Satisfactory completion of at least five (5) hours of Program-based, Department-approved training that at minimum includes:
 1. Opportunities for the trainee to either observe actual contact with the partner/victim being conducted, with the partner's/victim's consent, or role play partner/victim contacts;
 2. Information about how to explain the purpose of partner/victim contacts without pressuring victims/partners to participate;

3. Expectations for communications with partners/victims with sensitivity and respect;
 4. Documentation of partner/victim contacts and recordkeeping practices.
- D. Supervision: Partner/victim contact staff shall have opportunities for supervision, oversight and support from a domestic violence victim service agency that meets the requirements of MGL. Ch. 233, § 20K.
- E. Case Coordination: Partner/victim contact staff shall meet periodically with group facilitators and group supervisors to address issues relevant to conducting partner/victim contacts.
- F. The Program shall periodically provide partner/victim contact staff with an updated, comprehensive written list of appropriate referral services and contact information for intimate partner violence partners/victims and their children.

11.0 PROFESSIONAL DEVELOPMENT AND ON-GOING STAFF TRAINING

- A. Group facilitators shall complete a minimum of 24 clock hours of continuing education within a three-year certification period.
- B. At least 12 of the 24 hours shall directly pertain to intervention with persons who are the perpetrators and/or victims of intimate partner violence.
- C. Group facilitators shall attend at least 12 hours of approved professional development presented by experts unaffiliated with their Program.
- D. The Program shall maintain a record documenting each facilitator's satisfactory completion of continuing education hours including certificates, signed by the presenter or by a designated official of the sponsoring organization, of seminars or workshops or generated by completion of an online or home study course.
- E. Approved areas of training include, but are not limited to:
1. Substance use evaluation and intervention
 2. Intimate partner violence and the law
 3. Evaluation and intervention with families where intimate partner violence is present
 4. Power and control model training
 5. Child development
 6. Training on sexism, racism, homophobia, and other factors known to contribute to violent attitudes and behaviors

7. Education regarding mental health and/or mental illness disabilities, and training in any other area that the applicant can demonstrate is pertinent to providing an intimate partner violence counseling intervention
8. Group leadership skills
9. Suicide prevention, assessment, screening
10. Risk Assessment for abusers
11. Addictions

F. Methods of training include:

1. Attending seminars and workshops
2. Participating in webinars
3. Completing academic course work
4. Completing an accredited home study course
5. Attending intimate partner violence related court hearings or trials
6. Experiential training such as riding along with the police
7. Working with an intimate partner violence service provider other than one's own intervention Program
8. Facilitators who spend at least 12 hours authoring original papers related to intimate partner violence for publication or delivery at a conference or workshop shall be deemed to have satisfied 12 hour approved training requirement of Guideline 10 (A) (2) and shall provide a copy of their work product to the Program for documentation purposes under Guideline 10(A)(3)

12.0 FEE STRUCTURE

Program participants are expected to contribute to the cost of the Program. Chapter 209A, Section 7 of MGL provides that, “[t]o the extent possible, the defendant shall be responsible for paying all costs for treatment.” This expectation is based on a philosophy that payment is part of accountability for the abuser and is therefore an important component of the intervention that should be applied to abusive partners referred by other sources (e.g. DCF) as well as the courts.

- A. Program participants shall pay fee(s) for Program services. Program services are not eligible for third party reimbursement.
- B. Each Program must clearly define in writing all of the fees for which participants are responsible.
- C. Each Program is required to have a clearly defined payment policy including specific provisions for indigent participants. Programs shall determine indigent status based upon the court for court-ordered referrals.
- D. The Program may charge a fee for the intake and evaluation phase of the Program separately from the fees for group sessions.

- E. The Program shall charge fees for group sessions based on a sliding scale taking into account the participant's ability to pay and thus enabling the services to be affordable.
- F. The Program may negotiate a deferred payment schedule or partial payment for participants who demonstrate inability to pay the Program's lowest fee(s).
- G. The Program shall offer community service contract with specified hours of service or projects in lieu of monetary payment of fees as an accountability option for indigent participants who demonstrate inability to pay the Program's lowest fee.
- H. If a participant fails or neglects to pay the standard or reduced fees or fails to meet an agreed upon payment schedule or fails to fulfill a term or condition of a community service contract, the Program may submit a written report of such failure to the Chief Probation Officer, the Probation Officer, the referring court, Department of Children and Families caseworker, or other referral source.

13.0 PROGRAM MONITORING AND ASSESSMENT

- A. The Program shall be subject to monitoring by the Department for compliance with the Guidelines. Programs shall cooperate with the Department's monitoring and evaluation activities and shall make corrections as needed per the Department's request.
- B. The Program that learns that a partner or former partner of a current or past participant is a victim of intentional intimate partner violence resulting in fatality and the participant is, or is alleged to be responsible for the death, shall immediately notify the Department and shall cooperate with the Department's requests for information for public health surveillance and violence prevention purposes.
- C. The Program shall establish a system for collecting statistical information and maintaining records to support the Department's data requirements. The Program shall use data to determine how to best serve its participants and identify referral, intake, and discharge trends.
- D. The Program shall submit all routine service delivery data required by the Department on a regular and periodic basis and shall respond to specific data collection assignments as required by the Department. Programs shall complete and return all Department surveillance and evaluation forms regarding services provided.

- E. The Program shall make provisions in budget and program operations for periodic, independent program evaluations or audits. Programs shall make the results or findings available to the Department, upon request.
- F. Programs shall participate in existing local high-risk teams where available.

13.1 Site Visits and Inspections

- A. Authorized personnel or agents of the Department may conduct site visits and/or inspect Programs at any reasonable time without prior notice. All parts of the Program, all staff, consulting supervisors and activities, and all records are subject to such visit and inspection.
- B. Programs shall be subject to Departmental inspection within the first six (6) months of the issuance of an initial certification and at least every three years thereafter. Additional inspections may be made whenever the Department deems it necessary for the enforcement of the Guidelines.
- C. The site visit shall include, but not be limited to the following components:
 - I. Observation of at least two (2) intervention groups.
 - a. For purposes of these observations, group facilitators shall introduce observers without disclosing their names.
 - b. Group facilitators shall explain to participants that the role of the observers is to monitor the session and share observations about the Program's compliance with the Guidelines with the Department staff who certify Programs.
 - c. Group facilitators shall explain to participants that observers sign confidentiality agreements not to disclose personally identifiable information about participants that arises from the observed session.
 - 2. Observation of at least one (1) supervision session.
 - 3. Program director's completion of [the Department's self-assessment administrative tool.
 - 4. Program director will observe the same groups as those observed by the Department. The program director will participate in a discussion of the Department's findings of the group observations.
 - 5. Written or oral feedback from stakeholders and collateral services such as
 - a. Probation
 - b. Domestic/Sexual Violence Victim Services Agency
 - c. Department of Children and Families

d. Others as identified

6. File review of attendance records, random sample of participant files with signed release of information/waiver of confidentiality forms, signed service agreements/contracts, signed group confidentiality forms; random sample of partner contact files, written communication with referral sources.
7. Review of staff qualifications and documentation of completion of continuing education requirements.
8. Review of fee agreements and collections and alternative community service options.
9. Assessment of compliance with data submission requirements.
10. Assessment of compliance with monthly invoice submission requirements.
11. On-site interview with Program Director, Clinical Supervisor, and partner contact staff and, upon request, with one or more group facilitators.
12. Program participation in Department provider meetings.
13. Program participation in Department-sponsored training.
14. Review of grievances filed by participants or grievances about program operations filed by staff or grievances filed by victims/partners or others.

13.2 Notice of Deficiency

- A. After every site visit in which a violation of the Guidelines is observed, the Department shall prepare a Notice of Deficiency, a copy of which shall be sent to the Program.
- B. The Notice shall include a statement of the violations or deficiencies found, the provision(s) of the Guidelines relied upon, and a reasonable period of time for correction.
- C. The Notice may also include recommendations for developing best practices.

13.3 Plan of Correction

- A. A Program shall submit to the Department a written plan for correction of violations cited in a Notice of Deficiency within ten (10) working days of receipt of the Notice unless otherwise requested.
- B. Every plan of correction shall set forth, with respect to each deficiency, the specific corrective step(s) to be taken, a timetable for such step(s), and the date by which compliance with the Guidelines will be achieved. The

timetable and the compliance dates shall be consistent with achievement of compliance in the most expeditious manner possible.

- C. The Department shall review the plan of correction for compliance with the requirements of the Guidelines and shall notify the Program of either the acceptance or rejection of the plan. An unacceptable plan must be amended and resubmitted within ten (10) business days of the date of Notice.

14.0 DENIAL, REFUSAL TO RENEW, REVOCATION AND LIMITATION OF CERTIFICATION

- A. Denial: Action by the Department rejecting an initial application for certification.
- B. Revocation: Action by the Department removing a Program's certification after the Department has certified the Program, but before the Program's three (3) year certification expires.
- C. Refusal to Renew: Action by the Department at the end of a three (3) year certification period rejecting a Program's application for renewal.
- D. Provisional certification: Action by the Department requires a response, and certification status is placed in a pending status that is contingent upon resolution of the defined issue.

14.1 Grounds for Denial, Refusal to Renew or Revocation of Certification

Each of the following, in and of itself, shall constitute full and adequate grounds on which to deny, revoke, or refuse to renew certification to operate a Program:

- A. Lack of legal capacity to provide the service(s) as determined pursuant to Guideline 1.1.A.
- B. Lack of responsibility and suitability to operate a Program, as determined pursuant to Guideline 1.1.B.
- C. Failure to demonstrate need for a Program in the proposed geographic area as determined pursuant to Guideline 1.2.
- D. Failure to submit information required for certification.
- E. Failure to meet any applicable provision of these Guidelines and/or
 1. Failure to submit an acceptable plan of correction pursuant to Guideline 13.3 or

2. Failure to remedy or correct a cited violation by the date specified in the plan of correction as accepted or modified by the Department.
- F. Failure of another Program owned or operated by the applicant or under the same ownership as the Program to comply with the Guidelines where such other Program has been the subject of proceedings:
1. Which resulted in the suspension, denial, limitation, revocation, or a refusal of renewal of certification, or
 2. Which were initiated to suspend, deny, limit, revoke or refuse renewal, but which were ultimately resolved by settlement.
- G. Denial of entry to agents of the Department to conduct site visits or inspections or an attempt to impede the work of agents of the Department.
- H. Obtaining or attempting to obtain certification by fraud, misrepresentation, or by the submission of incorrect, false or misleading information.
- I. Criminal conduct by the owners or the administrators as evidenced by criminal proceedings which resulted in a conviction of, entry of a guilty plea or plea of nolo contendere or admission of sufficient facts for any criminal violation relating directly or indirectly to his/her fitness to operate a Program including but not limited to:
1. A crime relating to the operation of an Partner Abuse Intervention Program;
 2. Rape, assault or other violent crimes against persons;
 3. A drug related crime.
- J. Operation of a Program after the expiration of certification.
- K. Operation of a Program in a manner that fails to give proper Program participant services.
- L. Operation of a Program that endangers the health or safety of Program participants or victims of intimate partner violence.
- M. Nothing herein shall limit the Department's adoption of policies and grounds for denial, refusal to renew, or revocation of certification.

14.2 Limitation of Admissions

- A. If the Commissioner or his/her designee determines that a Program does not substantially comply with applicable Guidelines, and further determines that the deficiencies do not immediately jeopardize the health or safety of the Program's participants or victims of intimate partner violence, the Commissioner or his/her designee, in lieu of revoking or refusing renewal of the Program's certification, may provide that the Program shall not admit any participants after a date specified by the Commissioner or his/her designee. The Commissioner or his/her designee shall not make such a decision until the Program has been notified that the Program does not substantially meet the provision(s) of applicable Guidelines and that a decision to limit admissions is contemplated, and the Program has had a reasonable opportunity to correct the deficiencies.
- B. If the Commissioner or his/her designee determines that a Program's non-compliance with applicable Guidelines immediately jeopardizes the health or safety of the Program's participants or victims of intimate partner violence, the Commissioner or his/her designee may order a Program to limit or cease admissions immediately without affording the Program a prior opportunity to correct.
- C. If the Department initiates action to revoke or refuse renewal of certification, the Department may simultaneously order a Program to limit or cease all further admissions. Such order shall be included in the Department's notice required by Guideline 14.3 B and shall not be subject to the requirements set forth in Guideline 14.2.A regarding a prior opportunity to correct.
- D. A decision that a Program shall not admit any participants after a date specified by the Commissioner or his/her designee may be rescinded when the Commissioner or his/her designee finds that the Program is in substantial compliance with the provisions of applicable Guidelines.

14.3 Procedure for Denial, Revocation or Refusal to Renew Certification

- A. Denial of Certification
 - 1. If an application for original certification is to be denied, the Department shall provide the applicant with written notice of the ground(s) for the Department's action, the provision(s) of the Guidelines relied upon, and an

opportunity to request a debriefing within fourteen (14) days of receipt of the Notice.

B. Revocation or Refusal to Renew Certification

1. If certification is to be revoked or refused renewal, the Department shall provide the Program with written notice of the ground for the Department's action, the provision of the Guidelines relied upon, and an opportunity to request a debriefing within fourteen (14) days of receipt of the Notice. An aggrieved Program may request a further appeal to a senior official in the Department within fourteen (14) days of the debriefing. If certification is to be revoked, the notice shall state the effective date of revocation. If renewal is to be refused, certification becomes null and void automatically upon the expiration date of the existing certification.

14.4 Notification and Referral of Program Participants

- A. In the event of revocation or refusal to renew certification, the Program shall take immediate steps to notify and to refer current Program participants to other appropriate Programs, in consultation with the Department, and to notify victims, partners, and relevant agencies of the referral.

14.5 Notification of the Courts

- A. Whenever the Department initiates an action to limit admissions to a Program or to deny, revoke or refuse renewal of certification, the Department shall provide written notice to the Chief Justice of the Trial Court and the Court Administrator, the First Justice of the referring court, the Commissioner of Probation as well as the Chief Probation Officer or the Probation Officer in Charge of the referring court.
- B. The Department shall provide written notice to the Chief Justice of the Trial Court and the Court Administrator, the First Justice of the referring court, the Commissioner of Probation, as well as the Chief Probation Officer or the Probation Officer in Charge of the referring courts in writing of final action to deny, revoke or refuse renewal of certification.

15.0 VOLUNTARY CLOSURE

- A. A Program shall submit to the Department a Notice of Intent to close or otherwise cease operating the intervention Program at least ninety (90) days in advance of the proposed closure. Such notice shall include a plan for appropriate notice to and referral of current Program participants to other appropriate certified Programs as well as notice to partners, victims, relevant agencies, and the Chief Justice of the Trial Court and the Court Administrator, the First Justice of the referring court, the Commissioner of Probation, as well as the Chief Probation Officer or the Probation Officer in Charge of the referring court.

16.0 AMENDMENTS

- 16.1** The Department may develop additional Guidelines and may change these Guidelines as it deems appropriate.