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Date: Tuesday, April 2, 2013 5:53:41 PM

Respondent Type: Normal Response**Collector:** Health Care Institution Licensing
Rulemaking (Web Link)**Custom Value:** *empty***IP Address:** 148 167 132.231**Response Started:** Tuesday, April 2, 2013 5:28:25 PM**Response Modified:** Tuesday, April 2, 2013 5:53:41 PM

1. If you have any comments or concerns about the rulemaking process or general comments about the rules, please provide your comments or concerns below:

DVOTX Rules must include more than minimum treatment when the degree of violence and injury to the victim results in medical treatment and recovery time. An example is 26 sessions only for 1st offenders who cause no injury, 36 sessions for 1st offenders who cause injury that requires medical treatment and less than 30 days to recover, and 54 sessions for 1st offenders who cause injury that requires 30 or more days to recover or requires hospitalization. Having a uniform treatment duration standard would help insure a coordinated statewide response to DV offenders, which research reveals reduces domestic violence. ADHS is the only state agency with current authority to set and enforce statewide standards. The above is only example for 1st offenders. 2nd and 3rd offenders could have a similar session increase of 10 to 20 sessions as the injury severity increases. PLEASE SET STANDARDS AND HELP SAVE LIVES!!!!!!!

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1. If you have any comments or concerns about the rulemaking process or general comments about the rules, please provide your comments or concerns below:

DVOTX rules must include a required traing standard for BHP DVOTX providers, such as the existing 40 hour standard inorder to a coordinated community response for offender accountability There is no other existing source of standards than ADHS. Without an ADHS rule standard for training content and duration, agency training and provider effectiveness will vary greatly. Variation effects uniform offender accountability which increases the risk to DV victims, victim family and friend, victim advocates, behavioral health staff, law enforcement staff,court staff and the general publ;ic

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1. If you have any comments or concerns about the rulemaking process or general comments about the rules, please provide your comments or concerns below:

The AZCADV would like to respectfully submit the following comments. After reviewing the draft of the rules for facilities providing Misdemeanor Domestic Violence Offender Treatment Services, please provide any comments or concerns you may have on the following: What parts of the draft rules do you believe are effective? 1 R9-20-208 1.e (Draft p. 6) Does not require the participation of a victim of domestic violence. As a matter of victim safety and confidentiality, victims should not be required to participate in the perpetrators intervention program or be mandated into an intervention program as a part of the perpetrators intervention plan. Many states standards prohibit or discourage programs from contacting the victim directly except to warn the victim of threats of violence against him/her or if the victim wishes it. The program may contact the victim to inform the victim of the offender commencement and completion dates of the program and to inform the victim of the offender's progress. 2 R9-20-208: A. 3(Draft p.6) Treatment is not provided at a location where a victim of domestic violence is sheltered. Domestic violence shelters play a critical role in providing support and safety for victims and their families. Shelters are especially important to victims who lack access to other resources. The physical location and safety of the victim must be at the forefront of any decision-making. Ultimately if the goal of intervention is not just to stop the abuse but to improve the lives of battered women, then safety, physical and psychological well-being of survivors of abuse must be considered as ultimate outcomes of intervention. As a matter of victim safety and confidentiality, treatment should never be provided at a location where a victim of domestic violence is sheltered. In addition, Arizona Revised Statutes, Section 36-3009, the location of a shelter is confidential and may not be disclosed. Providing offender treatment within a shelter where domestic violence victims are located could potentially be a violation of state and federal confidentiality laws. How can the draft rules be improved? 3. R9-20-208: A.2 (Draft p. 5) Does not disproportionately or exclusively include one or more of the following: Marriage Counseling. 20 states expressly prohibit couples and marriage counseling under their standards and guidelines for BIP's. We recommend that administrators of misdemeanor domestic violence offender treatment centers refrain from allowing couples and marriage counseling to be an option for domestic violence misdemeanor offenders because this type of treatment fails to assign accountability to a batterer, poses a potential threat to the victim's safety and has the potential to cause a violation of court orders. This type of treatment also assumes that domestic violence occurs only in the context of married heterosexual couples. Domestic violence affects all intimate relationships, including same-sex relationships. A study has found that intimate partner violence in same sex relationships was equal to or higher than rates experienced by those in same sex relationships (CDC, 2010). Treatment programs should make every effort to serve all victims of intimate partner violence. The family systems model suggests that couples and marriage counseling is a form of treatment aimed at improving communication and conflict resolution skills for all of the members of a family. According to the model, each member of the family has a contributing factor to the problem and theorists believe that these interactions, in fact, incite the abusive party. This model fails to identify one individual as the cause of the violence thereby minimizing, and potentially excusing, the abusive party's choices and actions and can be conducive of "victim blaming". This should be a prohibited form of treatment as it fails to assign responsibility to the abusive partner. This form of treatment within misdemeanor domestic violence offender treatment programs can also pose a threat to the victim's safety because the treatment encourages an open discussion about issues in the presence of the abusive partner. We have concerns that this can result in the use of violence as a means of retaliation by the batterer after the session. Marriage and couples counseling should also be prohibited as a form of treatment from the misdemeanor domestic violence offender treatment programs as the treatment can have the potential to violate a court issued protective order if a court prohibits a batterer from interacting with the victims. 4 R9-20-208 A.4 (Draft p.5) Require a client to complete treatment in not less than four months and no more than 12 months after the client is admitted into treatment. Clients should complete treatment in no less than a four month period as research has shown that the most effective method to alter the batterers long term behavior to set a benchmark for the length of treatment to be of no less than 4 months. Research has also shown that treatment that fails to span at least 4 months runs the risk of not challenging the batterer's choices to be abusive. According to Andrew Klein, the former chief probation officer for Quincy, Massachusetts, District Court, "if only appropriate clients are referred-people who know they did wrong, have some motivation to change, are under external pressure to change, and are sober-if the program monitors behavior, not attitude and if the programs lasts long enough, then the content doesn't matter. To be considered effective, the program must stop the battering and keep offenders from battering again for at least one year." While we understand that batterers are a diverse group, tailoring the length of treatment on a case to case basis may be necessary. Behavioral health professionals should be aware that an extensive length of treatment may be the most effective approach for some batterers but not for others. 5 R9-20-208 E.2 (Draft p.8) Has completed at least 40 Hours of education or training in one or more of the following areas within the four years before the date the behavioral health professional begins providing treatment: a. domestic violence, b. the dynamics and the impact of domestic violence and violent relationships and c. methods to determine an individual's potential to harm the individual or another. As our knowledge and understanding of the dynamics and impact of violence on victims, their family members and advocates grow, so too does the importance of training for advocates and those providing treatment to misdemeanor domestic violence offenders. A lack of understanding of the dynamics of domestic violence by those working with offenders would be troubling. Currently ARS 12-2239 defines a domestic violence victim advocate as an employee or volunteer at a domestic violence shelter or service provider for victims of domestic violence. These advocates must have participated in at least 30 hours of training. We recommend that the training requirements for behavioral health professionals providing treatment to offenders mirror statute by requiring that they complete at least 40 hours of education or training in domestic violence, the dynamics and the impact of domestic violence and violent relationships, and the methods to identify an individual's potential to harm themselves or another. Batterer service providers have an enormous potential to affect their classrooms and the

batterers capacity to challenge and change their abusive behaviors. As such, it is imperative that BHP's receive a minimum of 40 hours of education or training on domestic violence. Has anything been left out that should be in the rules? 6 R9-20-208 E 2 (Draft p 8) We recommend that treatment should be provided by a behavioral health professional who has completed at least 8 annual hours of continuing education or training on the latest developments for best practices in the field of domestic violence, the dynamics and the impact of domestic violence and violent relationships and the methods to identify the individuals potential to harm themselves or another. This training can be obtained through a combination of internal and external sources but cannot consist of self-teaching by an individual's use of books or DVD's R9-20-208 G4 (Draft p 9) In addition to items a, b, c, and d, we recommend that upon intake a client's full criminal history is requested. Research has shown that batterers generally have high rates of violence, sometimes with other victims, and engage in other criminal behaviors. 7. R9-20-208 G3 (Draft p 8) The rules are ambiguous as to who is to provide the clients substance abuse history, legal history, family history and behavioral health treatment history. The rules should specify if the information will be provided by the client or an outside witness. We recommend that it be prohibited for administrators to ask victims to provide information about the batterer as it may pose a threat to a victim's safety if the batterer perceives that the victim provided information to the detriment of the batterer. In Addition to the items a, b, c and d, the following assessment topics are suggested to properly assess treatment need: • The severity of injury inflicted on the victim • The severity and history of control tactics used against the victim • Weapon use, display or threat of weapon use during or prior to the conflict • Evidence of domestic violence perpetrator indicators • The degree of harm potential as revealed by a lethality assessment • The number of prior charges and or convictions for domestic violence, assault other than domestic violence and animal cruelty. • The purpose of an assessment is to determine the type and severity of client need in order to achieve appropriate placement. A comprehensive assessment of offender issues rather than just the number of offenses would better provide appropriate placement. An example of differential placement with assessment results determining the number of treatment sessions follows: 26 Session Treatment Program This program is for the client who is a first offender, who caused no physical injury and who made no threat to injure. Criteria for 26 sessions: • The victim received no injury from the offender • The victim received no current or prior threat of injury or abuse from the offender • The victim was not abused prior to the conflict by the offender • The conflict did not involve a weapon or threat of weapon use • The conflict did not involve physical contact • No prior charges or convictions 36 Session Treatment Program This program is for the client who committed a second domestic violence offense or a first offense with threat to injure, treat to abuse, or a minor injury. Criteria for 36 sessions: • The offender did not use, display or threaten to use a weapon, and • Threatened the victim with minor injury or abuse, or • Caused minor injury to the victim that healed within 7 days, or • Verbally abused the victim fewer than 5 times prior to the conflict, or • Has one prior charge or conviction • 52 Session Treatment Program This program is for the client who committed a third domestic violence or any offense that involved a threat of weapon use, moderate injury or repeated pattern of threats or abuse. Criteria for 52 sessions: • The offender threatened weapon use or displayed a weapon without using it, or • Caused a moderate injury that healed within 30 days, or • Threatened weapons use, or • Threatened serious injury or abuse prior to the conflict, or • Verbally abused the victim 5 or more times prior to the conflict, or • Has two prior charges or convictions 72 Session Treatment Program This program is for the client who committed more than three offenses or any prior offense with weapon use, serious or life altering injury or death threat. Criteria for 72 sessions: • Caused a serious injury that required more than 30 days to heal or resulted in a disability or • Threatened death, or • The victim was physically assaulted prior to the conflict, or • Has more than three charges or convictions 8 R9-20-208 13 2 (Draft p 6) In addition to items a, b, c, and d, the following conditions have resulted in many courts approvals of completion time extensions and would be helpful additions: • Accommodation due to a qualifying handicappign or medical condition • Financial hardship resulting in reduced attendance frequency 9 R9-20-208 G5 (Draft p 9) In addition to items, the client's potential to harm the client or another individual should be determined. We recommend that the client's (batterer's) potential to harm themselves, or another individual should be determined by an ongoing lethality assessment searching for the following indicators: perceived loss of control over the victim through separation, extreme jealousy, escalation of abuse, stalking, substance abuse, threats of suicide/homicide, strangulation or suffocation of the victim, violation of protective orders, etc. Lethality evaluation must be ongoing and not limited to intake. Some batterers are more likely to kill than others and some are likely to kill at a specific time. It is very possible that a batterer may be lethal without demonstrating any of the following indicators. Although no one can accurately predict when or if a batterer will kill or escalate violence to a life threatening level, indicators can serve as signs that a batterer may be reaching that level. If the client's potential to harm is high, the rules should include who the administrator should notify and what procedures they should follow. 10. Mixed Gender Groups: The rules do not state the inadvisability of mixed gender domestic violence intervention groups. In order to most effectively deal with issues of gender and violence, groups for male batterers should not include women as participants. Mixed groups might place women participants in danger or disadvantage them, as they may also be dealing with issues of victimization by partners.

Ch 20 Art 2 DV

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1. If you have any comments or concerns about the rulemaking process or general comments about the rules, please provide your comments or concerns below:

R9-20-208 C(1) Since the relationship test part of the DV law 13-3601 includes any blood relationship, we get people sent to our treatment program for DV offenses that may involve adult children and their parents or siblings. We also may get roommate scenarios where there is no romantic relationship involved. We believe these situations may better be addressed through a course of Anger Management and Conflict Resolution skills training. As long as there is no romantic involvement between the perpetrator and victim, traditional DV programs are not appropriate, especially in groups where there are those who are involved in Power/Control dynamics.

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IP Address: 67 50 140 38

Response Started: Friday, February 1, 2013 4:54:57 PM

Response Modified: Friday, February 1, 2013 5:00:34 PM

1. If you have any comments or concerns about the rulemaking process or general comments about the rules, please provide your comments or concerns below:

The Arizona Coalition Against Domestic Violence respectfully submits the following comments for the Misdemeanor Domestic Violence Offender Treatment of BIP's. After reviewing the draft of the rules for facilities providing Misdemeanor Domestic Violence Offender Treatment Services, please provide any comments or concerns you may have on the following: What parts of the draft rules do you believe are effective? Section A 2.e: Does not require the participation of a victim of domestic violence. The AZCADV agrees that as a matter of victim safety and confidentiality, victims must never be required to participate in the perpetrators intervention program or be mandated into an intervention program as a part of the perpetrators intervention plan. We are Many states standards prohibit or discourage programs from contacting the victim directly Section A3: Treatment is not provided at a location where a victim of domestic violence is sheltered. The AZCADV agrees that as a matter of victim safety and confidentiality, treatment should not be provided at a location where a victim of domestic violence is sheltered. How can the draft rules be improved? Section A 2b: Does not disproportionately or exclusively include one or more of the following: Marriage Counseling. 20 states expressively prohibit couples and marriage counseling under their standards and guidelines for BIP's. The AZCADV recommends that administrators of BIP's refrain from allowing couples and marriage counseling to be an option for domestic violence misdemeanor offenders because of the treatment fails to assign accountability to a batterer, poses a potential threat to the victims safety and has the potential to cause a violation of court orders. The family systems model suggests that couples and marriage counseling is a form of treatment aimed at improving communication and conflict resolution skills for all of the members of a family. According to the model, each member of the family has a contributing factor to the problem and theorists believe that these interactions produce violence. The model fails to identify one individual as the cause of the violence and does not assign the blame for the abuse to one party even if only one person is violent and can be conductive of "victim blaming". This should be a prohibited form of treatment as it fails to assign accountability to the abusive partner because a victim and a perpetrator are not identified. This form of treatment within BIP's can also pose a potential threat to the victim's safety because the treatment encourages an open discussion about issues in the presence of the abusive partner. We have concerns that this can result in the use of violence as a means of retaliation by the batterer after the session. Marriage and couples counseling should also be prohibited as a form of treatment from the BIP's as the treatment can have the potential to violate a court order if a court prohibits a batterer from interacting with the victim. Section B1: Require a client to complete treatment in not less than four months and no more than 12 months after the client is admitted into treatment. The AZCADV recommends that clients should complete treatment in no less than a four month period as research has shown that the most effective method to alter the batterers long term behavior to set a benchmark for the length of treatment to be of no less than 4 months. Research has shown that treatment that fails to span at least 4 months runs the risk of not challenging the batterer's abusive behavior. According to Andrew Klein, the former chief probation officer for Quincy, Massachusetts, District Court, "if only appropriate clients are referred-people who know they did wrong, have some motivation to change, are under external pressure to change, and are sober-if the program monitors behavior, not attitude and if the programs lasts long enough, then the content doesn't matter. To be considered effective, the program must stop the battering and keep offenders from battering again for at least one year. While we understand that batterers are a diverse group, tailoring the length of treatment on a case to case basis may be necessary. Behavioral health professionals should be aware that an extensive length of treatment may be the most effective approach for some batterers but not for others. Section E2: Has completed at least 40 Hours of education or training in one or more of the following areas within the four years before the date the behavioral health professional begins providing treatment: a. domestic violence, b. the dynamics and the impact of domestic violence and violent relationships and c. methods to determine an individual's potential to harm the individual or another. The AZCADV recommends that treatment should be provided by a behavioral health professional who has completed at least 40 hours of education or training in domestic violence, the dynamics and the impact of domestic violence and violent relationships and or the methods to determine the individuals potential to harm the individual or another. Completion of the 40 hours of education should be completed four years before the date the behavioral health professional begins providing treatment. BHP's have an enormous potential to affect their classrooms and the batterers capacity to challenge and change abusive behaviors. As such, it is imperative that BHP's receive training on gender based violence. Has anything been left out that should be in the rules? The AZCADV recommends that treatment should be provided by a behavioral health professional who has completed at least 8 annual hours of continuing education or training to be aware of the latest developments for best practices and research in the field of domestic violence, the dynamics and the impact of domestic violence and violent relationships and or the methods to determine the individuals potential to harm the individual or another. Section G3: The assessment includes clients: substance abuse history, legal history, family history and behavioral health treatment history. The rules are ambiguous as to who is to provide the clients substance abuse

history, legal history, family history and behavioral health treatment history. The rules should specify if the information will be provided by the client or an outside witness. We recommend that it be prohibited for administrators to ask victims to provide information about the batterer as it may pose a threat to the victim's as the batterer may choose to retaliate against her. □ Section G4C: The following information should also be requested; o We recommend that a client's full criminal history be requested in addition to the information collected in section G3 as research has shown that batterers generally have high rates of violence and engage in other criminal behaviors. □ Section G5: The client's potential to harm the client or another individual is determined. o We recommend that the client's potential to harm the client or another individual should be determined by an ongoing lethality assessment searching for the following indicators: perceived loss of control over the victim through separation, extreme jealousy, escalation of abuse, stalking, substance abuse violation of protective orders, etc. Practitioners can look for example for any recent escalation of violence. Although no one can accurately predict when or if a batterer will kill or escalate violence to a life threatening level, indicators can serve as signs that a batterer may be reaching that level. If the client's potential to harm is high, the rules should include who the administrator should notify and what procedures they should follow.

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1. After reviewing the revised draft of the Misdemeanor Domestic Violence Offender Treatment Services rules, please provide any comments or concerns you may have on the substance of the rules:

There is nothing mentioned to address the court practice of diversion vs conviction and how it affects the number of sessions an offender must complete. The city of Tempe has an ongoing practice of ordering sessions much less than the 26 session minimum I have seen as few as 10 and normally 16
