

Domestic Violence Intervention Project (DVIP)

A pilot project aimed at improving safety for survivors via individualized batterer intervention and multi-agency collaboration and response



January 2013

WA State Institute for Public Policy (WSIPP) released a report on the effectiveness of 11 evaluations of batterer intervention programs (none in WA State).

The report "found no effect on DV recidivism with the Duluth model," leaving a substantial gap in offender accountability and the community's response.

January 2017 - Present

Seattle Human Services Department convenes DVIP Planning group in partnership with Seattle Municipal Court, Seattle City Attorney's Office, Wellspring, Asian Counseling and Referral Services, YWCA, Salvation Army, ACT&T, Seattle/King County Public Health, and UW School of Social Work.

June 2018

New WAC guidelines create new intervention framework.

DVIP "soft start"

January 2020

Anticipated full-scale implementation of DVIP pilot.





THE NEED FOR EFFECTIVE INTERVENTION

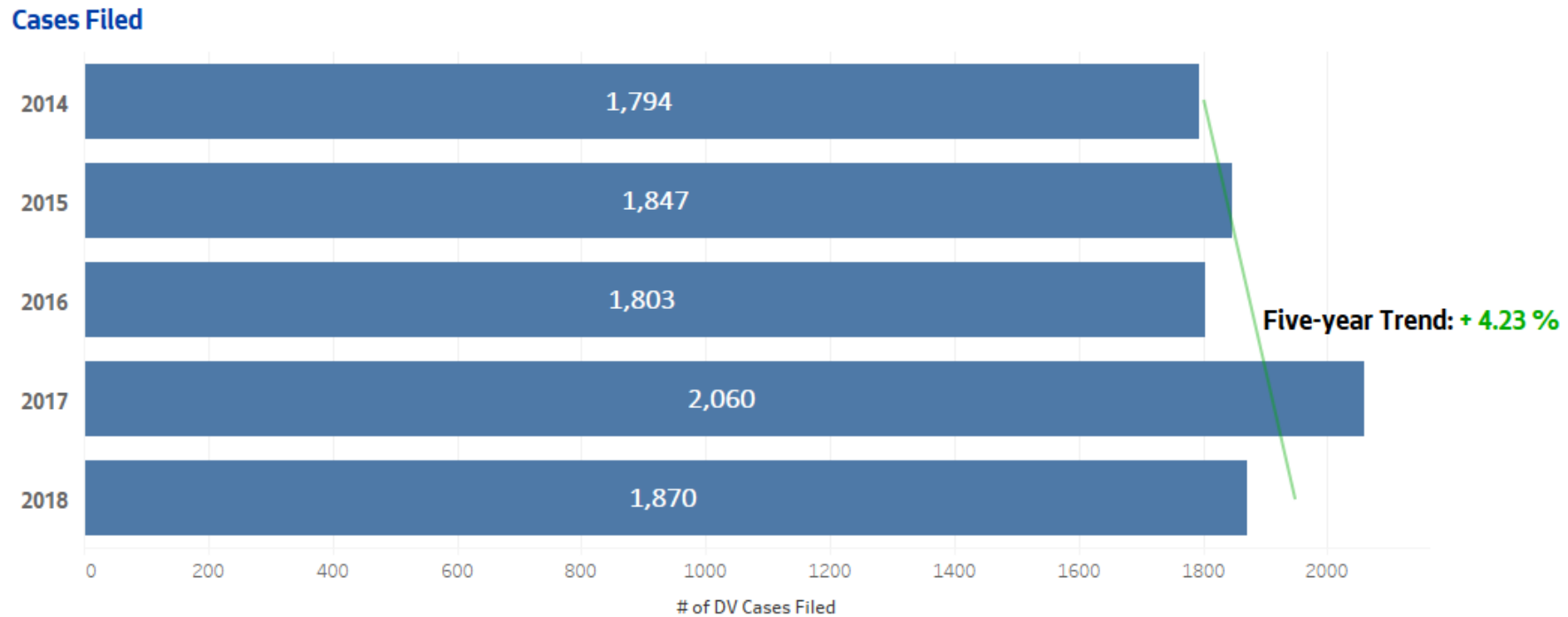
Domestic violence is the single greatest predictor of future criminal acts and the single greatest predictor of violent crime. Additionally, someone convicted of domestic violence is significantly more likely to commit a future violent act than someone convicted of kidnapping or robbery.

- Washington State Institute for Public Policy (2014)

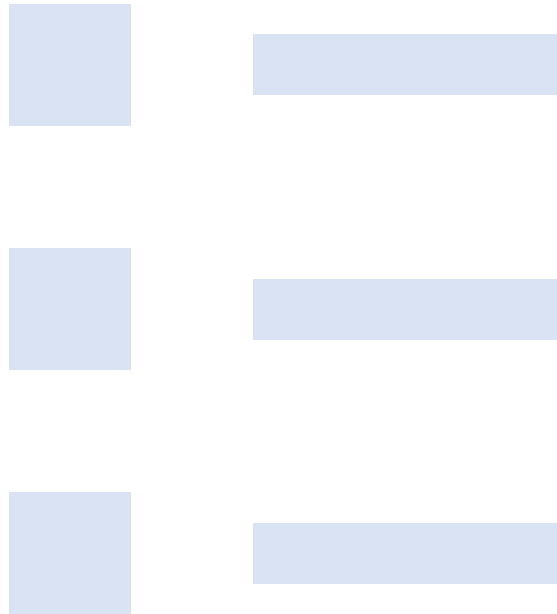
SEATTLE LANDSCAPE:

What is the scope of the problem?

Domestic Violence Cases at SMC, 2014 to 2018



WSIPP FINDINGS



Incorporating mental health and chemical dependency treatment into DV programs has shown to have significant impact on recidivism—33% reduction in reviewed programs.

When evidence-based treatment is added to intensive supervision and a risk/needs model, there is a 16% reduction in recidivism.

DVIP IS EFFECTIVE INTERVENTION

Provides individuals with the tools to break the cycle

Is tailored to the needs of the individual, taking into account chemical dependency, mental health, cultural background, etc.

Addresses behavioral change and accountability on multiple levels: criminal justice, community, and victim survivor services.

Incorporates victims' voices via Community-based advocates

Is research-informed and data-driven



STEP ONE: RISK/NEEDS ASSESSMENT

DV Risk Factors

Significant/critical risk factors resulting in automatic placement in Level 3 or 4	Other significant risk factors determining placement in treatment levels
<ul style="list-style-type: none">▪ Use and/or threatened use of weapons in current or past offense, or access to firearms▪ Suicidal/homicidal▪ Significant Non DV-related criminal history	<ul style="list-style-type: none">▪ Safety concerns▪ Violence toward family members, including child abuse▪ Prior completed or non-completed domestic violence offender treatment▪ Separated from victim within last six months▪ Unemployment▪ Mental Health issues Drug/alcohol abuse



STEP TWO: MULTI-DISCIPLINARY TEAM

About the MDT:	MDT will include:
<ul style="list-style-type: none">• Meets monthly to discuss progress• May address some noncompliance issues without court involvement	<ul style="list-style-type: none">• DV Treatment Provider• Probation Counselor• Systems Advocate• Community Victim Advocate <p data-bbox="1271 839 2367 953">MDT may also include:</p> <ul style="list-style-type: none">• Defense Social Worker• Mental Health Counselor• Chemical Dependency Counselor

DEFENDANT PARTICIPATION

Via a pre-conviction agreement (SOC), deferred sentence, or other plea deal with the prosecutor

@r

When ordered as a condition of sentence

Failure to pay for treatment will not automatically result in termination from treatment.

THREE COMPONENTS TO DVIP

1

Step One:

**Risk / Needs
Assessment**

2

Step Two:

**Multi-Disciplinary
Team Assigned**

3

Step Three:

Treatment

STEP THREE: TREATMENT

Level 1: Low Intensity

Level 2: Medium Intensity

Level 3: High Intensity

Level 4: Highest Risk Offenders



STEP THREE: TREATMENT

SUCCESSFUL COMPLETION OF LEVELS 1 - 3

Requires offender to meet the core competencies as outlined in newly revised

WAC 110-60A-0430 & 110-60A-0415



STEP THREE: TREATMENT

Level 4: Highest Risk Offenders

- Defendant scores high on psychopathy scale
- Not eligible for this pilot

Level 4 individuals will be monitored by probation for repeat offenses and other conditions.

COURT PROCESS

STRUCTURED COURT INTERVENTION

- 60 day review: Has assessment been completed and treatment plan established?
- 180 day review: How is defendant doing? If Level 1, is defendant close to completion?
- 365 day review : for defendants in levels 2 and 3: How is defendant doing? Is defendant close to completion?

COURT REVIEWS

- New convictions/new case filed
- Treatment terminated by provider
- Significant failure to comply with probation



ACCOUNTABILITY



As with chemical dependency treatment for DUI defendants, accountability is part of this process.



DVIP is looking for **progress**, not perfection. When a defendant fails to comply, the court will respond with creative sanctions designed to support ultimate success.

- Defendants will be assigned a DVIP number to ensure identity will remain confidential for research purposes
- Project will track qualitative data and access effectiveness at all critical stages
- *Story Logs*: Through Group and Individual Session Diaries, project will also collect anecdotal stories regarding intervention strategies that work and ones that don't to develop a "best practices" guide to assist treatment providers.

DATA COLLECTION





Perpetrators gain the ability to meet all core competencies

Victims report increased sense of safety

Increase victim engagement with community-based advocacy

Decrease offender involvement in criminal and/or civil legal systems

Improve court responses to perpetrator non-compliance

Improve collaboration among treatment providers, prosecution, advocacy services, and the court

Do you find the treatment useful?

STORY LOGS

"It's been really helpful. I just find the time spent reflecting and taking accountability of my own actions, and trying to work on being less offensive and focusing on ways that I can improve and more positively influence my daughter's life and my wife's life. Also, being around a group of people going through similar situations and learning through the curriculum with them has been really helpful."

- MATTHEW



Do you find the treatment useful?

STORY LOGS

"(Hesitates) Yes. Did you hear that pause? (Laughs). I find it challenging. No, it's great. I don't really feel like that [domestic violence] was my issue. My issue is the alcoholism; however, I have resolved to get what I can from it, and there's a lot to be had. And I also have a lot to share with the other members of the group with my experience with my alcoholism. It was kind of challenging at first because it didn't feel appropriate for me to be there, but I'm making it work and I'm still benefiting."

- ANTHONY



NEXT STEPS: YEAR TWO

Assessments by an Independent Evaluator located at SMC - this will allow for in custody evaluations and pre-sentence reports

More providers

Same sex-focused intervention

Victim/Defendant intervention

Full program evaluation



THE HOPE

DVIP will serve as a model for courts throughout Washington state





Seattle Human Services Department - Mayor's Office on Domestic Violence and Sexual Assault

Seattle Municipal Court

Coalition Ending Gender-based Violence

Seattle City Attorney's Office

Asian Counseling and Referral Services (ACRS)

Wellspring Family Services

Anger Control Treatment & Therapies (ACT&T)

YWCA

Salvation Army

King County Public Health

University of Washington School of Social Work
