

Domestic Violence Core Competencies Sample Participant's Copy

V. Core Competencies:

- ___A. Commitment to elimination of abusive behavior, such
 1. Eliminates use of physical intimidation, psychological cruelty, or coercion toward one's partner or children.
 2. Begins developing a comprehensive Personal Change Plan that is approved by the MTT and signed by the offender (refer to glossary).

- ___B. Offender demonstrates change by working on the comprehensive Personal Change Plan.
 1. Begins implementing portions of the Personal Change Plan.
 2. Accepts that working on abuse related issues and monitoring them is an ongoing process.
 3. Begins designing an Aftercare Plan (refer to glossary).
 4. Completes an Aftercare Plan and is prepared to implement this plan after discharge from treatment.

- ___C. Offender completes a Comprehensive Personal Change Plan.
 1. Reflects the level of treatment and had been review and approved by the MTT.
 3. Driven by the offender's risk and level of treatment (required for all levels but must be more specific and detailed fro Level B and C treatment).

- ___D. The development of empathy.
 1. Recognizes and verbalizes the effects of ones actions on ones partner/victim.
 2. Recognizes and verbalizes the effects on children and other secondary and tertiary victims such as neighbors, family, friends and professionals.
 3. Offers helpful, compassionate response to others without turning attention back to self.

- ___E. Offender accepts full responsibility for the offense and abusive history (Bancroft & Silverman, 2002)
 1. Discloses the history of physical and psychological abuse towards the offender's victim(s) and children.
 2. Overcomes the denial and minimization that accompany abusive behavior.
 3. Makes increasing disclosures over time.
 4. Accepts responsibility for the impact of one's behavior on secondary, tertiary victims and the community.
 5. Recognizes that abusive behavior is unacceptable. The offender has agreed that the abusive behavior is wrong and will not be repeated. This involves relinquishing excuses and any other justifications that blame the victim; including the claim that the victim provoked the offender.

- ____F. Identification identifies and progressively reduces pattern of power and control behaviors, beliefs and attitudes of entitlements.
1. Recognizes that violence was made possible by a larger context of the offender's behaviors and attitudes (Pence & Paymar, 1993)
 2. Identifies the specific forms day-to-day abuse and control, such as isolation that have been utilized, as well as the underlying outlook and excuses that drove those behaviors (Tolman & Edleson, 1992).
 3. Demonstrates behaviors, attitudes and beliefs congruent with equality and respect in personal relationships.
- ____G. Accountability. (refer to 4.0 Appendix)
- Offender accountability is defined as accepting responsibility for one's abusive behaviors, including accepting the consequences of those behaviors. The offender shall recognize and eliminate all minimizations of abusive behavior. Without prompts, the offender identifies their own abusive behaviors, actively working to repair the harm, and preventing future abusive behavior.
1. Recognizes and eliminates all minimizations of abusive behavior. Without prompts, the offender identifies one's own abusive behaviors.
 2. Demonstrates full ownership for his/her actions and accepts the consequences of these actions (Bancroft & Silverman, 2002). The offender demonstrates an understanding of patterns for past abusive actions and acknowledges the need to plan for future self-management and further agrees to create the structure that makes accountability possible (Pence & Paymar, 1993).
 3. "They accept that their partner or former partner and their children may continue to challenge them regarding past or current behaviors. Should they behave abusively in the future, they consider it their responsibility to report those behaviors honestly to their friends and relatives, to their probation officer, and to others who will hold them accountable." (Bancroft & Silverman, 2002)
- ____H. Offender acceptance that one's behavior has, and should have, consequences (Sonkin, et al., 1985; Bancroft & Silverman, 2002).
1. Identifies the consequences of one's own behavior and challenges distorted thinking and understands that consequences are a result of one's actions or choices. The offender makes decisions based on recognition of potential consequences.
 2. Recognizes that the abusive behavior was a choice, intentional and goal oriented (Pence & Paymar, 1993). For example, the offender has stopped using excuses such as being out of control, drunk, abused as a child, or under stress.
- ____I. Offender participation and cooperation in treatment.
1. Participates openly in treatment (e.g. process personal feelings, providing constructive feedback, identifies one's own abusive patterns, completing homework assignments, presenting letter of accountability.).
 2. Demonstrate responsibility by attending treatment as required by the Treatment Plan.
- ____J. Offender ability to define types of domestic violence.
1. Defines coercion, controlling behavior and all types of domestic violence (e.g. psychological, emotional, sexual, physical, animal abuse, property, financial, isolation).
 2. Identifies in detail the specific types of domestic violence engaged in, and the destructive impact of that behavior on the offender's partner and children (Pence & Paymar, 1993; SAFE JeffCo., 2002).
 3. Demonstrates cognitive understanding of the types of domestic violence as evidenced by giving examples and accurately label situations (SAFE JeffCo., 2002).

4. Defines continuum of behavior from healthy to abusive.

___K. Offender understanding, identification, and management of one's personal pattern of violence.

1. Acknowledges past/present violent/controlling /abusive behavior.
2. Explores motivations.
3. Understands learned pattern of violence and can explain it to others.
4. Disrupts pattern of violence prior to occurrence of behavior.

___L. Offender understanding of intergenerational effects of violence.

1. Identifies and recognizes past victimization, its origin, its type and impact.
2. Recognizes the impact of witnessed violence.
3. Acknowledges that one's upbringing has influenced current behaviors.
4. Develops and implements a plan to distance oneself from violent traditional tendencies, as well as cultural roles. Examples: Homework assignments such as Genogram, violence autobiography, and timeline).

___M. Offender understanding and use of appropriate communication skills.

1. Demonstrates non-abusive communication skills that include how to respond respectfully to the offender's partner's grievances and how to initiate and treat one's partner as an equal.
2. Demonstrates an understanding of the difference between assertive, passive, passive aggressive and aggressive communication, and makes appropriate choices in expressing emotions.
3. Demonstrates appropriate active listening skills.

___N. Offender understanding and use "time-outs"

1. Recognizes the need for "time-outs" and/or other appropriate self-management skills.
2. Understands and practices all components of the time-out.
3. Demonstrates and is open to feedback regarding the use of time-outs in therapy.

___O. Offender recognition of financial abuse and management of financial responsibility.

1. Consistently meets financial responsibilities such as treatment fees, child support, maintenance, court fees and restitution.
The MTT may choose to require the offender to provide documentation that demonstrates financial responsibilities are being met.
2. Maintains legitimate employment, unless verifiable or medically unable to work.

___P. Offender eliminates all forms of violence and abuse.

1. The offender does not engage in further acts of abuse and commits no new domestic violence offenses against person or animals.

___Q. Offender prohibited from purchasing, possessing, or using firearms or ammunition.

1. An exception may be if there is a specific court order expressly allowing the offender to possess firearms and ammunition. In these

cases, it is incumbent upon the offender to provide a copy of the court order to the Approved Provider to qualify for this modification of the Offender Contract. It is then incumbent upon the Approved Provider to design treatment planning to address storage of the firearm, (such as firearm shall not be allowed in the home) and other factors related to offender risk, safety planning and victim safety.

- ____R. Offender identification and challenge of cognitive distortions that plays a role in the offender's violence.
 1. Offender demonstrates an understanding of distorted view of self, others, and relationships (e.g. Gender role stereotyping, misattribution of power and responsibility, sexual entitlement). See discussion point p. 5-30

VI. Additional Competencies:

Additional competencies shall be required for offenders based on risk factors and individual treatment needs, as determined at the initial evaluation or during Treatment Plan Reviews. The following is a suggested list (not all inclusive) of potential additional competencies. Approved Providers and other MTT members may also design competencies on offender risk or individual treatment needs. Additional competencies shall be approved by MTT consensus. Some offenders may need more expanded versions of the core competencies or an additional competency may be created. The MTT may also design additional competencies based on the treatment intake evaluation and/or degree of progress in treatment. These additional competencies are intended to be based on individual offender needs, issues and risk. The following are some examples of additional competencies that may be utilized or designed.

- ____A. Offender understanding and demonstration of responsible parenting.
 1. Consistently fulfills all applicable parenting responsibilities such as cooperating with child/children's other parent regarding issues related to parenting, following established parenting plan, and appropriately use parenting time including the safety and care of the child/children.
 2. Demonstrates an understanding that abuse during pregnancy may present a higher risk to the victim and unborn child. The offender demonstrates sensitivity to the victim's needs (physical, emotional, psychological, medical, financial, sexual, social) during pregnancy. See discussion point p.5-30
 3. Demonstrates appropriate interaction with the children and partner in a co-parenting or step-parenting situation (Bancroft & Silverman, 2002). See discussion point p. 5-31
- ____B. Offender identification of chronic abusive beliefs and thought patterns that support his/her ongoing behavior. Discussion Point: One particular cognitive distortion associated with risk of reoffense is the offender's exaggerated negative view of his/her partner (or former partner). The offender has to recognize and address that this negative distorted view of the victim may have developed as a reaction to the victim's resistance to the offender's abuse and control (Bancroft & Silverman, 2002).
- ____C. Offender identification of pro-social and/or community support and demonstration of the ability to utilize the support in an appropriate manner.

Discussion Point: Based on the offender's need and risk, the Approved Provider may require the offender to identify appropriate individuals who can offer positive, pro-social support, such as an individual from a 12-Step Program, or community or faith-based

organization. The identified support person cannot be the victim or current partner of the offender. Based on treatment needs (e.g. social isolation and lack of pro-social support) and ongoing Treatment Plan Reviews, the Approved Provider may require the offender to share details in the offending behavior and Personal Change Plan with the support person, and verify having done so (Andrews & Bonta, 1994).

___D. Offender's consistent compliance with any psychiatric and medical recommendations for medication that may enhance the offenders ability to benefit from treatment and/or reduce the offender's risk of reoffense.

___E. Offenders consistent compliance with any alcohol or substance abuse evaluation and treatment that may enhance the offender's ability to benefit from treatment and/or reduce the offender's risk of reoffense.

Use these forms when in-group to keep track of client's progress or lack of progress
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