

Please review the document and submit any feedback to Gary Zajc at [gary@almacenter.org](mailto:gary@almacenter.org) by JUNE 30, 2026.

## **Wisconsin Standards for Domestic Violence Intervention Programming Working Draft**

### **Executive Summary**

This working draft creates a revised, audit-ready Standards document for Wisconsin Domestic Violence Intervention Programming (DVIP). It updates the prior draft by using the term “DVIP” consistently, separating non-audited values from enforceable standards, updating Wisconsin statutory references, strengthening the confidentiality and mandatory reporting sections, and adding a proposed framework for authority, enforcement, and certification cycles.

This revision:

- uses the term DVIP (Domestic Violence Intervention Programming) throughout;
- separates Values, which guide the work, from Standards, which are reviewed for compliance;
- updates and aligns Wisconsin statutory references;
- strengthens confidentiality and mandated-reporting language; and
- adds a proposed Authority, Status, Enforcement, and Certification Cycle framework that fits Wisconsin’s domestic abuse laws, agencies, courts, and service providers.

The draft is designed so programs and reviewers can understand what is required and what evidence is needed. Mandatory requirements are placed in numbered Standards and paired with documentation expectations for certification review.

The Standards are written to support certification review and audit readiness. Each enforceable requirement is placed in a numbered Standard and uses “shall” where a program requirement is intended. The draft also identifies the records, logs, policies, forms, and other evidence a program should be ready to show during certification review.

The document further encompasses a Standards Table of Contents, templates for Definitions, Participant Eligibility, Program Requirements, Monitoring, Documentation, and Subpoena SOPs, and a comprehensive implementation roadmap.

## Key Wisconsin Alignment Decisions

**Different legal definitions of domestic abuse.** Wisconsin uses different definitions of “domestic abuse” in different legal contexts, including criminal procedure, restraining orders and injunctions, and domestic abuse services grants. The revised Standards address those differences by making clear that statutory terms control in legal settings, while program terms are used only to explain DVIP operations.

**DVIP is not anger management.** Wisconsin guidance and practice distinguish domestic violence intervention or batterer intervention programming from anger management. The revised Standards keep the rule that anger management cannot be used as a substitute for DVIP. A program may include skills such as self-regulation or arousal management only as one part of a broader DVIP model.

**Confidentiality and reporting shall fit Wisconsin law.** The confidentiality and reporting sections are revised to better match Wisconsin law, including mandatory child abuse reporting under Wis. Stat. § 48.981, domestic abuse services non-disclosure protections under Wis. Stat. § 995.67, and domestic violence or sexual assault advocate-victim privilege under Wis. Stat. § 905.045.

## Authority and Enforcement Status

The authority and enforcement plan is written as a proposed GCDA adoption and certification framework. GCDA is a council created within the Wisconsin Department of Children and Families under Wis. Stat. § 15.207.

Because DCF states that council content reflects the council’s views and may not reflect official DCF policy, this framework should be treated as proposed unless and until it is adopted through an appropriate legal or administrative process.

The framework may become enforceable only through a lawful source of authority, such as certification rules, contract or grant conditions, referral policies, administrative rules, court orders, or another valid adoption mechanism.

## Assumptions, Scope, and Research Basis

### Assumptions

- The current draft does not identify a final effective date, specific audience groups, or a complete enforcement mechanism. This revision therefore uses “TBD” where needed and proposes an authority and certification model that GCDA or another authorized body could adopt.
- The proposed authority and certification model does not become legally enforceable by itself. Enforceability depends on adoption through a lawful mechanism, such as

contracts, referral policies, administrative rules, grant conditions, certification requirements, or court orders.

- The Standards are intended for programs that provide DVIP services to adults who are referred or self-referred because of abusive behavior in intimate, family, or household relationships.
- The Standards do not override Wisconsin statutes, court rules, court orders, professional licensing requirements, confidentiality laws, privilege rules, or mandatory reporting duties.

### **Primary Wisconsin-Aligned Sources Used**

The revision relies primarily on Wisconsin government and court-related sources, including:

- Wisconsin Legislature statutory materials, including Wis. Stat. §§ 48.981, 995.67, 905.045, and 15.207.
- Wisconsin Department of Children and Families materials on mandatory reporting, domestic abuse services, confidentiality, and the Governor's Council on Domestic Abuse.
- Wisconsin Court System / GCDA materials, including the Domestic Abuse Guidebook for Wisconsin Guardians ad Litem.
- GCDA meeting materials and workgroup materials showing ongoing statewide discussion of domestic abuse treatment standards and certification issues.

# Wisconsin Standards for Domestic Violence Intervention Programming (DVIP)

## A Comprehensive Statewide Framework

Revised Edition 3.2

**Issuing body (proposed):** Governor's Council on Domestic Abuse (GCDA), within the Wisconsin Department of Children and Families (DCF)

**Version:** 2026.0 Draft

**Adoption date:** TBD

**Effective date:** TBD

**Review cycle:** Every 3 years, or sooner if needed because of changes in law, guidance, certification requirements, or program practice.

**Status statement:** This document is a proposed statewide Standards framework. It is intended to define minimum requirements for DVIP. By itself, it does not create binding legal duties. It becomes binding only if adopted through certification, contract or grant conditions, referral policy, administrative rule, court order, or another valid source of authority.

**DCF/GCDA alignment note:** *GCDA materials may reflect the Council's views and may not reflect official DCF policy unless DCF separately adopts them through applicable procedures.*

# Authority, Status, and Enforcement

## A. Authority and GCDA Role

1. The Governor's Council on Domestic Abuse (GCDA) was formed under Wis. Stat. § 15.207 and is located within the Wisconsin Department of Children and Families (DCF) as the council on domestic abuse.
2. GCDA advises DCF and the Wisconsin Legislature on domestic abuse funding and policy issues and serves as a statewide resource on domestic abuse issues.

## B. Proposed GCDA Adoption and Certification Action

This section assumes GCDA adopts these Standards through a lawful process. If adopted, GCDA will:

1. Adopt these Standards as the statewide DVIP Standards framework;
2. Publish the Standards and maintain a public archive showing the current version and prior versions; and
3. Identify and designate a certifying body, called the "DVIP Certifier," to manage certification, quality assurance requirements, appeals, and a public registry of certified programs, sites, and facilitators.

## C. Certification Scope

1. Certification applies to:
  - a. DVIP Programs/Sites (organizational certification), and
  - b. DVIP Facilitators.
2. Certification means that a program, site, or facilitator has met the mandatory requirements in these Standards and can produce the required audit evidence.
3. Facilitator credentials and minimum requirements
  - a. The DVIP Certifier shall offer at least the following facilitator credentials:
    - Certified DVIP Facilitator, valid for two years; and
    - Provisionally Certified DVIP Facilitator, valid for one year.
  - b. The DVIP Certifier may create additional credentials. For each credential, the certifier shall publish eligibility, renewal, and revocation requirements.
  - c. Certified programs shall ensure that each person providing DVIP services is certified or provisionally certified and is affiliated with a certified program or site.
4. Certified DVIP Facilitator
  - a. A Certified DVIP Facilitator is an individual certified by the DVIP Certifier for a two-year term to independently facilitate DVIP services within a certified program or site.

- b. A Certified DVIP Facilitator shall be formally affiliated with a certified DVIP program or site. The affiliated program or site remains responsible for supervision, fidelity monitoring, and Standards compliance.
  - c. A formal degree is not required for certification and is not enough by itself. Certification shall be based on documented training, competence, and supervised practice.
5. Provisionally Certified DVIP Facilitator
- a. A Provisionally Certified DVIP Facilitator is an individual authorized by the DVIP Certifier for a one-year term to provide DVIP services while completing required supervised practice and competency sign-off.
  - b. A Provisionally Certified DVIP Facilitator may provide DVIP services only under the enhanced supervision and fidelity-monitoring conditions set by the certifier and the affiliated program or site.
  - c. A Provisionally Certified DVIP Facilitator may not facilitate independently until the facilitator has completed one year of supervised group facilitation experience and has received the Standard 8 competency sign-off.
  - d. During the supervised practice year, the program shall provide concurrent supervision and fidelity monitoring consistent with Standard 8 and shall document the competency sign-off before independent facilitation begins.
  - e. A Provisionally Certified DVIP Facilitator shall be affiliated with a certified program or site that provides enhanced supervision and fidelity monitoring.
  - f. A Provisionally Certified DVIP Facilitator becomes eligible for Certified DVIP Facilitator status after meeting the training minimums, supervised practice requirements, and fidelity-monitoring expectations documented by the program and reviewed by the credential and term.

#### **D. Two-year certification Cycle**

1. Certification cycle. Program and site certification runs for two years, or 24 months.
2. Initial certification. Initial certification includes a site review, documentation audit, equivalent fidelity review, and corrective action when needed.
3. Mid-cycle reporting. Programs shall submit the annual minimum reporting package described in Standard 12.
4. Renewal. Re-certification review shall be completed before the current certification expires.
5. Facilitator credential terms. Certified DVIP Facilitator credentials are valid for two years. Provisionally Certified DVIP Facilitator credentials are valid for one year and may be renewed only as allowed by certifier policy and documented need.

## **E. Noncompliance Consequences**

When a program, site, or facilitator does not meet required Standards, the DVIP Certifier may use one or more of the following responses:

1. Corrective Action Plan (CAP). The certifier may issue written findings, require a CAP with deadlines, and verify completion.
2. Conditional certification or probation. The certifier may increase monitoring or limit the scope of certification until the issue is corrected.
3. Suspension or decertification. The certifier may suspend or revoke certification if safety-critical failures continue or if systemic noncompliance is not corrected.
4. Notice to referral sources. The certifier or program may notify referral sources only when authorized by law, contract, court order, or other lawful authority. Any notice shall be limited to the minimum information needed for the authorized purpose.

## **F. Appeals and Due Process**

The DVIP Certifier shall maintain an appeals process that includes:

1. written notice of the findings and the basis for the decision;
2. a reasonable opportunity to respond and submit additional documentation; and
3. appeal timelines, review standards, and an independent review process as defined by DVIP Certifier policy.

## **G. “Shall / Should / May” Definitions**

1. Shall means the action is required for certification compliance. When the requirement is based on law, the Standards should cite the legal authority or official guidance.
2. Should means the action is recommended, but failure to follow it is not, by itself, grounds for certification failure.
3. May means the action is allowed but not required.
4. Legal duty means an obligation imposed by Wisconsin law, federal law, court order, contract, grant condition, valid consent, or another binding legal authority.
5. When a requirement is imposed by law, the Standards cite the legal authority where possible.

## **H. Legal Status, Transition, and Non-Preemption**

1. These Standards become minimum statewide program standards only if they are adopted through certification, contract or grant condition, referral policy, administrative rule, court order, or another lawful authority.
2. These Standards do not override Wisconsin statutes, court orders, court rules, professional licensing laws, ethical duties, funding conditions, federal confidentiality

requirements, or other binding legal obligations. If there is a conflict, the higher legal obligation controls.

3. GCDA and/or the DVIP Certifier shall publish an adoption notice that states the effective date, transition period, and any grandfathering rules. Programs and facilitators shall meet full compliance by the stated date.
4. During any transition period, the certifier shall publish which requirements apply immediately, which requirements are phased in, and what technical assistance or corrective-action options are available.
5. The certifier shall maintain written appeals procedures, including filing deadlines, standards of review, decision timelines, recusal rules, and final disposition procedures.

### **I. Certifier Independence and Conflict of Interest**

1. The DVIP Certifier shall maintain written conflict-of-interest and recusal policies for certification, appeal, consulting, contracting, and decision-making personnel.
2. Reviewers and decision-makers shall disclose actual, potential, or apparent conflicts of interest. This includes financial, employment, supervisory, board-service, close personal, or prior consulting relationships with the program or facilitator under review.
3. A reviewer or decision-maker with a conflict of interest shall not participate in certification, corrective action, appeal, or decertification decisions involving the affected program or facilitator.
4. The certifier shall keep records of conflict disclosures and recusal decisions.
5. The certifier shall publish a plain-language summary of its conflict-of-interest and recusal process in its certification transparency materials.

## Purpose, Scope, and Definitions

### A. Purpose

The purpose of these Standards is to set minimum statewide requirements for Domestic Violence Intervention Programming (DVIP) in Wisconsin.

These Standards are intended for program administrators, certified facilitators, courts, and referring agencies. They are designed to support participant accountability and survivor safety by setting clear requirements for DVIP policies, practices, documentation, supervision, and certification.

These Standards also guide certification for both DVIP programs or sites and individual DVIP facilitators.

This is a proposed Standards framework. It does not create legal duties by itself. If adopted through a lawful mechanism, these Standards will take effect on the adopted effective date.

### B. Scope

These Standards apply to Wisconsin DVIP programs, DVIP sites, and DVIP facilitators that seek or are required to obtain certification under this framework.

The Standards cover program operations, including intake, assessment, curriculum, pathway assignment, supervision, documentation, confidentiality, safety actions, and quality assurance.

The Standards also cover facilitator credentials, including training, supervision, supervised practice, continuing education, fidelity monitoring, and renewal.

Certified programs shall ensure that each facilitator is certified or provisionally certified. Certified DVIP Facilitators shall be affiliated with a certified program or site.

Courts and referral sources should verify program, site, and facilitator certification through the public registry once the registry is available.

These Standards recognize confidentiality limits and mandated reporting duties. Programs shall comply with applicable Wisconsin law, federal law, court orders, contracts, valid consents, and funding requirements.

### C. Flexible Language Rule: Legal Terms, Program Terms, and Survivor Choice

1. **Default program language.** In routine program work, programs shall use person-first, behavior-specific language. Examples include “participant,” “person who used domestic abuse,” “person who used coercive control,” “person who caused harm,” and “person responsible for abusive behavior.”
2. **Legal and procedural accuracy.** Programs may use exact terms required by statutes, court orders, probation or supervision conditions, validated tools, grant requirements, contracts, or interagency reporting systems. Examples may include “victim,” “offender,” “batterer,” or “certified batterers treatment” when those words appear in the controlling legal or procedural source.

3. **No label-only accountability.** Programs shall not treat words such as “abuser,” “batterer,” “offender,” or “perpetrator” as substitutes for behavioral assessment, risk assessment, safety planning, treatment planning, documentation, or evidence of change or accountability.
4. **Pair required labels with conduct.** When a legal or legacy term is used, staff shall also describe the conduct at issue, such as threats, intimidation, stalking, monitoring, surveillance, isolation, sexual coercion, financial control, misuse of children, misuse of immigration status, misuse of housing or finances, technology-facilitated abuse, or misuse of legal systems.
5. **Survivor language.** This rule does not control the words survivors use for their own experiences. Programs should respect a survivor’s chosen language when safe, appropriate, and lawful. Program materials should generally use “survivor,” while “victim” may be used when required by law, court process, law-enforcement records, validated tools, or the individual’s own preference.
6. **Plain-language safety communications.** Programs may use terms such as “abusive partner” in survivor-facing or public safety materials when that wording improves clarity, provided the material also identifies the specific behavior and does not imply that abuse is mutual conflict.
7. **Reports to referral sources.** Reports to courts, supervision agents, child welfare, or other referral sources shall use the minimum information needed for the authorized purpose. Required legal terms may be used, but reports should still identify the behavior, accountability concern, compliance issue, safety concern, and program response.
8. **Documentation quality.** Notes, reports, supervision records, and completion decisions shall identify specific behaviors and change evidence. General identity labels shall not replace specific documentation.

#### **D. Wisconsin Statutory Anchors (definitions vary by context)**

Wisconsin law uses different domestic abuse definitions for different legal purposes. These Standards recognize the following legal contexts:

1. Criminal procedure domestic abuse incidents: Wis. Stat. § 968.075(1)(a).
2. Domestic abuse restraining orders and injunctions: Wis. Stat. § 813.12(1)(am). This context includes broader relationship categories, including dating relationships and caregivers, and includes stalking and property-damage components.
3. Domestic abuse grants and services: Wis. Stat. § 49.165(1)(a).
4. Mandated reporting of child abuse or neglect: Wis. Stat. § 48.981(2), as summarized by DCF guidance.
5. Domestic violence or sexual assault advocate-victim privilege: Wis. Stat. § 905.045, including exceptions for required reporting under Wis. Stat. § 48.981 and school threat reporting under Wis. Stat. § 175.32.

6. Domestic abuse services non-disclosure: Wis. Stat. § 995.67, which restricts disclosure of a service recipient's location without informed written consent.
7. Family law custody and placement: Wis. Stat. § 767.41, including provisions that refer to certified treatment for batterers or a certified treatment provider.
8. GCDA creation statute: Wis. Stat. § 15.207.

## E. Program definitions

1. **DVIP (Domestic Violence Intervention Programming):** a structured, accountability-focused program for people who have used domestic abuse, domestic violence, and coercive control. DVIP is designed to stop abusive and controlling behavior, increase responsibility for harm, and reduce risk to survivors and children through lasting, observable non-abusive behavior. DVIP shall be non-shaming, trauma-informed, domestic-violence-informed, gender-informed, responsive to participant and community context, and centered on survivor safety and coordinated community response. DVIP is not anger management, mediation, generic relationship counseling, couples counseling, or a substitute for behavioral health or substance use treatment.
2. **Certified DVIP Facilitator:** an individual certified by the DVIP Certifier for a two-year term to independently facilitate DVIP services within a certified program or site, consistent with Standard 8 training, supervision, and fidelity requirements.
3. **Provisionally Certified DVIP Facilitator:** an individual authorized by the DVIP Certifier for a one-year term to facilitate DVIP services only under enhanced supervision and fidelity-monitoring conditions until full certification requirements are met.
4. **Participant:** an individual enrolled in DVIP. Programs may also use "person who has used domestic abuse or violence" or "person who caused harm" when that wording is needed for behavior-specific clarity. Programs shall avoid identity-labeling terms such as "batterer" or "abuser" in participant-facing materials and routine program communication, except when quoting statutory language, legal titles, or court documents.
5. **Person who caused harm or person who has used violence:** a person whose behavior has included domestic abuse, violence, and coercive control. This term describes behavior and accountability obligations. It is not intended to label the person's identity.
6. **Survivor:** an individual harmed by the participant's abusive behavior. Use "victim" when quoting or citing statutory language.
7. **Survivor-centered or survivor-centeredness:** practices that prioritize survivor safety, autonomy, informed choice, and confidentiality; avoid retraumatization; and treat survivor-defined safety and repair as central to any survivor-facing action.
8. **Intake:** the structured entry process used before DVIP services begin. Intake gathers information, assesses participant suitability, identifies barriers and access needs, verifies

legal conditions, completes orientation and consent, and starts assessment, referral, and pathway decisions.

9. **Assessment:** a structured review during intake that gathers and analyzes information about participant eligibility, risk, needs, responsivity, barriers to participation, and immediate safety or service concerns. Assessment informs decisions such as admission, deferral, referral, risk response, and pathway assignment. Assessment begins at entry and continues through reassessment when required.
10. **Reassessment:** a structured, documented review after intake of participant risk, needs, responsivity, safety concerns, and pathway fit. Reassessment occurs at required intervals and after significant risk-changing events. It helps determine whether the current pathway should continue, be intensified, be modified, or end, and whether additional safety actions, monitoring, or referrals are needed.
11. **Coercive control:** a course of conduct, not a single event, that uses demands, threats or negative consequences, surveillance, monitoring, intimidation, isolation, economic abuse, or misuse of children or legal systems to restrict autonomy and enforce compliance.
12. **High-risk:** a designation based on structured assessment and observed high-risk indicators that triggers enhanced safety actions under Standard 4.
13. **Minimum Information Set:** the least amount of information that may be shared with an outside referral source, such as a court, probation agent, or child welfare agency, to show whether a participant is complying with program requirements.
14. **Accountability for harm:** the responsibility of a person who caused harm to acknowledge that harm and take verifiable steps toward lasting behavior change, appropriate repair, and reduced risk to survivors and children. Accountability is measured by observable behavior change, not attendance alone.
15. **Trauma-informed practice:** an approach that emphasizes safety, trustworthiness, choice, collaboration, and empowerment in program design and delivery. Trauma-informed practice supports regulation and learning but does not excuse abusive behavior.
16. **Healing-centered engagement:** a non-clinical, asset-based approach to well-being that supports restoration of identity and recognizes individual and collective healing.
17. **Integrated care:** coordinated, person-centered services that address safety, behavioral accountability, and social needs through deliberate cross-sector collaboration, a shared care plan when appropriate, and active connection to community supports.
18. **Social determinants of health (SDOH):** the social, economic, and structural conditions that affect safety and recovery. Examples include housing, food security, income, employment, transportation, childcare, legal or immigration status, access to health

care, alcohol and other drug abuse supports, mental health supports, and technology access.

19. **Warm handoff:** a proactive referral process in which the referring provider helps introduce or connect the participant to the receiving service and takes reasonable steps to support the participant's first engagement with that service.
20. **Survivor-informed continuous quality improvement (SI-CQI):** a proportionate, program-level process that uses survivor and community input to improve program design, cultural responsiveness, and evaluation while protecting survivor safety, confidentiality, and choice.
21. **Pathway:** a documented DVIP track assigned through assessment and reassessment. The pathway determines dosage, pacing, level of structure, and facilitation supports. Pathways may vary based on risk, needs, and responsivity factors, but they shall not reduce accountability expectations, required curriculum functions, or completion requirements.
22. **Standard pathway:** the default DVIP track for participants assessed as baseline risk. It sets ordinary expectations for dosage, pacing, accountability review, facilitation structure, and completion. It shall be sufficient to deliver required curriculum functions, reassessment, and behavior-change assessment without reducing accountability expectations or completion requirements.
23. **Trauma-adapted and high-risk pathway:** a DVIP pathway for participants whose intake assessments show elevated lethality risk, complex trauma, or other factors requiring slower pacing, fewer high-intensity experiential activities, enhanced clinical oversight, and more individualized support.
24. **Fidelity:** the degree to which a program delivers a curriculum or intervention as intended, including session plans, facilitator behavior, supervision, and fidelity-monitoring protocols.
25. **Structured Professional Judgment (SPJ):** a risk-formulation approach that combines structured guidance with professional judgment to evaluate dynamic and contextual risk factors beyond actuarial scores.
26. **Actuarial instrument:** a statistically developed tool, such as ODARA or DVRAG, that estimates risk probability using weighted items. Actuarial tools may inform risk estimates but do not replace professional formulation.
27. **Minimum audit evidence:** the smallest set of documents and records a program shall be able to produce to show that it is implementing a Standard.
28. **Tier 1:** core evidence that is always required.
29. **Tier 2:** stronger recommended evidence and a maturity target.

30. **Tier 3:** evidence required only on request or when a specific condition applies.

# Enforceable Ethical and Value Mandates

The Preface explains the values behind these 2026 Standards. This section turns those values into requirements that can be checked. Programs and oversight bodies shall put these values into written policies, daily practice, training, records, and review processes.

**1. Survivor and Child Safety:** Programs shall place survivor and child safety, autonomy, and well-being at the center of all decisions. Safety includes physical, emotional, psychological, financial, and technology-related safety. Programs shall avoid retraumatizing survivors, protect confidential safety planning, and respect survivor choice. Parenting-related work shall use a domestic-violence-informed, strengths-based approach that recognizes a survivor’s protective efforts and avoids automatic “failure-to-protect” assumptions.

**2. Accountability for Harm:** Accountability means lasting behavior change and responsibility for harm in a way that supports survivor and child safety. Programs shall require participants to take specific, observable steps to stop abuse, reduce risk, and repair harm when appropriate and safe.

**3. Survivor-Centered Accountability and System Responsibility:** DVIP programs operate within courts, legal systems, social services, child welfare systems, and community institutions that can affect survivor safety. Programs shall work within a Coordinated Community Response (CCR) and shall actively guard against misuse of legal, family court, child welfare, or social-service systems to continue coercion.

**4. Equity, Inclusion, and Accessibility:** Programs shall recognize that violence, safety, and accountability are affected by overlapping identities, gender norms, and systemic inequities. Programs shall identify and reduce barriers to participation, including cost, location, transportation, disability access, language access, technology access, and scheduling. Programs shall also use gender-responsive practices that address how power, control, entitlement, and structural inequality can contribute to intimate partner violence.

**5. Trauma-Informed and Healing-Oriented Practice:** Programs shall recognize that people who cause harm may also have trauma histories. Trauma-informed practice may support regulation, reflection, and learning. It shall not replace accountability, and trauma history shall never excuse or justify abusive behavior.

**6. Dignity and Respect:** Programs shall actively create a learning environment where participants are treated as capable of change and are held accountable through clear, behavior-specific expectations. Programs shall reject shaming, dehumanization, and humiliation. Facilitators shall engage participants with integrity, honesty, and fairness while maintaining clear boundaries and a firm position against abuse.

**7. Cultural Responsiveness and Humility:** Programs shall use ongoing self-reflection, training, and community engagement to reduce power imbalances and make services respectful, relevant, and accessible to the communities served.

**8. Professional Ethics, Transparency, and Program Integrity:** Programs shall operate transparently and maintain program integrity through supervision, fidelity monitoring, and clear communication of expectations and consequences.

**9. Facilitator Competence and Well-Being:** Facilitator well-being is tied to service quality and survivor safety. Programs shall take reasonable steps to reduce vicarious trauma, burnout, and unethical practice risks.

**10. Advocacy for System Integrity and Reform:** When policies, practices, or institutional cultures undermine safety, accountability, or equity, programs have an ethical responsibility to support system improvement. Programs shall not treat avoidable system harm as neutral or outside their concern.

**11. Domestic Violence as a Public Health Issue:** Programs shall recognize that domestic violence affects community and population health. Programs shall consider social and structural conditions that affect participant stability and survivor safety, including housing, food security, income, transportation, legal or immigration status, access to health care, substance-use services, mental-health supports, and technology access.

**12. Transformation, Prevention, and Hope:** Program success shall be measured by lasting non-abusive behavior, improved survivor and child safety, and survivor-defined well-being. Survivor-defined well-being may include empowerment, confidence, access to support, and long-term prevention of domestic abuse.

**Auditable Standards**

# Standard 1

## DVIP Model Integrity: What DVIP Is, What It Is Not, and What May Be Included Within It

### 1.1 DVIP Model Identity

Programs shall operate DVIP as a structured, accountability-focused intervention for patterns of coercive control and domestic abuse. This includes non-physical abuse and technology-facilitated coercive control. DVIP shall not be defined or delivered as anger management, general conflict counseling, or any approach that treats domestic abuse as mutual conflict.

- a) The program model shall directly address coercive control, domination, entitlement-based patterns, online stalking, monitoring, harassment, and other technology-enabled coercive-control behaviors. These behaviors are forms of abuse and may occur with or without physical violence.
- b) Programs shall define accountability as lasting behavior change, responsibility for harm, and reduced risk. Accountability shall not mean attendance, compliance, or completion alone.
- c) Programs shall deliver DVIP through a model that is centered on survivor safety, non-shaming, trauma-informed, and healing-oriented. The model shall respond to different participant needs and contexts while keeping accountability requirements firm, recognizing structural power imbalances, and never reframing domestic abuse as mutual conflict.
- d) Programs shall use person-first, behavior-specific language in curriculum, facilitation, orientation, supervision, documentation, and reporting. Programs should use terms such as “participant,” “person who used domestic abuse,” “person who used coercive control,” or “person who caused harm.” Programs may use statutory, court, approved-tool, grant, contract, or shared-agency terms when required for legal or procedural accuracy. When those terms are used, the program shall also describe the specific behavior, risk, impact, and accountability concern.

### 1.2 Prohibited Substitutes: what does not count as DVIP

The following shall not be represented, counted, or accepted as DVIP or as completion of DVIP requirements:

- a) stand-alone anger management.
- b) couples therapy, conjoint therapy, or any survivor-involved therapy required as a condition of participation, intervention, or completion;
- c) mediation, general conflict resolution, or communication models that treat domestic abuse as mutual conflict, relationship dysfunction, or communication failure; and
- d) alcohol or drug treatment, mental-health treatment, or other behavioral-health treatment used as a substitute for domestic violence accountability programming. These services may be appropriate in addition to DVIP, but they shall not count as replacement DVIP hours or completion credit.

### 1.3 Permitted Components: What May Be Included Within DVIP, but Shall Not Replace It

Programs shall include skills such as emotional regulation, communication, conflict de-escalation, and relapse-prevention planning, but only within a coercive-control and accountability framework. These skills shall not be taught or described in ways that minimize, excuse, shift blame for, or reframe abuse.

Programs should address anger, alcohol, drugs, trauma, stress, mental health, and other risk factors as issues that may affect conduct, risk, participation, or learning. Programs shall not describe domestic abuse mainly as an anger, stress, trauma, or substance-use problem.

- a) Skills content shall be directly tied to recognizing and stopping controlling behavior, taking accountability actions, improving survivor and child safety, and maintaining non-abusive behavior.
- b) Any parallel or coordinated service shall be clearly separated from DVIP in program materials, participant orientation, reporting, and dosage or completion tracking.

#### **1.4 Implementation Requirements for Model Integrity**

Programs shall have the cultural responsiveness, accessibility, and workforce competence needed to deliver DVIP consistently with the model. Programs shall not weaken accountability or reframe domestic abuse as mutual conflict when adapting services to different participant needs or contexts.

- a) Workforce competence means the program's documented ability to deliver DVIP as required by this Standard. It includes staffing qualifications, training, supervision, fidelity monitoring, and CCR collaboration.
- b) Programs shall document workforce competence through, at minimum, role descriptions and required qualifications; onboarding and competency checklists; initial training and continuing education records; and supervision and fidelity-monitoring records.
- c) Programs shall document how cross-system collaboration supports model integrity. This includes CCR participation, referral pathways for co-occurring needs, and consultation protocols consistent with Standards 9 and 12.

#### **Minimum Audit Evidence**

***Tier 1 Core:*** Curriculum map or theory of change; prohibited-substitutes policy; participant orientation or "what counts as DVIP" handout.

***Tier 2 Additional:*** Facilitator guidance on skills-within-accountability and parallel-service distinctions.

***Tier 3 On-request:*** Cultural responsiveness plan; training documentation; fidelity-monitoring documentation.

## **Standard 2**

### **Accountability and Expectations: What Accountability Means, What It Requires, and How It Is Reviewed**

#### **2.1 Accountability Standard: What Accountability means in DVIP**

Accountability requires documented, observable responsibility for specific harmful behavior and demonstrated change over time. A participant's acceptance of a label, in isolation, does not constitute accountability. Programs shall approach accountability as a survivor- and child-safety-centered process. Accountability shall be evidenced through observable, enduring non-abusive behavior across various settings and over an extended period. Accountability should not be solely based on attendance, participation, completion, or self-report.

Programs shall prioritize physical, emotional, psychological, financial, and technology-related safety. Programs shall employ accountability practices that mitigate the risk of retraumatizing survivors and prevent further harm.

- a) Programs shall define accountability as lasting behavior change, responsibility for harm, repair where appropriate and safe, and non-repetition.
- b) Programs shall use more than one source of information to assess accountability when lawful and available. Programs shall recognize that official records may miss re-abuse and that self-report alone is not enough.
- c) Programs shall establish clear accountability targets. These targets shall encompass behaviors that shall stop, such as violence, threats, stalking, monitoring, and coercive control. Additionally, they shall include behaviors that shall be demonstrated, such as adhering to court orders, employing nonviolent and non-controlling conduct, and utilizing safe parenting practices when applicable.
- d) Programs shall recognize that accountability is personal, community-based, and system-based. Participant behavior change is necessary, but programs and partner systems shall also reduce barriers to change and avoid practices that increase survivor risk.
- e) Programs shall document how accountability is supported through lawful pathways to safety, healing, and accountability. These may include court-mandated, supervision-linked, voluntary, or community-based access points. Programs shall maintain the same accountability expectations and safety boundaries across pathways.

#### **2.2 Participant Accountability: What Participants Are Required to Do**

Programs shall require participants to show behavior change and responsibility for harm. Programs shall directly address victim-blaming, minimization, denial, and shifting responsibility to others.

- a) Participants shall be required to identify and commit to stopping the full pattern of abusive behavior.
- b) Participants shall be required to follow no-contact orders, injunctions, bail conditions, supervision rules, and other lawful restrictions that apply to them.
- c) Participants shall be required to show progress through observable behavior change and structured review, not attendance alone.
- d) Participants shall be required to accept responsibility without blaming the survivor, children, substances, stress, trauma, or other outside factors.
- e) Participants shall demonstrate understanding that completion is based on behavior-specific accountability criteria, not only session attendance or passage of time.

### **2.3 Survivor-safety Boundary: What Accountability Shall Not Require of Survivors**

Programs shall not shift the burden of enforcement, proof, or protection onto survivors. When programs handle information that comes from survivors, they shall use protocols that review risks and benefits, protect the source, and address safety planning.

- a) Programs shall not require survivors to call law enforcement, seek restraining orders, prove participant noncompliance, monitor compliance, or otherwise carry the burden of program enforcement.
- b) Programs shall not make survivor participation a condition of participant accountability review, sanctioning, continuation, step-up, or completion.
- c) Programs shall use lawful, system-based accountability pathways rather than survivor-driven enforcement.
- d) Programs shall protect the source, content, and safety implications of survivor-provided information consistent with Standards 7 and 11.

### **2.4 Accountability Review: How Accountability is Reviewed and What Decisions Follow**

Programs shall use a structured accountability review process. Reviews shall use behavior-specific criteria rather than attendance alone. Reviews shall consider risk triggers, including strangulation, stalking, threats, and weapons-related concerns.

Programs shall use a structured accountability review tool, such as Appendix 2.3 or an equivalent tool, to evaluate participant accountability using behavior-specific criteria, multiple lawful information sources, and risk-based triggers.

- a) Programs shall conduct accountability reviews at least every 6 sessions or every 6 weeks, whichever occurs sooner.
- b) Programs shall define objective criteria for continued participation, step-up to a High-Risk Pathway, termination for noncompliance, and completion.
- c) Accountability review criteria shall identify both prohibited behaviors and required behaviors.
- d) Review decisions shall be documented. The record shall state the basis for the decision, including whether the participant will continue, move to a higher level of

intervention, receive corrective action, be terminated, or be considered for completion.

- e) Accountability reviews shall align with reassessment and pathway decisions under Standards 4, 6, 11, and 12.

## **2.5 Accountability Reporting and Confidentiality: What May be Reported and What May Not**

Programs shall report participant compliance or noncompliance to referral sources only under written policy and lawful authority. Reports should be limited to the Minimum Information Set unless broader disclosure is specifically allowed or required.

For this section, “Minimum Information Set” means the least amount of information reasonably needed to show participant status, compliance, progress, accountability concerns, or completion for the referral purpose or safety-related program status.

When reporting to a referral source, the program may use required legal or supervision terms but shall limit the report to the information needed for the authorized purpose. The report should state the behavior or compliance issue in plain terms. The report shall not include advocacy communications protected by privilege, protected survivor location information, safety plans, or unnecessary survivor-identifying details unless there is legal authority and the disclosure has been reviewed for safety.

- a) Reports to referral sources shall be limited to the Minimum Information Set unless broader disclosure is specifically authorized by law, court order, contract, or valid consent where applicable.
- b) Accountability reporting shall reflect Wisconsin limits on disclosing service-recipient locations and privileged advocate-victim information.
- c) Programs shall not request, include, or disclose privileged advocacy communications, survivor locations, protected addresses, safety plans, or other safety-sensitive survivor information unless lawful authority exists and the program documents a safety review.
- d) Programs shall maintain written templates or protocols for accountability reporting to support consistency and minimum-necessary disclosure.

## **2.6 Certification-linked Enforcement: Why Consistent Implementation Matters**

Consistent use of accountability criteria is a certification requirement. Failure to apply accountability criteria consistently, especially when safety is affected, is certification noncompliance.

- a) The DVIP Certifier may require a corrective action plan when a program does not implement accountability standards consistently.
- b) The DVIP Certifier may suspend, condition, or revoke certification when a systemic failure to apply accountability standards compromises safety, program integrity, or lawful reporting practice.

## **Minimum Audit Evidence**

**Tier 1 - Core:** *Accountability definition; participant rules; criteria for continued participation, step-up, termination, and completion; one accountability review tool.*

**Tier 2 - Additional:** *Pattern-identification worksheets; commitment statements; behavior review forms.*

**Tier 3 - On-request:** *de-identified status report templates or samples, used only for referral-source reporting audits, complaints, or certification review.*

## **Standard 3**

## **Eligibility, Intake, and Informed Consent: Who Enters, How Entry Begins, and What Shall Be Understood Before Services Start**

### **3.1 Eligibility and Admission Screening**

Programs shall publish clear rules about who is eligible for DVIP and when a person may be excluded or deferred. If DVIP is not clinically appropriate, legally allowed, or safe, the program shall document the reason and refer the person to appropriate services when possible.

Before admission, the program shall complete and document the screening and intake steps needed to decide whether the person is appropriate for DVIP and whether any immediate safety, legal, or access issue shall be addressed.

- a) Programs shall complete a pre-treatment assessment as part of intake. At minimum, the assessment shall address risk or danger indicators, current legal activity, arrests, weapons access, suicide or homicide concerns, alcohol or drug use, and relevant mental health history.
- b) Programs shall identify and document barriers to participation, including cost, location, transportation, disability access, language, and technology. The record shall show any referrals, accommodations, or service connections offered to reduce those barriers.
- c) Programs shall screen for predominant-aggressor concerns and for possible wrong-person referral or misidentification. If these concerns appear, the program shall pause enrollment and consult the referral authority or another appropriate decision-maker before admitting the person.
- d) Programs shall verify and document current no-contact orders, injunctions, bail conditions, and supervision conditions before the participant begins group. Programs shall not direct or permit participants to ask survivors to waive those protections.
- e) Programs shall have written exclusion and deferral criteria. The criteria shall state what the program will do next, including referral, reporting, and timelines when alcohol or drug treatment noncompliance, unstable mental health, or another safety-risk flag is present.

### **3.2 Intake Initiation**

Programs shall begin intake within 10 business days after referral or first contact. Assessment is part of intake. If intake cannot begin within 10 business days, the program shall document the reason for the delay and any interim safety guidance provided.

### **3.3 Orientation and Informed Consent**

Before services begin, programs shall complete and document orientation and informed consent. This process shall clearly explain program expectations, participant responsibilities, confidentiality limits, lawful information sharing, grievance steps, and mandated reporting duties when they apply.

- a) Programs shall give the participant written rights and responsibilities and a treatment contract or participant agreement. The participant shall sign these materials before services begin. The agreement shall state the specific behaviors or events that may lead to corrective action, termination, or discharge, including missed sessions, nonparticipation, threats, or continued abusive behavior.
- b) Consent materials shall explain what information may be shared with referral sources. Sharing shall be limited to the minimum information necessary unless a law, court order, contract, or valid consent allows or requires more. The materials shall also explain applicable Wisconsin confidentiality, non-disclosure, privilege, and mandated-reporting limits and exceptions.
- c) Programs shall use plain language. Programs shall document participant understanding through teach-back or another documented understanding check. Programs shall also provide accessible grievance steps, grievance contact information, and a clear explanation of mandated reporting duties and process.

### **3.4 Consent for Survivor or Partner Contact**

Survivor or partner contact shall be based on consent, guided by safety, and clearly explained to the participant at intake. A participant's consent to enroll in DVIP is not survivor consent to be contacted. Programs shall explain the purpose, limits, and risks of any contact process. The process shall not shift responsibility for enforcement or monitoring onto survivors.

- a) Participant-facing consent materials shall explain that survivor or partner contact, when used, may include information about program content, possible benefits, limits, risks of participation, confidentiality limits, and available community safety resources. Programs shall explain that survivors may receive resources and support without being required to disclose violence or provide details.
- b) Programs shall explain that survivors and partners are not responsible for enforcing sanctions, monitoring compliance, or reporting violations, even when they are encouraged to use safety-supporting resources.
- c) Any survivor or partner contact process shall follow Standard 7 requirements for confidentiality, consent, and safe contact.
- d) Programs shall explain that support may include advocacy information, safety planning, and, when the survivor wants it, a warm handoff to survivor services or other community resources

### **Minimum Audit Evidence**

**Tier 1 - Core:** *eligibility policy; intake checklist; signed participant agreement or consent; interim safety guidance script.*

**Tier 2 - Additional:** *referral or contact log; intake scheduling log.*

**Tier 3- On-request:** *exceptions log, used when timelines are missed or for quality assurance sampling.*

## **Standard 4**

## **Risk Assessment, Reassessment, and High-Risk Response: How Risk Is Assessed, When It Shall Be Reviewed, and What Shall Happen When Risk Escalates**

### **4.1 Intake Risk Assessment**

Programs shall have and use a documented, evidence-informed process for assessing and reassessing risk, identifying high-risk escalation, and taking timely safety and monitoring action. The process shall use structured methods, written thresholds, trigger-based review, and clear documentation. A program does not have to use only one theory or one tool if the certifier approves equivalent methods.

- a) Programs shall use a documented assessment process that includes, at minimum:
  - at least one structured intimate partner violence risk assessment method, such as an actuarial tool or structured professional judgment tool. Examples may include ODARA, DV-RAG when sufficient case-file or clinical data are available, SARA-V3, B-SAFER, or another approved equivalent tool;
  - lawful review of case files and orders; and
  - a written override-trigger process.
- b) Tools used with survivors to assess danger, such as the Danger Assessment, may inform survivor safety planning when the information is received through lawful and survivor-safe channels. Survivors shall not be required to complete these tools for participant sanctions, enforcement, or program progression.
- c) Programs shall include a standard suicide risk screening protocol and shall document access to firearms or other weapons as specific risk flags.
- d) The intake risk assessment shall lead to a documented initial risk decision. The decision shall state whether the participant stays in the Standard Pathway, needs High-Risk Pathway review, needs immediate risk-reduction steps, or cannot safely proceed without additional action.

### **4.2 Triggering Events**

Programs shall keep a written trigger list. The list shall require immediate reassessment or supervisory review when a significant risk-escalation event occurs, even if the participant's prior score or pathway placement was lower risk.

- a) The minimum trigger set shall include:
  - arrest or new charges;
  - protection-order filing or change;
  - separation or return to the relationship;
  - suicide or homicide threats;
  - firearm or other weapon access;
  - release from custody;
  - alcohol or drug relapse;
  - serious mental health crisis;
  - stalking or monitoring;

- strangulation;
  - sexual assault; and
  - credible escalation received through lawful channels.
- b) Programs shall also define override triggers that require supervisory or high-risk review even when actuarial scores or structured professional judgment scores do not independently meet a formal threshold.

### **4.3 Reassessment**

Programs shall reassess risk at intake or baseline, no later than every three months while the participant is enrolled, and sooner when a significant risk-changing event occurs. Reassessment is a structured follow-up review of whether the original risk picture is still accurate and whether the current pathway, monitoring level, and safety steps remain appropriate.

- a) The minimum reassessment schedule shall include:
- original intake or baseline;
  - regular intervals set by program policy, but no later than every three months while the participant remains enrolled; and
  - immediate reassessment after any significant risk-changing event.
- b) Reassessment shall produce a documented decision to:
- keep the current pathway;
  - move the participant to the High-Risk Pathway;
  - take corrective action or risk-reduction steps; or
  - terminate participation in accordance with Standards 2, 11, and 12.

### **4.4 High-risk Thresholds and Required Response**

Programs shall define written high-risk thresholds and override criteria within their approved assessment process. Programs shall take required action when those thresholds are met.

- a) Programs shall define written high-risk thresholds using, at minimum:
- ODARA or DVRAG category bands when those tools are used;
  - SARA-V3 or B-SAFER overall risk judgment when those tools are used; and
  - an override-trigger list that requires high-risk review even when a score does not require it.
- b) When high-risk thresholds are met, programs shall:
- complete the High-Risk Response Checklist;
  - increase monitoring and review frequency; and
  - coordinate lawful, system-based notifications and safety actions.
- c) Minimum required actions shall include:
- documented case review, case conference, or management notification within 72 hours;
  - enhanced survivor safety measures, including advocacy referral and safety counseling about access to weapons or other lethal means when indicated; and
  - documented firearms-access review.

- d) High-risk response shall inform pathway placement under Standard 6 and accountability action under Standards 2, 11, and 12.

#### **4.5 Parenting Safety Assessment and Reassessment**

When the participant has caregiving responsibilities, programs shall complete a documented, domestic-violence-informed parenting safety review or assessment at intake. Programs shall reassess parenting safety whenever caregiving circumstances materially change.

- a) Parenting safety assessment shall be completed at intake when caregiving applies.
- b) Parenting safety shall be reassessed at least quarterly and upon parenting-time changes, custody changes, or child-safety concerns.
- c) Parenting safety findings shall inform pathway decisions, safety planning, referrals, and coordination with lawful child- and family-system processes where applicable.

#### **4.6 Documentation and Survivor Safety**

Programs shall keep enough risk-assessment and high-risk-response documentation to show consistent implementation. At the same time, programs shall protect survivor safety and confidentiality.

- a) Programs shall maintain, at minimum:
  - an approved tool list and associated training requirements.
  - a threshold and mitigation table.
  - reassessment logs.
  - High-Risk Response Logs; and
  - supervisory review documentation.
- b) Programs shall not place detailed survivor-safety narratives in participant files when those details could be disclosed in legal proceedings. Survivor-safety documentation shall follow redaction, source-protection, and confidentiality requirements.
- c) Risk documentation shall separate participant-facing records, internal supervisory records, and survivor-protected information. This helps prevent unnecessary exposure of safety-sensitive information through routine participant file practices.

#### **Minimum audit evidence**

**Tier 1 - Core:** approved tool list; threshold and mitigation table; reassessment cadence log showing dates and decisions; high-risk response log when triggered.

**Tier 2 - Additional:** training rosters; parenting safety checklist when caregiver cases are present.

**Tier 3 - On-request:** survivor-safety documentation forms showing redaction and source protection; security and access-control evidence, triggered by subpoena, incident, or audit sampling.

## Standard 5

### Curriculum Functions, Learning Objectives, and Delivery Requirements

#### 5.1 Curriculum Map, Learning Objectives, and Behavioral Assessment.

Programs shall include all minimum curriculum functions, cross-cutting expectations, and safety boundaries required by these Standards. Programs do not have to use one required curriculum sequence, theory, or session-by-session model. However, each program shall be able to show where each required curriculum function is taught and how participant learning, accountability, and behavior change are assessed.

Learning objectives shall be measurable. Programs shall assess them through documented methods such as observed practice, structured review, facilitator observation, participant work products, and, when available and appropriate, approved tools. Attendance alone shall not be used to measure learning, behavior change, or completion.

- a) Programs shall maintain a written curriculum map that identifies:
  - each required curriculum function;
  - where each function is delivered in the curriculum; and
  - how participant learning, accountability, and behavior change are assessed for each function.

#### 5.1.1 Core Required Curriculum Functions

Programs shall include curriculum content sufficient to address, at minimum, the following core functions. Participants shall demonstrate knowledge and understanding of each core required curriculum function listed in this section:

- a) **Accountability and coercive control:** The curriculum shall address the participant's full pattern of abuse and shall treat coercive control as a primary pattern of domestic abuse. The curriculum shall address physical violence, non-physical abuse, intimidation, domination, threats, surveillance, isolation, economic abuse, misuse of children or systems, and technology-facilitated abuse when applicable.

**Minimum learning objectives:** The participant identifies the full pattern of abusive, coercive, and controlling behavior; recognizes coercive control as serious and harmful abuse; and takes responsibility for the harm caused.

- b) **Survivor, child, and parenting safety, when applicable:** The curriculum shall address the full impact of domestic abuse and coercive control on survivors and children. This includes serious safety risks, the effects of fear and instability in the home, the ways abuse undermines the survivor parent, and the behavior changes needed to stop that harm. When parenting or caregiving applies, the curriculum shall also address parenting-safety concerns and non-abusive, child-safe, and non-coercive parenting expectations.

**Minimum learning objectives:** The participant identifies high-risk, abusive, coercive, and controlling behaviors; follows court orders, no-contact orders, and safety

restrictions; recognizes how children are harmed by abuse; and demonstrates specific behavior changes that support survivor and child safety. This includes understanding non-abusive, child-safe, and non-coercive parenting expectations when applicable.

- c) **Non-abusive behavior alternatives and skills practice:** The curriculum shall include structured practice in non-abusive and non-coercive alternatives to violence, intimidation, coercion, and domination. The practice shall include respectful communication, emotional self-regulation, consent-based decision-making, and accountable problem-solving in relationships.

**Minimum learning objectives:** The participant demonstrates replacement behaviors, such as de-escalation, respectful communication, and nonviolent conflict behavior, within an accountability framework. Skills content shall not be used to minimize, excuse, or shift responsibility for abuse.

- d) **Gender, beliefs, attitudes, power, minimization, and denial:** The curriculum shall not treat domestic violence as only a gender-neutral conflict. It shall address beliefs, attitudes, justifications, entitlement patterns, gendered expectations, structural power, patriarchal entitlement, and related inequities that can support coercive control and domestic abuse. The curriculum shall use a gender-informed and domestic-violence-informed framework that remains responsive to diverse participants and contexts. Social context shall not be used to excuse harm.

**Minimum learning objectives:** The participant identifies minimization, denial, victim-blaming, entitlement-supporting beliefs, and how power, entitlement, and gendered expectations can support abuse. The participant demonstrates the ability to discuss these dynamics without excuse-making.

- e) **Co-occurring needs and supportive-service navigation:** The curriculum shall address how participants may use alcohol and drug services, mental health services, therapy, or other supports without using those services to excuse, minimize, or replace accountability for abuse.

**Minimum learning objectives:** The participant explains how co-occurring needs relate to risk and relapse prevention, follows referral or compliance steps when applicable, and does not present supportive services as a substitute for DVIP accountability.

- f) **Relapse prevention and sustained non-abusive behavior:** The curriculum shall address risk factors, warning signs, and ongoing supports needed to maintain non-abusive behavior over time.

**Minimum learning objectives:** The participant identifies personal risk factors and high-risk situations, develops a relapse-prevention or safety-maintenance plan, and identifies appropriate ongoing supports.

- g) **Repair and accountability boundaries:** The curriculum shall explain the difference between accountability, repair, reconciliation, and forgiveness. It shall not require survivor contact as proof of progress.

**Minimum learning objectives:** The participant distinguishes accountability and repair from seeking forgiveness and identifies repair actions that do and do not require survivor contact.

### 5.1.2 Additional required cross-cutting curriculum domains

Programs shall also address the following areas. These areas may be taught as separate sessions, integrated across several sessions, or built into the core curriculum, as long as the curriculum map clearly shows where and how they are addressed.

- a) **Cultural humility and equity:** Programs shall address how culture, racism, institutional trauma, disability, sexuality, sexism, language, immigration status, socioeconomic context, and other social conditions can shape experiences of coercion, help-seeking, engagement, and accountability without excusing harm. **Minimum learning objectives:** participant demonstrates respectful engagement across difference and can identify how social context may shape harm, accountability, and access to support without reframing abuse as mutual conflict.
- b) **Community accountability:** Programs shall address the impact of abuse on family, community, and social systems and shall support development of nonviolent, prosocial accountability networks. **Minimum learning objectives:** participant identifies community impacts of abuse and develops a nonviolent support-system or community-accountability plan.

### 5.1.3 Curriculum delivery requirements

Programs shall deliver curriculum in a way that is trauma-informed, healing-centered, gender-informed, domestic-violence-informed, and dignity-centered. The delivery model shall recognize the impact of past harm while supporting resilience and future change. Programs shall not deliver DVIP as a gender-neutral conflict model or in a way that ignores power, control, entitlement, or survivor safety.

- a) Programs shall use gender-informed, trauma-informed, domestic-violence-informed, and dignity-centered facilitation practices that support engagement, emotional regulation, and participant responsiveness while maintaining clear accountability for abusive behavior.
- b) Skills such as emotional regulation, distress tolerance, and self-management may be taught only within an accountability framework. These skills shall be clearly tied to stopping abuse, reducing coercive control, and sustaining non-abusive behavior.
- c) Programs shall use facilitation methods that maintain participant dignity while holding participants to clear and consistent accountability. Programs shall not shame, degrade, humiliate, or dehumanize participants. Non-shaming practice shall not be used to lower accountability expectations.
- d) Programs shall maintain and apply a written policy for missed classes, excused and unexcused absences, and make-up requirements.
- e) Programs should use the flexible language model: person-first, behavior-specific language is the default, while exact legal, court, approved-tool, grant, or shared agency reporting language may be used when needed for accuracy. Programs should

not rely on identity labels such as “abuser” or “batterer” as the main facilitation method. When those terms are legally or procedurally required, staff should pair them with specific conduct, risk, impact, and required change. This rule does not reduce accountability or excuse harm.

#### **5.1.4 Program Flexibility and Documentation**

Programs may organize, combine, sequence, or adapt the required curriculum functions and cross-cutting areas in different ways. The curriculum map and behavioral assessment methods shall still show that all required functions and areas are covered. Curriculum variation shall not reduce accountability, survivor safety, or required learning expectations.

#### **5.2 Prohibition on survivor-contact “amends” and other unsafe practices.**

- a) Programs shall not require or encourage participants to contact survivors or ex-partners to “make amends,” “repair harm,” or seek forgiveness. Any repair-related instruction shall be survivor-defined, optional, and addressed only through lawful, survivor-safe procedures, supports, or communication methods that protect survivor choice, safety, and confidentiality.
- b) b) Programs shall not use couples counseling, conjoint counseling, or any counseling involving the survivor and the person who caused harm as a curriculum requirement or completion condition.

**5.3 Aftercare/peer support option:** Programs should offer structured aftercare or peer-support components, clearly bounded to avoid coercive or collusive dynamics.

#### **Minimum audit evidence:**

**Tier 1- Core:** curriculum crosswalk or curriculum map; participant materials and/or lesson-plan outline.

**Tier 2 - Additional:** standardized rubric(s) or other behavioral assessment tools; de-identified scored examples.

**Tier 3 - On-request:** additional rubrics by domain, maturity target only and not a baseline fail condition in year 1.

## Standard 6

### Dosage Pathways, Intensity, Adaptation, and Group Size

#### 6.1 Written Dosage and Intensity Framework

Programs shall keep and use a written, evidence-informed framework that explains the required amount of DVIP service for each pathway. In this Standard, “dosage” means the number, length, frequency, and structure of sessions or other approved DVIP contact. The framework shall be based on participant risk, the participant’s needs and learning factors, pacing needs, and the required curriculum functions.

Pathway design, pacing, and facilitation shall support gender-informed and domestic-violence-informed practice. Programs shall not deliver DVIP through a gender-neutral model.

- a) Programs shall apply dosage expectations consistently and document them through pathway assignment, attendance records, accountability review, reassessment, and completion decisions.
- b) These Standards require a structured dosage framework and documented minimum expectations. They do not require one fixed statewide session count or hour requirement for every program model.
- c) Programs may use innovative, alternative, or emerging DVIP service structures, including different sequencing, delivery methods, pacing, added supports, or curriculum organization, if the structure is documented and does not reduce accountability, required curriculum functions, survivor and child safety protections, reassessment requirements, or completion criteria.
- d) If a program uses an alternative structure instead of a standard dosage, format, or staffing expectation, the program shall document:
  - the reason for the alternative structure;
  - the intended benefit;
  - how the structure provides the same or a stronger level of accountability, engagement, and fidelity; and
  - any certifier approval required by certifier policy.

#### 6.2 Standard Pathway Dosage

Programs shall establish and use a written dosage for participants assigned to the Standard Pathway through the approved assessment and reassessment process. This applies to participants who do not meet the program’s written criteria for the High-Risk and Trauma-Adapted Pathways.

- a) The Standard Pathway shall be long enough to cover all required curriculum functions, structured accountability reviews, reassessment points, and behavior-change assessment required for that pathway.
- b) The Standard Pathway shall include at least 24 sessions. Each session shall last at least 90 minutes.

- c) Program policy shall explain how the Standard Pathway connects to missed-session make-up requirements and completion expectations.
- d) Programs shall document how the Standard Pathway supports participant accountability, required curriculum coverage, and safe participation for participants assessed as baseline risk.
- e) Programs may adjust pacing, engagement supports, or accessibility supports for baseline-risk participants, but those adjustments shall not reduce required curriculum functions, accountability review, or completion criteria.

### **6.3 High-Risk and Trauma-Adapted Pathway dosages**

Participants who meet or exceed the program's written high-risk criteria shall be assigned to the High-Risk or Trauma-Adapted Pathway through the approved assessment and reassessment process.

This pathway shall include closer oversight, pacing that fits the participant's risk and regulation capacity, and dosage expectations set by written program policy.

Programs shall not define the High-Risk and Trauma-Adapted Pathways as "more sessions" only. The pathway shall include greater structure, closer review, and facilitation practices that support safety, stabilization, engagement, and accountability. Depending on the assessment and program design, this may include:

- more frequent sessions;
  - additional sessions or contact hours;
  - smaller group size;
  - co-facilitation;
  - added individual support;
  - more frequent case review; or
  - other documented measures that strengthen intensity and monitoring.
- a) Programs shall document the reason for assigning a participant to the High-Risk / Trauma-Adapted Pathway.
  - b) The High-Risk and Trauma-Adapted Pathways shall include at least 36 sessions. Each session shall last at least 90 minutes.
  - c) Written pathway expectations shall address pacing, review frequency, facilitation supports, and any additional contact hours, added supports, or enhanced monitoring required by assessment.
  - d) When trauma-related needs affect participation, programs shall use sequencing and pacing that support regulation, reflection, and learning. These adaptations shall not excuse abusive behavior or reduce accountability.

- e) Trauma-responsive adaptations shall improve engagement and learning. They shall not replace the level of intervention needed to address assessed risk.
- f) Programs shall document how the pathway's dosage and structure address participant risk, support safe participation, and preserve the required curriculum functions, accountability review, and completion criteria.

#### **6.4 Parent Track Dosage**

For participants enrolled in the Parent Track, program tailoring and pathway assignment shall align with the domestic-violence-informed parenting assessment process.

- a) Parent Track participation shall not reduce the minimum dosage required for the participant's assigned pathway.
- b) Parent-focused content may be delivered through integrated modules, additional sessions, or both, based on assessment results and child-safety concerns.
- c) Parent-focused content may include child safety, parenting under coercive-control dynamics, and non-abusive, non-coercive co-parenting skills where ongoing contact with the other parent is lawful and appropriate.
- d) Assessment shall focus on observable parenting behaviors, protective strategies, risk created by abusive behavior, and structural barriers that affect safety and parenting choices.

#### **6.5 Group Size and Facilitation Safeguards**

Programs shall keep written group-size and staffing limits that protect participant engagement, facilitator responsiveness, structured accountability review, and model fidelity.

Group-size and staffing rules shall support the pathway-specific dosage framework and shall preserve safety, pacing, and participant accountability.

- a) Group-size expectations shall distinguish between the Standard Pathway and any High-Risk / Trauma-Adapted Pathway.
- b) Program policy shall identify when co-facilitation is required.
- c) Group-size limits are safety and implementation safeguards. They are not, by themselves, proof that the dosage or intervention is adequate.
- d) Standard Pathway groups shall have:
  - no more than 12 participants when led by one qualified facilitator; or
  - no more than 15 participants when co-facilitated by two qualified facilitators.
- e) The certifier may approve a different group-size cap if the program documents its design and fidelity safeguards.
- f) High-Risk / Trauma-Adapted Pathway groups shall use smaller group-size limits and enhanced staffing support sufficient to preserve safety, pacing, and facilitator responsiveness.

- g) High-Risk / Trauma-Adapted groups shall be co-facilitated unless the program documents a certifier-approved equivalent structure.

## 6.6 Completion and Dosage Integrity

Completion shall not be based on attendance alone. Programs shall require both:

- completion of the minimum dosage for the assigned pathway; and
- behavior-specific accountability criteria under Standard 2.

Dosage changes, pathway tailoring, aftercare, peer support, or supportive-service participation shall not be counted in a way that reduces required accountability programming.

- a) Programs shall keep a written policy for missed classes and make-up requirements.
- b) Missed sessions shall not count as completed unless the participant completes an approved make-up requirement within the timeframe set by program policy.
- c) Programs shall document missed sessions, required make-up work, and the basis for any extension, restart, corrective action, or discharge decision.
- d) Written policy shall explain how make-up requirements preserve required curriculum functions, accountability review, and completion expectations for the participant's assigned pathway.
- e) When pacing adjustments, trauma-responsive adaptations, or Parent Track tailoring are used, programs shall document that the adjustment supports engagement and learning without reducing accountability, required curriculum coverage, or the participant's minimum pathway dosage.
- f) Aftercare, peer support, added individual sessions, or parallel services may supplement DVIP. They do not, by themselves, satisfy required accountability programming unless expressly allowed by written program policy and approved within the program's dosage framework.

### Minimum audit evidence

**Tier 1 - Core:** written dosage and intensity framework; pathway assignment record with date and basis; attendance record; group roster per cycle; written missed session/make-up policy.

**Tier 2 - Additional:** written session schedule or curriculum-cycle schedule; staffing schedules when group-size caps or co-facilitation requirements are implicated; documentation of enhanced-intensity measures and responsiveness adaptations.

**Tier 3 - On-demand:** detailed fidelity documentation regarding dosage delivery, exceptions, approved alternative structures, and supervisory approvals for dosage modifications, used for certification review, complaint review, or quality-assurance sampling.

## Standard 7

### Survivor Safety Interface and Contact Protocols

#### 7.1 Survivor-contact SOP

Programs shall keep and use a written Survivor Contact Standard Operating Procedure (SOP). The SOP shall be voluntary for survivors, safety-driven, trauma-informed, timely, confidential, and individualized. Programs shall not rely only on passive referrals or wait for survivors to initiate contact.

At minimum, the SOP shall do the following:

- a) Define the purpose and scope of survivor contact as a survivor safety interface that:
  - offers survivors a voluntary opportunity for safety planning, emotional support, information, advocacy connection, and resource linkage based on their own priorities;
  - uses collaborative, survivor-centered engagement rather than referral alone; and
  - supports risk monitoring by including survivor-reported safety concerns when the survivor chooses to share them.
- b) Treat survivors as experts in their own safety and ensure that survivor participation is voluntary and non-coercive.
- c) Ensure that survivor contact allows survivors to be heard and respected, without pressure to disclose more than they want to share or accept services they do not want.
- d) Establish opt-in and withdrawal procedures that explain:
  - how survivors are offered contact through a clear, non-coercive invitation;
  - how affirmative opt-in is documented;
  - how survivors identify their preferred contact method, timing, pacing, and scope of contact;
  - how survivors may accept, decline, limit, pause, or stop contact at any time; and
  - how the program offers one-time contact, ongoing check-ins, or a warm handoff only to the extent the survivor wants.
- e) Specify safe-contact planning steps to reduce risk of retaliation or surveillance, including:

- collecting the survivor’s preferred contact method, safe times, safe names or labels, and message rules, such as “no voicemail,” “no texts,” or “do not use the program name”;
  - using minimal-content communications unless the survivor clearly requests otherwise; and
  - documenting contact attempts in ways that do not increase risk.
- f) Clarify staffing and training requirements, including who may initiate contact, supervision expectations, and training on trauma-informed engagement and avoiding re-traumatization.
  - g) Require survivor-facing messaging that program participation does not equal safety. Survivors should focus on their safety planning and support systems, including advocacy, rather than assuming that attendance means the participant is safe.
  - h) Define follow-up points for survivor contact when a survivor opts in. Follow-up points should include significant risk-changing events, such as separation, return to relationship, protection-order changes, release from custody, stalking escalation, threats, or other credible escalation received through lawful channels.
  - i) For each follow-up, renew the offer of practical safety planning, emotional support, advocacy connection, and resource linkage. The frequency, timing, and method of follow-up shall be guided by survivor preference.
  - j) When safe contact is not possible, or when a survivor declines contact, programs shall document the reason to the extent known, avoid repeated or unsafe outreach, and renew the offer of safe contact after significant risk-changing events when it can be done safely.

## **7.2 Confidentiality, Safety-sensitive Information, and Consent**

Programs shall run survivor-contact processes in a way that protects confidentiality and does not disclose safety-sensitive information.

At minimum, programs shall meet the following requirements:

- a) No disclosure to participants. Programs shall not tell the participant whether survivor contact occurred, whether the survivor opted in, or what the survivor shared, unless disclosure is permitted by written consent and consistent with law.
- b) No disclosure to survivors. Survivor contact shall not disclose safety-sensitive participant information that could increase danger, such as escalations, threats, addresses, locations, or sensitive disclosures, except as needed for safety planning and only in a way that does not increase risk.
- c) Consent-based information sharing. Programs may share survivor-identifying information with third parties, including system partners, only:
  - with the survivor’s informed, written consent when required; or

- when required or permitted by applicable law and funding rules, using only the minimum information needed.
- d) Record handling. Survivor contact notes and records shall be stored and access-controlled to prevent accidental disclosure through routine participant records requests, group materials, or staff communications.
- e) Survivor-contact and remote-contact procedures shall be culturally responsive, accessible, and inclusive for different survivor populations.

**Minimum audit evidence:**

***Tier 1 - Core:*** Survivor Contact SOP, opt-in/decline/stop-contact documentation form, safe-contact preference form, safe outreach templates/scripts, and current referral/advocacy/warm-handoff resource list.

***Tier 2 - Additional:*** Staff training records on survivor contact and safe-contact practices; coded outreach/contact log showing contact offers, opt-in status, methods, follow-ups, and referrals/handoffs; one supervisory review tool or QA checklist for survivor-contact practice.

***Tier 3 - On-request:*** Access control evidence for survivor-contact records, including de-identified examples of documented safety planning offers, warm handoff or advocacy-connection documentation, and follow-up after risk-changing events, used only for audit sampling, complaint review, or certification review when needed.

## **Standard 8**

### **Staffing, Training, Supervision, and Facilitator Well-Being**

Programs shall use universal safety precautions as a routine practice. This means programs apply safety assessment and risk-reduction practices consistently with all participants and in all settings to reduce risk and avoid stereotyping. Safety planning shall never be based only on assumptions.

Universal safety precautions include:

- a. routine safety planning;
- b. attention to environmental and historical risk factors; and
- c. attention to risks created by public or online access to worker information.

#### **8.1 Staffing plans**

Programs shall keep and use a written staffing plan that is sufficient to meet dosage, group size, documentation, supervision, fidelity, coordination, and safety-response duties under these Standards.

- a) Staffing plans shall show capacity to meet pathway requirements, including co-facilitation, pacing, reassessment, and closer oversight for any High-Risk / Trauma-Adapted Pathway.
- b) Staffing plans shall include coverage for planned and unplanned staff absences.
- c) Staffing plans shall explain how required sessions, documentation, survivor-safety contact functions, and risk-response duties will continue without compromising participant monitoring, program integrity, or survivor safety.
- d) Staffing plans shall assign responsibility and backup coverage for, at minimum:  
facilitation;
  - supervision;
  - fidelity monitoring;
  - records and documentation;
  - incident response;
  - survivor-contact coordination, where applicable; and
  - cross-system coordination.
- e) Staffing plans shall address realistic workload expectations and document how the program supports supervision access, reflective practice, and staff coverage for complex or safety-sensitive cases.
- f) Staffing plans shall address the program's capacity to provide culturally responsive and accessible services, including language access, interpreter coordination where needed, and consultation pathways for participants with co-occurring substance use, mental health, trauma-related, cognitive, or other participation needs.

g) Staffing plans shall show how the program puts universal safety precautions into practice, including coverage for high-risk interactions, staff check-in/check-out practices where applicable, and access to consultation or support when a safety concern is identified.

## **8.2 Training and onboarding**

Programs shall require documented training before independent facilitation or co-facilitation and scheduled ongoing training after that. Training shall support safe, accountable, culturally responsive, and fidelity-consistent DVIP delivery.

- a. Pre-service training hours. Programs shall require at least 40 hours of documented pre-service training before independent facilitation, unless the certifier approves an equivalent documented competency process.
- b. Pre-service training content. Pre-service training shall include, at minimum:
  - domestic violence dynamics, coercive control, and accountability-centered intervention;
  - risk recognition, risk management, and response protocols, including escalation indicators and safety-sensitive decisions;
  - routine safety assessment and risk reduction with all participants and settings;
  - avoiding stereotyping;
  - routine safety planning;
  - digital and privacy safety practices for staff;
  - trauma-informed practice, including safety, trustworthiness, choice, collaboration, and empowerment, while making clear that trauma does not excuse abusive behavior;
  - how trauma may affect learning, regulation, group participation, and service fit;
  - cultural humility, cultural responsiveness, accessibility, and language-aware practice, including racism, discrimination, immigration-related barriers, poverty, disability, and other structural conditions that may affect access and engagement;
  - group facilitation skills, including staying focused on group goals, pacing, time management, accountability-centered confrontation, resistance management, and non-shaming engagement;
  - confidentiality, documentation expectations, information-sharing limits, and coordination boundaries aligned with Standards 6 and 7 and other applicable Standards;

- dignity-and-respect facilitation practices that reject humiliation, dehumanization, and shaming while maintaining clear behavioral expectations and accountability;
  - co-occurring substance use, mental health, trauma-related, and cognitive factors as participation and service-fit considerations, without redefining domestic abuse as primarily a substance use, anger, stress, or mental health problem; and
  - parallel-service and referral distinctions, including how to coordinate with advocacy, behavioral health, parenting, housing, or other supports without counting those services as replacement DVIP service.
- e) Onboarding. Programs shall document facilitator onboarding to the program model, curriculum expectations, pathway operations, documentation requirements, fidelity expectations, supervision structure, and safety-response procedures.
  - f) Competency sign-off. Programs shall require documented competency sign-off before independent facilitation.
  - g) Provisional facilitators. For Provisionally Certified DVIP Facilitators, competency sign-off and approval for independent facilitation shall depend on meeting the provisional supervised-practice and enhanced-oversight conditions in the Certification Scope.
  - h) Ongoing training hours. Programs shall require at least 20 hours per year of documented continuing education for facilitators.
  - i) Ongoing training content. Ongoing training shall include updates in domestic violence research, emerging abuse patterns, trauma and service-fit issues, and culturally responsive and equity-centered best practices. This includes intersectional dynamics that affect access, engagement, and safety, such as racism and discrimination, immigration-related barriers, poverty, disability access, and language access.
  - j) Training providers. Continuing education may be delivered by a range of qualified providers and formats, including culturally specific community-based organizations, tribal or Indigenous-serving organizations, disability-serving organizations, language-access and interpretation experts, survivor-led training entities, accredited continuing education providers, and recognized professional associations.
  - k) Programs shall ensure that required continuing education includes equity-centered and culturally responsive content relevant to the communities served. Programs shall not limit acceptable training sources to one legacy model, one institution type, or one professional discipline.
  - l) Supervisor preparation. Programs shall ensure that anyone providing supervision or fidelity review receives training sufficient to support case review, facilitation development, reflective supervision, fidelity review, and corrective action.

### **8.3 Supervision, fidelity monitoring, and corrective action**

Programs shall provide qualified supervision and documented fidelity monitoring sufficient to support safe, consistent delivery, facilitator development, and continuous quality improvement.

- a) Supervisors shall be qualified and shall demonstrate competence in domestic violence intervention, group facilitation, and supervision practice sufficient to support case review, facilitator development, reflective practice, and model integrity. Supervisors shall have 3 years DVIP experience and 2 years supervision experience.
- b) Supervision shall be scheduled and shall include, at minimum:
  - case and risk review;
  - safety-response guidance;
  - review of group-process and facilitation challenges, including focus on group goals, pacing, time management, confrontation, resistance, and accountability-centered engagement;
  - review of ethical practice, documentation quality, and coordination boundaries;
  - facilitator support related to the emotional impact of the work, professional sustainability, boundary maintenance, and impairment prevention;
  - reflective discussion of how trauma exposure, personal reactions, cultural dynamics, or organizational stressors may affect practice quality, judgment, or fidelity; and
  - routine review of universal safety precautions, including environmental safety practices, risk flags, staff safety planning, and documentation of safety actions when concerns arise.
- c) Minimum supervision time. Programs shall provide each facilitator at least 2 hours per month of supervision or practice consultation. This may be individual or small-group, in person or virtual, or an approved equivalent.
- d) Fidelity monitoring. Programs shall keep a documented process to assess whether facilitators deliver the intervention as intended. Fidelity monitoring may include:
  - remote or live observation;
  - structured observation tools;
  - review of session notes;
  - review of curriculum pacing;
  - audio or video review where lawful and appropriate;

- review of universal safety precautions when safety practice is part of fidelity expectations; and
  - other auditable methods approved by the certifier.
- e) Survivor-centered feedback. If the program uses survivor-centered feedback as part of fidelity monitoring, the process shall be opt-in, de-identified where possible, and handled under Standard 7 confidentiality and safety protections.
  - f) Monitoring frequency. Programs shall keep a written policy that sets the minimum frequency of fidelity monitoring for each facilitator each year. The policy shall account for facilitator experience, pathway complexity, prior corrective action, and other safety and quality factors.
  - g) If survivor-centered feedback is used, the policy shall explain how feedback is reviewed and integrated into supervision and quality improvement in a timely way.
  - h) Corrective action. When fidelity, safety, documentation, or facilitation problems are identified, programs shall use a documented corrective action process with remediation steps, timelines, and follow-up review.
  - i) Programs shall restrict, increase oversight of, or suspend independent facilitation when needed to protect safety and model integrity.
  - j) Programs shall keep documentation showing how supervision and fidelity findings inform facilitator development, remediation, and quality assurance.
  - k) People who provide supervision or fidelity review should participate in peer consultation or supervisor-of-supervision at least quarterly, or an approved equivalent, to support consistency and strengthen corrective-action decisions.

#### **8.4 Staff Well-being, Vicarious Trauma Safeguards, and Workload Protections**

Programs shall maintain written policies and support structures that address facilitator well-being as a workforce quality, safety, and retention issue.

- a) Programs shall keep a written facilitator well-being policy that addresses burnout, secondary traumatic stress, vicarious trauma, occupational stress, and staff safety concerns.
- b) The well-being policy shall identify available support pathways, such as reflective supervision, structured debriefing, consultation, and other documented supports.
- c) Programs shall offer a confidential process for identifying and responding to staff distress, vicarious trauma, or related impairment. Programs may use the ProQOL tool or another structured and documented screening approach.
- d) Programs shall keep a confidential response pathway for staff distress or impairment concerns.
- e) Programs shall not rely only on individual self-care strategies to manage the stress of trauma-exposed work. Programs shall also maintain organizational supports that

reduce avoidable strain, including workload review, access to supervision, and opportunities for emotional processing and consultation.

- f) Programs shall keep a written workload or caseload policy that defines “active participant” and explains how workload is calculated, reviewed, and adjusted to preserve safety, fidelity, documentation quality, and facilitator responsiveness.
- g) Workload and caseload policies shall account for factors that increase staff intensity demands, including High-Risk / Trauma-Adapted Pathway assignments, co-facilitation duties, documentation burden, participant instability, safety events, and corrective-action oversight.
- h) Programs shall maintain documented leave, relief, or equivalent staff-support arrangements sufficient to respond when staff functioning, safety, or sustainability is affected by the work.

### **8.5 Conflict of Interest, Dual Roles, and Professional Boundaries**

Programs shall keep written conflict-of-interest, dual-role, and professional-boundary policies sufficient to protect survivor safety, participant fairness, staff integrity, and model fidelity.

- a) Programs shall require staff, supervisors, contractors, board members with oversight roles, and any person involved in certification-sensitive decisions to disclose actual, potential, or apparent conflicts of interest.
- b) **Disclosure and documentation.** Programs shall keep a written process for receiving and documenting conflict disclosures, including:
  - the date disclosed;
  - the role involved;
  - the nature of the conflict, whether actual, potential, or apparent; and
  - the decision made.
- c) **Review and decision authority.** Programs shall designate a person to review disclosures and decide what restrictions, safeguards, or recusals are required. This may be a program director, ethics lead, or board officer who is not involved in the conflict.
- d) **Interim safeguards.** After disclosure, the program shall use interim safeguards until a review decision is made. This includes temporary recusal from any safety-sensitive or certification-sensitive decision affected by the conflict.
- e) **Outcome options.** The program shall document one of the following outcomes, as applicable:
  - no conflict found;
  - conflict managed with boundaries and oversight;
  - required recusal from defined activities or decisions; or

- reassignment or removal from a role, duty, or decision-making function.
- f) **Mitigation plan.** When a conflict is managed with boundaries and oversight, the program shall document a brief plan that explains the boundaries, supervision or oversight, and how compliance will be checked.
- g) **Recusal record.** When recusal is required, the program shall document:
- what decisions the person is recused from;
  - who will substitute; and
  - confirmation that the person did not participate in the recused activity.
- h) **Confidentiality.** Conflict records shall use only the minimum information needed. They shall not include survivor-identifying or safety-sensitive survivor information unless required by law and handled consistent with Standards 7 and 11.
- i) Programs shall prohibit staff from using their position to gain personal, financial, sexual, romantic, political, or other non-program benefits from participants, survivors, or family members.
- j) Programs shall prohibit sexual or romantic relationships between staff and current participants, and between staff and survivors connected to participant cases.
- k) Programs shall identify and manage dual-role risks, including facilitator/therapist, facilitator/evaluator, facilitator/advocate, facilitator/probation liaison, supervisor/investigator, or similar overlapping roles.
- l) When a dual role cannot reasonably be avoided, the program shall document boundaries, disclosure, supervision, and conflict-management steps.
- m) Programs shall prohibit gifts, favors, side agreements, or preferential arrangements that compromise judgment, fairness, documentation integrity, or safety.
- n) Programs shall require recusal from decisions when a conflict or dual role could compromise fairness, confidentiality, survivor safety, participant safety, or the accuracy of documentation or fidelity review.

## **8.6 Staff Screening, Misconduct Response, and Fitness for Duty**

Programs shall keep written procedures for staff screening, misconduct response, and fitness-for-duty review.

- a) Programs shall complete reference checks and any legally required background-screening processes before a staff member independently facilitates or accesses survivor-sensitive records.
- b) Programs shall keep a written process for receiving, documenting, reviewing, and responding to allegations of staff misconduct, including:
- confidentiality breaches;
  - record falsification;

- retaliation;
- sexual boundary violations;
- discriminatory conduct;
- misuse of authority; or
- impairment affecting service quality or safety.

c) Programs shall prohibit retaliation against any person who reports staff misconduct in good faith.

d) Programs shall define when a staff member shall be removed from direct service, have record access limited, be assigned enhanced supervision, or otherwise be restricted while safety-sensitive concerns are reviewed.

e) Programs shall document corrective action, remediation, restriction, or separation decisions consistent with personnel requirements, legal requirements, and records-retention obligations.

### **8.7 Insurance and risk financing**

Programs shall keep insurance or equivalent risk-financing arrangements sufficient for their operations and service model.

- a) At minimum, programs shall maintain general liability coverage and professional liability or errors-and-omissions coverage in amounts established by certifier policy or other applicable authority.
- b) Programs shall keep certificates of insurance or equivalent proof and make them available for certification review upon request.

### **Minimum audit evidence**

**Tier 1:** *staffing plan; role descriptions; training logs; onboarding checklist; supervision calendar or supervision log; fidelity-monitoring tool or method; written well-being policy; universal safety precautions protocol; training logs showing annual continuing education including equity/cultural responsiveness and language-access content.*

**Tier 2:** *documented competency sign-off; workload/caseload policy and reports; corrective action documentation when applicable; supervisor qualification documentation; language-access / consultation procedures.*

**Tier 3:** *confidential staff-support protocol; screening/response protocol for vicarious trauma or impairment; debrief or reflective-practice documentation; conflict-of-interest disclosures and recusal records when applicable.*

## **Standard 9**

### **Coordinated Community Response and System Coordination**

#### **9.1 Coordinated Community Response participation**

Programs shall not work in isolation. Programs shall take part in a Coordinated Community Response (CCR), or an equivalent local coordination structure, that prioritizes survivor and child safety, institutional accountability, and domestic violence as a public health issue.

Where no CCR or equivalent local coordination structure exists, programs shall develop, maintain, and implement a written plan that details good-faith efforts to create, restore, or join such a structure. The plan shall identify potential partner agencies, outreach and engagement efforts, barriers to coordination, interim safety and accountability practices, and a process for documenting progress. CCR work shall support shared planning, clear protocols, lawful information handling, and problem-solving with partner agencies.

- a) Programs shall participate in regular multidisciplinary CCR meetings or an equivalent coordination process.
- b) CCR participation shall include attention to:
  - coordinated responses to participant compliance, noncompliance, and risk;
  - survivor experiences, safety barriers, and system practices that may increase risk;
  - ways legal, family, service, or community systems may be misused for coercion, retaliation, surveillance, or control; and
  - local domestic violence trends, using summary-level or de-identified information when data are reviewed.

#### **9.2 Required System Linkages:**

Programs shall identify and maintain working relationships with key community partners. These relationships shall be strong enough to support participant accountability, survivor safety, lawful referrals, practical safety planning, resource connection, and follow-up when risk changes. A linkage does not authorize open-ended information sharing. All information sharing shall follow Section 9.3 and the confidentiality requirements in these Standards.

- Domestic abuse advocacy and survivor-service partners.
- Legal and court-system partners, including criminal court, family court, child welfare, child protective services, and child advocacy partners where applicable.
- Law enforcement and supervision partners, including community corrections, probation, parole, and other criminal-justice partners where applicable.
- Health and human-service partners, including public health, mental health, therapy, AODA, and related service providers.

- Housing, transportation, economic-stability, and other community-support partners.
- Education, prevention, and early-identification partners where relevant to local prevention work.

### 9.3 Information-sharing Protocols

Programs shall have written information-sharing protocols. These protocols shall explain how information is requested, received, used, shared, stored, and protected. The purpose is to support survivor safety, participant accountability, program integrity, and system accountability while preventing information from being used for coercion, intimidation, retaliation, surveillance, or other harm.

At minimum, the protocols shall include:

- Lawful authority and scope.** Before sharing information, the program shall identify the legal or program authority for the disclosure, such as law, court order, contract or grant condition, referral agreement, valid written consent, or other lawful authority. The program shall share only the minimum information needed for the authorized purpose.
- Plain-language notice.** Programs shall explain to participants and survivors, in plain language, what information the program collects, who may access it, when it may be shared, confidentiality limits, required-reporting duties, and how questions or complaints may be raised.
- Survivor choice and confidentiality.** Coordination and information sharing shall respect survivor choice, confidentiality, and consent requirements. When the law allows a survivor to decline information sharing, the survivor shall be able to decline without losing access to services.
- Safety review before disclosure.** Before sharing survivor-identifying, survivor-originating, or safety-sensitive information, the program shall review possible risks, including retaliation, surveillance, misuse in custody or family-court matters, child-welfare consequences, immigration, housing, economic, or other system-related harms. The program shall document the safety review and any safeguards used.
- Accountability notices to referral sources.** Programs may share participant status updates, accountability notices, progress reports, accountability reports, and safety-related notices with courts, supervision agents, child welfare agencies, or other lawful referral sources only under written policy and lawful authority. Routine updates shall be limited to the **Minimum Information Set**, meaning the least amount of information needed for the authorized purpose. This may include enrollment, attendance, participation status, compliance or noncompliance, corrective-action

- status, pathway changes, completion, discharge, termination, or safety-related program status. When lawful and appropriate, progress or accountability reports should include behavior-specific information needed by the referral source, such as accountability-review status, rule violations, corrective actions, step-up decisions, discharge or completion decisions, and whether the participant has met behavior-specific completion criteria. Reports shall not include privileged advocacy communications, survivor location information, protected addresses, safety plans, survivor-contact status, survivor statements, information attributed to a survivor, unnecessary clinical or diagnostic detail, or other survivor-identifying or safety-sensitive information unless a specific lawful authority permits or requires disclosure and the program documents a survivor-safety and confidentiality review.
- f) **Protection of survivor-originating information.** Programs shall not tell a participant whether a survivor was contacted, opted in, declined contact, or shared information, unless disclosure is required or permitted by law and has been safety-reviewed. Survivor-originating information shall be source-protected, limited, and stored separately from routine participant records when needed to protect safety.
  - g) **Provider-interface safeguards.** When programs coordinate with therapists, clinical providers, AODA providers, or other supportive-service providers, the program shall document referral pathways and information-sharing limits. Participation in therapy or another supportive service shall not count as DVIP or completion credit unless these Standards and the program's written framework specifically allow it. Coordination shall include safeguards, so services are not used as channels for coercion, intimidation, retaliation, or survivor surveillance.
  - h) **Record handling and access control.** Protocols shall explain where coordination records are stored, who may access them, how records are redacted or separated when needed, and how the program prevents unnecessary copying, disclosure, or placement of protected survivor information in participant files.
  - i) **Review of shared protocols.** Programs shall review information-sharing protocols with relevant partners as part of CCR work and shall update them when law, court requirements, funding conditions, referral practices, or safety concerns change.

#### **9.4 Multiple Pathways and Access Points**

Programs should identify local DVIP access points and referral routes. These routes may include court-ordered, supervision-linked, and lawful voluntary or community-based pathways. The objective is to minimize gaps in service delivery, prevent fragmented referrals, and facilitate timely access to accountability programming and associated support services.

- a) Voluntary or community-based access shall not reduce screening, accountability expectations, survivor-safety protections, confidentiality requirements, reassessment duties, or completion criteria.

- b) This section does not create survivor-contact requirements and does not allow survivors to be made responsible for monitoring, enforcement, or proof of participant compliance.

### **9.5 Advocacy for System Integrity**

Programs shall engage in nonpartisan system-improvement advocacy when institutional policies, practices, or patterns undermine survivor safety, equity, institutional accountability, or the coordinated response to domestic violence. This advocacy shall stay within the program's DVIP role and shall be directed toward improving system integrity, not toward representing either party in an individual legal matter.

- a) System-improvement advocacy may include raising patterns of system failure through appropriate channels, participating in policy or protocol review, offering training, sharing de-identified or summary-level practice concerns, and working with partners to prevent systems from being used for coercion, retaliation, surveillance, or continued control.
- b) This section does not require programs to advocate on behalf of individual participants against lawful accountability measures, supervision responses, court-ordered conditions, sanctions, or other safety-based consequences.
- c) Advocacy under this section shall remain consistent with survivor safety, confidentiality, equity, lawful information sharing, role clarity, and the DVIP accountability mission.
- d) Nothing in this section authorizes disclosure of confidential, privileged, survivor-identifying, participant-identifying, or safety-sensitive information beyond what is permitted or required by law, court order, valid consent, contract, grant condition, certifier authority, or these Standards.

### **9.6 Voluntary Access Option:**

Programs should support voluntary access pathways that are not connected to the legal system when doing so is consistent with program capacity, safety, and these Standards.

- a) Voluntary access shall not reduce participant accountability, survivor-safety protections, intake and risk-screening duties, confidentiality requirements, or completion criteria.
- b) Programs shall not treat voluntary access as a reason to require survivor contact, survivor participation, or survivor monitoring.

### **Minimum audit evidence:**

*For rural or resource-limited communities, compliance can be shown through formal CCR or equivalent coordination structures with documented partner linkages, referral pathways, risk*

*escalation procedures, and cross-system problem-solving. Programs are assessed based on coordination capacity, not the number of local agencies.*

***Tier 1 - Core:*** *CCR participation proof (agenda/sign-in) + sector contact list + referral/contact protocol.*

***Tier 2 - Additional:*** *information-sharing protocol + MOUs (where they exist).*

***Tier 3 - On -request:*** *training records for coordination/info handling + system-improvement documentation (good CQI material, but not a baseline fail for small programs).*

## Standard 10

### Equity, Access, Transparency, and Grievances

#### 10.1 Equity and Access

Programs shall take reasonable steps to reduce barriers to access. Programs shall use culturally responsive, healing-centered engagement that supports safety, dignity, and meaningful participation. This includes attention to barriers related to cost, location, transportation, disability, language, technology, discrimination, and lack of trust in systems.

- a) Programs shall maintain a written access plan that includes, at minimum:
  1. Language access and communication access procedures for Limited English Proficiency (LEP), Deaf/hard-of-hearing individuals, and people with other communication needs, recognizing that access is essential to safety.
  2. Qualified interpreters: Programs shall use qualified interpreters and shall not rely on children or family members for interpretation except in true emergencies while arranging qualified services.
  3. Proactive planning: Programs shall maintain proactive plans to address LEP and communication access needs.
  4. Disability access. Programs shall provide reasonable disability accommodations, auxiliary aids, and communication supports when required by applicable law or program policy.
  5. Culturally responsive and healing-centered engagement. Programs shall document how they adapt services for the communities they serve. When appropriate, adaptations may draw on cultural strengths and community practices, including collective healing, community support, music, movement, or other culturally rooted practices. These adaptations shall not reduce participant accountability, survivor safety, or required program expectations.
  6. System-barrier mitigation (access and trust): Access should address barriers to starting or staying in services that come from mistrust of the criminal legal system and other systems. Programs should document practical steps to reduce these barriers, such as:
    - a plain-language confidentiality explanation (what is private and what shall be shared by law);
    - at least one lawful way to get information or start services that does not require a criminal or legal system referral (e.g., self-referral, advocacy partner referral, community referral); and
    - a warm handoff option to culturally specific or community-trusted supports when available.

- clear participant expectations at intake (plain-language orientation on program requirements, confidentiality limits, and what information is and is not reported).
- b) Planning resources/tools: Programs shall use a structured language access planning toolset (or equivalent). Acceptable examples include the National Latin@ Network management tools and templates listed in the GCDA resource (Points of Contact Worksheet, Program Language Assessment, Language Access Plan Template).
  - c) Documentation and annual review: Programs shall document language access, communication supports, and accommodations offered or provided. Documentation shall protect confidentiality and avoid unnecessary personal details. Programs shall review access barriers at least once each year and update the access plan when needed.
  - d) Equity as a safety issue. Programs shall treat racism, discrimination, disability barriers, language barriers, poverty, technology barriers, and other structural barriers as access and safety issues. Programs shall not require people to work around inaccessible systems when reasonable changes can improve access without reducing accountability or survivor safety.

## **10.2 Transparency and Public-facing Policies**

Programs shall make key program information available to the public in accessible formats and, when appropriate, in the major languages used by the community.

At minimum, programs shall publicly post:

- program expectations, confidentiality limits, and consequences for not following program requirements;
- how to access services through routes that are not based on a criminal legal or court referral, when such routes are available;
- how to request culturally responsive or healing-centered supports;
- how to request language access, communication access, or disability accommodations;
- the complaint or grievance process, including response timelines; and
- fees, payment policies, and available cost-reduction options, when fees apply.

## **10.3 Fees and Inability to Pay:**

- a) Programs shall keep a written fee policy and make it publicly available. The policy shall explain all fees and any options that reduce cost barriers, such as a sliding scale, fee waiver, payment plan, or other reasonable arrangement.
- b) Protection against termination based only on inability to pay.

1. Programs shall not end participation solely because a participant cannot pay when participation is court-ordered or otherwise legally required for accountability, unless the program has first:
  2. completed and documented a reasonable ability-to-pay review, such as an income or benefits statement or another reasonable verification method;
  3. offered at least one reasonable alternative, such as a sliding-scale rate, payment plan, or fee waiver;
  4. documented the alternative offered and the participant's response; and
  5. followed any notice requirements set by court order, contract, funding rule, certifier policy, or other lawful authority.
- c) A program may address nonpayment when a participant refuses to provide reasonable information for an ability-to-pay review or refuses to follow an agreed payment arrangement. Any action shall follow written program policy, applicable legal requirements, and the program's accountability and safety obligations.

#### **10.4 Non-discrimination and Retaliation**

- a) Programs shall maintain and implement a written non-discrimination policy consistent with applicable law. The policy shall apply to program access, participation, communication, and staff conduct.
- b) Programs shall prohibit discrimination, harassment, denial of language access or disability accommodation, and retaliation for raising a concern in good faith.
- c) Programs may use the existing grievance process under this Standard to receive and resolve concerns related to discrimination, harassment, access, or retaliation; a separate complaint system is not required.
- d) Programs shall document complaints or concerns under this section and any action taken to review, resolve, or remediate them, consistent with confidentiality-protective documentation practices.
- e) Programs shall publicly identify how concerns about discrimination, harassment, access barriers, or retaliation may be raised, in a manner consistent with the program's existing access and grievance requirements.

#### **10.5 Grievance system**

Programs shall keep a complaint and grievance process that is accessible, free from retaliation, and usable without unnecessary burden. Participants and other affected persons may use this process. Complaints about discrimination, harassment, access barriers, or retaliation may be handled through this same process.

- a) **No retaliation.** Programs shall prohibit retaliation for filing a grievance or helping someone file one. Programs shall explain this protection clearly.
- b) **Accessibility.** The grievance process shall be accessible to people with limited English proficiency, Deaf or hard-of-hearing people, and people with disabilities, consistent with the program's access plan.
- c) **Multiple ways to submit.** Programs shall offer at least two ways to submit a grievance, such as in writing, by phone, online, or through a third party.
- d) **Timelines.** Programs shall acknowledge receipt within 5 business days and provide a written response within 10 calendar days, unless an extension is documented and communicated to the person who filed the grievance.
- e) **Documentation and improvement.** Programs shall keep grievance logs, record outcomes, and review patterns to improve program quality. Programs shall remove names and identifying details when needed to protect confidentiality and safety.

***Minimum audit evidence:***

***Tier 1 - Core:*** access plan + grievance policy (with timelines) + public-facing posting/screenshots.

***Tier 2 - Additional:*** de-identified grievance log + documentation of accommodations provided (sampling).

***Tier 3 - On-request:*** corrective actions based on trend review + annual review/update record (can roll into Standard 12 CQI summary).

## Standard 11

### Confidentiality, Mandated Reporting, Duty to Warn/Protect, and Information Sharing

**Scope and legal authority.** Nothing in this Standard creates a legal privilege or gives a program new authority to share information. Programs shall follow the most protective rule that applies, including federal, state, tribal, local, funding, contract, professional, ethical, and court requirements. This Standard supports lawful participant accountability by requiring information sharing to be accurate, timely, documented, and limited to the information needed for the lawful purpose.

#### 11.1 Mandated Reporting

Programs shall have written procedures for mandated reporting under Wisconsin law. The procedures shall explain which staff have reporting duties based on their role, license, credential, job duties, funding source, contract, or work setting.

Programs may use Appendix 11-A: Mandated Reporter Role Reference to identify staff positions that may have reporting duties. The appendix is a reference tool only. It does not replace current law, legal counsel, licensing rules, professional ethics, funding requirements, contracts, or court orders.

- a) **Child abuse and neglect.** Staff who are mandated reporters shall report suspected child abuse or neglect, or threats of abuse or neglect, when reporting is required under Wis. Stat. § 48.981. The duty belongs to the mandated reporter who has reasonable cause to suspect abuse or neglect, or reason to believe abuse or neglect is likely to occur. Reports shall be made to county child protective services or law enforcement as required by law.
- b) **No delay or transfer of duty.** A program policy shall not require supervisor approval, administrative review, team staffing, or any other internal process before a required report is made. Internal consultation may occur only if it does not delay the report. A supervisor, director, or administrator may help the reporter, support documentation, or make an additional report, but may not replace the mandated reporter's legal duty to report.
- c) **School violence threats.** Staff covered by Wis. Stat. § 175.32 shall report serious and imminent threats of violence in or targeted at a school when that statute requires reporting.
- d) **Adult-at-risk and elder-adult-at-risk reporting.** Programs shall identify whether any staff have reporting duties under Wisconsin adult-at-risk or elder-adult-at-risk laws, including Wis. Stat. §§ 46.90 and 55.043. Programs shall train covered staff on those duties.
- e) **Role-based reporting chart.** Programs shall keep a current chart that identifies mandated-reporter status by staff position. The chart shall be reviewed at least once

each year and whenever the program adds a new staff role, professional service, funding source, contract, or work setting.

- f) **Training and records.** Before staff work independently with participants or survivor-sensitive records, programs shall train them on:
- who is a mandated reporter;
  - what shall be reported;
  - when and how to report;
  - how to document reporting decisions; and
  - how to protect confidential and safety-sensitive information when documenting a report.

Programs shall keep records showing staff mandated-reporter status, training completion, and reporting decision records. Training shall make clear that required reports shall be made immediately, internal consultation may not delay a report, and the mandated reporter with the information remains responsible for ensuring the report is made.

- g) **Notice to participants.** At intake, programs shall clearly explain the limits of confidentiality, including required reporting duties and other situations where information may have to be shared. Programs shall document that the participant received this notice.

## **11.2 Survivor Information, Non-disclosure, and Privilege**

Programs shall have written procedures for protecting survivor information. These procedures shall explain when Wisconsin confidentiality, non-disclosure, privilege, funding, or victim-service rules apply, including Wis. Stat. §§ 995.67 and 905.045 when applicable.

- a) **Survivor information is safety-sensitive.** Programs shall treat survivor information as safety-sensitive. This includes survivor contact information, survivor statements, location information, safety plans, protected addresses, and any record showing whether a survivor was contacted, responded, declined contact, opted in, or accepted services.
- b) **Separate records and limited access.** Programs shall keep survivor information separate from general participant records when needed to prevent disclosure. Access shall be limited to staff who need the information to perform assigned duties.
- c) **Consent-based sharing.** Programs shall not share personally identifying survivor information unless there is lawful authority to do so. When consent is used, the consent shall be informed, written, specific, and time-limited. It shall identify what information may be shared, with whom, and for what purpose.
- d) **No service condition.** Survivors shall be able to receive information, referrals, and support options without being required to disclose abuse, provide details, sign a release, monitor the participant, or take part in enforcement.

- e) **Minimum necessary sharing.** When information may lawfully be shared, programs shall share only the information needed for the lawful purpose. Before sharing, the program shall consider whether disclosure could increase risk to a survivor, child, or other protected person.
- f) **Legal process.** Programs shall have a written process for subpoenas, court orders, and other legal demands. The process shall explain:
  - who reviews and responds;
  - how the program checks for confidentiality, privilege, non-disclosure, and funding-related restrictions;
  - when legal counsel should be consulted;
  - how affected survivors will be notified when notice is legally permitted and safe; and
  - how the program documents any disclosure using the minimum necessary approach.

### **11.3 Information Management: Participant Records and Survivor Information**

Programs shall have written information-management policies that distinguish between participant records and survivor information.

- a) Participant records may include routine program information needed for referral, attendance, participation, compliance, progress, accountability review, discharge, and completion reporting.
- b) Survivor information shall be stored in a separate file, profile, or restricted section of the record system when needed to prevent access by staff who do not need the information.
- c) Programs shall avoid placing survivor-identifying information in participant records unless it is necessary for a lawful program purpose and the program has completed a safety and confidentiality review.
- d) Policies shall address routine updates, participant progress and accountability reports, referral-source communication, survivor-contact boundaries, required reporting, safety-critical alerts, subpoenas, court orders, and universal resource offers.

### **11.4 Referral-source Updates, Participant Accountability Reports, and Safety-critical Alerts**

Programs shall define a **Minimum Information Set** for routine updates to courts, probation, child welfare, or other lawful referral sources. The Minimum Information Set means the least amount of information reasonably needed to show participant status, compliance, progress, accountability concerns, or completion for the referral purpose.

Confidentiality protections shall not be interpreted to block participant accountability reporting when a specific lawful authority requires or permits the disclosure. Lawful authority may include a court order, supervision condition, referral agreement, contract, grant condition, valid written release, statute, regulation, or other binding legal authority.

Any participant accountability reporting shall be limited to one of the following:

- a) the **Minimum Information Set**; or
- b) an authorized participant progress or accountability report that is necessary for the lawful referral, supervision, court, child welfare, certification, or accountability purpose.

Before sharing information beyond the Minimum Information Set, the program shall confirm the lawful authority for the disclosure, limit the report to the information needed for that purpose, use behavior-specific language, and complete any required survivor-safety and confidentiality review.

Reports shall not include privileged advocacy communications, survivor location information, protected addresses, safety plans, survivor-contact status, survivor statements, unnecessary clinical detail, or other survivor-identifying or safety-sensitive information unless a specific lawful authority permits or requires the disclosure and the program documents a safety review.

#### **11.4.1 Routine participant updates**

Unless more information is legally required or authorized, routine participant updates should be limited to:

- enrollment or entry date;
- assigned program track or pathway;
- attendance and participation status;
- compliance or noncompliance with program rules;
- missed sessions and make-up status;
- current participation status, such as active, paused, suspended, discharged, terminated, or completed; and
- completion, discharge, or termination date and basic reason.

#### **11.4.2 Participant progress and accountability reports**

When appropriate and lawful, information sharing may include participant progress and accountability reports. These reports should be behavior-specific and should support accountability without disclosing protected survivor information, privileged communications, or unnecessary clinical detail.

A participant progress or accountability report may include, when relevant to the referral purpose:

- the participant's attendance, participation, and compliance with program rules;
- whether the participant is meeting accountability-review expectations;
- specific program-rule violations, such as threats, intimidation, disruptive conduct, nonparticipation, missed sessions, or reported recurrence of abusive or coercive behavior, when the program has lawful authority to report it;
- corrective actions required by the program and whether the participant completed them;

- pathway changes, step-up decisions, discharge, termination, or completion decisions and the documented basis for the decision;
- safety-related restrictions or referral-source action items that the referral source needs to know to carry out its lawful role; and
- whether the participant has met, not met, or partially met behavior-specific completion criteria.

These reports shall not include therapy notes, diagnostic details, survivor statements, survivor contact status, survivor locations, safety plans, privileged advocacy communications, or other safety-sensitive information unless a specific lawful authority allows or requires the disclosure and the program documents a safety review.

#### **11.4.3 Information That Shall be Protected**

Programs shall not disclose survivor-identifying or safety-sensitive information unless lawful authority exists and a safety review is documented. Protected information includes:

- whether a survivor was contacted, responded, opted in, declined contact, or received resources;
- survivor location, protected address, safety plan, or contact information;
- survivor statements or information attributed to a survivor;
- privileged advocacy communications; and
- other survivor-identifying or safety-sensitive information.

Programs shall not share sensitive participant information beyond the Minimum Information Set or an authorized accountability/progress report unless lawful authority exists and a safety review is documented. Sensitive participant information includes:

- detailed clinical, counseling, assessment, or treatment notes;
- diagnostic, medical, mental health, substance use, disability, or trauma-related information;
- immigration status, financial information, or other sensitive personal information;
- unverified allegations, third-party reports, or information not needed for the referral purpose;
- detailed narrative notes from groups, sessions, or staff observations, unless required for a lawful purpose; and
- information that could create unnecessary safety, privacy, or fairness risks.

#### **11.4.4 Safety-critical Alerts and Duty to Warn and Protect**

Programs shall have a written process for safety-critical alerts, including possible duty-to-warn and duty-to-protect situations. This process is separate from mandated

reporting and does not create a blanket authority to disclose confidential information. Programs may use Appendix 11-B: Duty to Warn and Protect and Safety-Critical Alerts Reference to guide these decisions.

- a) **When alerts may be shared.** Programs should share safety-critical alerts only when lawful authority exists and the program documents a safety review before disclosure. A safety-critical alert may involve a serious and imminent threat or another urgent safety concern involving a survivor, child, participant, staff member, identifiable person, school, or the public.
- b) **What shall be documented.** Prior to disclosure, the individual(s) should evaluate the specific safety concern, the legal justification for disclosure, the intended recipients of the information, and the minimum information that will be shared. Individuals responsible for disclosure shall document any critical incident within 24 hours, including whether supervision or legal counsel was consulted, and how the program addressed safety, confidentiality, and fairness risks for survivors, children, participants, staff, and other stakeholders.

#### **11.4.5 Templates and Consistency**

Programs shall use prepared templates or approved report formats for referral-source updates, participant progress reports, accountability reports, safety-critical alerts, critical-incident reports, and discharge or completion notices. Templates shall help staff share enough information for lawful accountability while avoiding unnecessary disclosure.

**11.5 Universal IPV Education and Support (no proof burden):** Programs shall use a universal IPV education and support approach in survivor-facing outreach and resource linkage.

- a) Universal offer: Outreach materials, safe-contact invitations, and resource lists shall offer support options without requiring a survivor to confirm abuse, share details, accept services, or participate in monitoring or enforcement.
- b) Safe delivery: Programs shall deliver survivor education and resource offers in ways that reduce the risk of retaliation, surveillance, or unintended disclosure.
- c) Access and inclusion: Resource offers shall be in plain language and accessible to people with disabilities and people with limited English proficiency, consistent with the program's access plan.

#### **Minimum audit evidence:**

**Tier 1 - Core:** confidentiality policy; required reporting procedure; subpoena/court-order procedure; Minimum Information Set referral update template; participant progress/accountability report template.

**Tier 2 - Additional:** mandated-reporter role roster; training completion logs; intake acknowledgement of confidentiality limits

*Tier 3 - On-request: de-identified referral communication logs; safety review documentation; access-control evidence; record-segregation evidence; subpoena or court-order response documentation.*

## **Standard 12**

### **Documentation, Monitoring, Audit Readiness, and Certification Reporting**

#### **12.1 Documentation and Monitoring**

Programs shall keep accurate, organized, and current records that show how the program follows these Standards.

Each record required by this Standard shall be dated; identify the staff person or role responsible for the entry; describe the decision or action taken; state the reason for the decision when a reason is required; and be kept under the program's policies for access control, retention, correction, and secure disposal.

Records shall be detailed enough to support participant accountability, pathway decisions, reassessments, safety actions, supervision, fidelity monitoring, grievance review, required legal reports, and certification review.

Programs shall protect confidential, survivor-identifying, participant-identifying, and safety-sensitive information when creating, storing, reviewing, or sharing records. Documentation shall follow the confidentiality, minimum-necessary, and record-separation requirements in Standard 11.

#### **At minimum, programs shall document:**

- a) Participant accountability and engagement, including enrollment, attendance, participation status, compliance or noncompliance with program rules, and completion, discharge, or termination.
- b) Risk, pathway, and reassessment decisions, including the date of the decision and the reason for the decision.
- c) Safety actions and escalations, including what happened, what action the program took, who reviewed the concern, and the reason for the action.
- d) Supervision and fidelity monitoring, including supervision dates, attendance, fidelity tools used, findings, and corrective action when needed.
- e) Grievances, complaints, discrimination or access concerns, and resolutions, including timelines and outcomes.
- f) Required program metrics and certification-reporting data, including the definitions used and any category-by-category breakdowns required by the certifier.

#### **12.2 Feedback and Program Improvement**

Programs shall give participants a way to provide feedback about the program. The feedback method may include an anonymous survey, exit form, structured interview, or another accessible method.

Programs are required to conduct a comprehensive review of participant feedback trends at least once annually. The insights gained from this analysis should be utilized to inform and guide decisions aimed at enhancing the overall quality of the program.

Programs should also maintain a survivor-informed continuous quality improvement process. This may include input from survivor advocacy partners, a Survivor Advisory Council, or another survivor-informed process. The process shall protect survivor confidentiality, safety, and choice.

Programs shall document:

- a) major themes from feedback;
- b) decisions made in response to feedback;
- c) changes made by the program; and
- d) follow-up shared with the input group, using summary-level information only, such as themes, counts, or trends that do not identify any individual.

Programs shall not include survivor-identifying information in feedback summaries, quality improvement reports, or certification reports unless lawful authority exists and the disclosure follows Standard 11.

### **12.3 Internal quality assurance record review**

Programs shall review records at least quarterly to confirm that required documentation is complete, consistent, and stored correctly.

The review shall include a sample of records related to intake, risk assessment, pathway assignment, attendance, accountability review, safety actions, supervision, fidelity monitoring, grievances, and required reports.

Programs shall document the results of each review and any corrective action taken.

Internal record reviews shall use confidentiality-protective practices. Reviewers may access only the information needed to complete the review. Review notes and summaries shall avoid unnecessary survivor-identifying, participant-identifying, or safety-sensitive information.

### **12.4 Audit-ready Standards Binder or Evidence System**

Programs shall maintain an audit-ready Standards binder or an equivalent evidence system.

The evidence system may be paper, electronic, or both. It shall allow the program to quickly find and show the documents needed for certification review, audits, complaints, or corrective action.

The evidence system shall include:

- a Standard-by-Standard index showing what evidence exists and where it is stored;
  - current, version-controlled policies and procedures;
  - templates, logs, forms, reports, and training records required by these Standards;
  - documentation of quality improvement activities;
  - corrective action plans and close-out records, when applicable; and
  - documentation showing how the program protects confidential and safety-sensitive information during audits or record reviews.
- a) Programs shall make the evidence system available during certification review, audits, and corrective action processes established by the certifier or other lawful oversight authority.
  - b) Programs shall keep an audit-access record showing the reviewer, the authority for the review, the records or evidence reviewed, any redactions used, any copies provided, the date of access, and the confidentiality protections applied.
  - c) Programs shall not provide unrestricted access to survivor records, participant records, or safety-sensitive records during an audit. Audit access shall be limited to what is necessary to verify compliance. Programs should use records with identifying details removed, redacted records, or sampled records when appropriate.

Before providing audit access, programs shall verify the reviewer's authority and the scope of the review; limit access to the minimum information necessary; document what was reviewed or disclosed; and use secure review methods that prevent unnecessary copying, downloading, removal, or redisclosure of confidential or safety-sensitive information.

Nothing in this Standard authorizes disclosure of confidential, privileged, survivor-identifying, participant-identifying, or safety-sensitive information beyond what is permitted or required by law, court order, contract, valid consent, certifier authority, or Standard 11.

### **12.5 Certification Reporting Package (annual or mid-cycle submission)**

Programs shall submit an annual or mid-cycle certification reporting package when the certifier requires it.

The package shall show that the program continues to follow the Standards and is working to improve program quality.

At minimum, the package shall include:

- a) current staffing plan and any staffing changes;
- b) training logs and supervision calendars;
- c) fidelity monitoring results and corrective action activity, if any;
- d) required program metrics and outcome reporting, including category-by-category breakdowns when required;

- e) grievance summary, including counts, themes, response timelines, outcomes, and improvements made;
- f) corrective action plan status, including open items, timelines, progress, and closure evidence; and
- g) policy updates and version history.

Certification reports shall use summary-level information or information with personal identifiers removed whenever possible. Reports shall not include survivor-identifying information, unnecessary participant-identifying information, or safety-sensitive details unless lawful authority exists and the disclosure is required for the certification purpose.

### **12.6 Corrective Action and Follow-up**

When documentation, monitoring, fidelity, safety, grievance, or reporting problems are found, programs shall take corrective action.

Corrective action shall include:

- a) the issue found;
- b) the action the program will take;
- c) the person responsible for completing the action;
- d) the deadline for completion;
- e) how completion will be verified; and
- f) any follow-up review needed to make sure the issue has been corrected.

Programs shall keep corrective action records and close-out documentation.

Failure to maintain required Tier 1 evidence, refusal to provide lawful audit access, repeated failure to complete required documentation, material misreporting, breach of confidentiality during audit or reporting, or failure to complete corrective action within required timelines is certifiable noncompliance. It may result in corrective action, increased monitoring, conditional certification or probation, suspension, or decertification, consistent with the Authority, Status, and Enforcement section and applicable appeal procedures.

#### **Minimum audit evidence**

***Tier 1:*** Standards binder or evidence index; required certification reports or program metrics package; grievance summary; training logs; supervision logs; internal quality assurance record review schedule and most recent review summary; corrective action log for open or recently closed items.

***Tier 2:*** participant feedback tool; quality assurance record review checklist; de-identified quality improvement summary; corrective action log.

***Tier 3:*** corrective action plan close-out documentation; deeper record samples when required for audit sampling, complaint review, certification review, or corrective action follow-up; documentation showing how confidential, survivor-identifying, participant-identifying, and safety-sensitive information was protected during review.

## **Prioritized implementation roadmap**

Phase planning aligns with Wisconsin's ongoing standards review work and prior discussions of certification effectiveness and potential support.

### **Phase 1 — Adoption and governance design (0–6 months)**

- GCDA approves Standards text + publishes scope/status and disclaimer language consistent with DCF GCDA pages.
- GCDA defines certifier selection criteria (independence, expertise, conflict-of-interest rules, appeals process).
- Publish Version 1.0 with effective date and transition rules.

### **Phase 2 — Pilot certification + technical assistance (6–12 months)**

- Design audit tools: desk audit checklist, observation rubric, record sampling plan.
- Select 5–10 pilot programs representing geography and diversity; refine Standards based on feedback.
- Build templates/MOU library consistent with Wisconsin collaboration guidance.

### **Phase 3 — Statewide roll-out (12–18 months)**

- Launch two-year certification cycle; maintain public registry.
- Publish Minimum Information Set standards for court/community corrections reporting
- Implement annual reporting cadence and corrective action framework.

### **Phase 4 — Evaluation and update cycle (18+ months; recurring)**

- Review outcomes, equity metrics, safety incidents, grievance patterns.
- Update Standards every 3 years or as statute/guidance changes.