



Accountability Workgroup
Subgroup on Focus Group Planning
Thursday, November 30th, 2022
9:00 AM- 10:30 AM
Zoom Meeting

Members Present: Chris Davies (Staff), Andréa Nunes Gardner (Staff), KaTrina Smith (JDRDC), Joe Meyer (Shelter House), Brittany Davis (CCI).

I. Overview of Meeting

- a. This is a virtual public meeting.
- b. Chris and Andréa are here to take notes and offer logistical support
- c. Joe Meyer volunteered to take the lead in the meeting
- d. Brittany Davis will offer consultation
- e. The tasks for this meeting are to:
 - i. Create a plan for offering focus groups for survivors
 - ii. Create a draft recruitment flyer/letter
- f. Will share at next general Workgroup meeting

II. Ideas for Recruiting

- a. Victims of violence whose partners are currently receiving services might have ideas about what services they want their partners to receive (Jamie).
- b. On the other hand, it is hard to expect people in crisis to know what they want at that moment, and we need to be sensitive to that (Joe, KaTrina).
- c. The court protective order intake process embeds an advocate from DVAC in the process to make sure the needs of the victim are met, if the victim wants. Their emotions are high, and they might want something different 14 days later. The respondent might be ordered to mental health or substance abuse treatment and might not be ready to work on their relationships for 12 months (KaTrina).
- d. It might be helpful to have a mixture of survivor voices early and later in the process, or even longitudinal (Jamie).

- e. The focus group works well to be offered as part of an existing support group (Brittany).
- f. For groups that are designated exclusively for therapeutic benefit for clients, it would be good to have an option to participate in the focus group outside of the therapeutic group. (Chris, Andréa).
- g. There is value in asking (sensitively) for participation from survivors early in the healing process and late in the process.
- h. Purpose of the focus groups is to center survivor voices in the overarching process and solutions around accountability for those who cause harm.
- i. Make sure to include those who are system-involved and those who are not, and those who have different charges related to DV.
- j. Some people might try to participate in multiple groups, but this is acceptable.
- k. We want to limit participation to individuals who are Fairfax County residents and/or involved in Fairfax County systems.

III. What CCI Has Done in Other Jurisdictions

- a. Focus groups take a lot of effort to assemble, so it is good to ask a full range of questions, considering all goals and all future focus groups before starting the first group.
- b. CCI has asked questions about BIP programs specifically (PAIP's), but these can be broadened out.
- c. Questions focused on what they wanted to see happen in accountability.
- d. Asked survivors, those who caused harm, and professions the same questions to compare responses.
- e. Important to represent diverse voices, mitigate participation barriers, provide incentives, group appropriately, choose the right setting, and identify themes.
- f. CCI used a community self-assessment for survivor-centered work, which can be used as a basis for creating further questions.
- g. Brittany shared the questions and the self-assessment by email, and they are included as an appendix to these minutes, as well as recruitment document drafts.

IV. Possible questions

- a. This subgroup will review questions outside of this meeting and add/edit those questions ahead of the next general meeting (for discussion in the general meeting).

V. Considerations for Planning

- a. Who
 - i. Will facilitate
 - 1. Artemis House staff (for the shelter population)
 - 2. OAR, if it seems appropriate
 - 3. Facilitators identified through CEDV and DV Network
 - ii. Will be invited to participate
 - 1. Will be asked to participate Fairfax County residents or those who are involved in Fairfax County systems
 - 2. All those served by organizations participating on the Accountability Workgroup
 - iii. Will assist in recruiting
 - 1. All organizations represented by the Accountability Workgroup and staffs
 - 2. Other organizations from diverse sectors and representing diverse populations
 - iv. Will collect and summarize survey results (DSVS)
- b. What
 - i. Questions to ask **(to be determined after this meeting)**
 - ii. Resources need **(not yet determined)**
- c. When
 - i. To circulate recruitment document
 - 1. Facilitators (January)
 - 2. Participants (February)
 - ii. To hold focus groups (February and March)
- d. Where
 - i. Virtually and in-person
 - 1. In shelter
 - 2. In some support group in the community TBD
 - 3. Town hall
 - 4. Community centers
- e. How

- i. By survey as an alternative option, electronic or paper (which has been done successfully in other jurisdictions).
- ii. By individual phone interview by request.
- iii. In English and Spanish and with interpreters
- iv. Translating recruitment document into other languages

VI. Plan

- a. **Between now and the 12/15/22 Workgroup meeting, all members of this subgroup will review edit, and add to the following SharePoint documents:**
 - i. **Possible focus group questions**
 - ii. **Recruitment document for facilitators**
 - iii. **Recruitment document for participants**
- b. **Katrina will present these rough drafts at 12/15/22 Workgroup meeting, along with the following plan:**
- c. **When ratified, DSVS will translate the questions and participants recruitment document into other languages.**
- d. **Recruit facilitators first (distributing recruitment document in January and selecting facilitators by February), asking them for any locations and times they can host.**
- e. **Schedule spaces and times for focus groups based on facilitators selected, taking place February through March.**
- f. **Then recruit participants (starting in February), providing options for where and when to participate, including survey and interview options.**
- g. **Conduct focus groups in February (for those who already have existing forums) and in March (for everyone else).**
- h. **DSVS will analyze and compile results of surveys, interviews, and focus groups in April to share with Workgroup.**

VII. Adjourn

- a. Meeting adjourned at 10:30 am.

APPENDIX A – CCI FOCUS GROUP QUESTIONS
Abusive Partner Intervention Programming (APIP) Focus Group Template

I. Scheduling

Profession Type	Option 1 Date	Reg Link (if using Zoom or another platform)	Staff Facilitating	Option 2 Date	Reg Link	Staff Facilitating
Defense Bar						
APIP Providers						
Child Welfare						
Advocates, shelter, victim/witness						
Supervised visitation						
Judges						
Probation/parole/corrections						
Prosecutors/civil legal attorneys						
Other? County Agencies or State Agencies that may be potential certifying agency						
Culturally-specific organizations						
Community-based organizations						

II. Groups and Question Plan

Here is a suggested list of focus group professions: defense bar, judges, prosecutors, civil legal attorneys, probation, advocates, survivors, supervised visitation, child protection, culturally-specific agencies, community-based organizations, faith-based organizations, etc. Below are sample questions.

- **Defense Bar**
 - What are your beliefs about survivors and people who cause harm through IPV?

- What values do you bring to working with survivors or people who cause harm through IPV?
- How do you determine the needs of clients?
- What are their needs? What are the barriers to change/accountability/program completion? How could programming address these needs?
- What are the needs of survivors? What are the gaps in meeting those needs and how can that be addressed in the community?
- What is needed to cultivate a community in which violence does not happen and community members can thrive?
- How do you define accountability?
- When you hear the words APIP/PAIP, what comes to mind?
- What is the role of abusive partner intervention programming in your community? (This hopefully gets to safety, accountability, norms change, etc.)
- What is the role of community and system stakeholders in supporting accountability? Your agency?
- Are there any unique issues related to female clients?
- What would you want to know about a defendant's progress in the program?
- What would make you agree to a plea deal for your client that includes a program?
- What types of assessments would be helpful and at what point and by whom should they be administered (e.g., domestic violence risk, substance use, mental health, etc.)? How would you feel about a validated risk tool informing the decision of PAIP programming?
- Would you need to know, at the time of a plea, the exact length of APIP/PAIP I.e. Would you ever agree to a plea that says "At a minimum...or after assessment, defendant will complete program??
- What are the strengths of the current programming options in your community? What are the gaps and barriers of the current programming options in your community?
- How, if at all, do programs in your community live out (or not live out) the values you identified?
- We have a diverse population in our state. Do you think that programs are able to serve the diverse population? If so, how? If not, where are their gaps and what could be done to address?
- Is there a need for specialized programming for different populations and communities (e.g., LBGTQ+, military or others)?
- What resources, support, coordination/collaboration do programs need to implement effective programming?
- What trainings would support a collaborative and holistic approach to abusive partner intervention?
- If interested in statewide standards: How do the existing Standards support programs and accountability and safety? Which Standards are helpful? Where is their room for improvement? If you could have just one standard for APIPs/PAIPs, what would it be? How does the certification process/standards support your work? What are your barriers with compliance with standards?

- **Judges**

- What are your beliefs about survivors and people who cause harm through IPV?
- What values do you bring to working with survivors or people who cause harm through IPV?
- What are their needs? What are the barriers to change/accountability/program completion? How could programming address these needs?
- What are the needs of survivors? What are the gaps in meeting those needs and how can that be addressed in the community?
- What is needed to cultivate a community in which violence does not happen and community members can thrive?
- How do you define accountability?
- When you hear the words APIP/PAIP, what comes to mind?
- What is the role of abusive partner intervention programming in your community? (This hopefully gets to safety, accountability, norms change, etc.)
- What is the role of community and system stakeholders in supporting accountability? The court?
- From your perspective, who is being offered an APIP/PAIPs sentence and who else could benefit from one?
- What would you want to know about a defendant's progress in the program?
- What types of assessments would be helpful and at what point and by whom should they be administered (e.g., domestic violence risk, substance use, mental health, etc.)? How would you feel about a validated risk tool informing the decision of PAIP programming?
- Would you need to know, at the time of a plea, length of APIP/PAIP Would you ever agree to a plea that says "At a minimum...or after assessment, defendant will complete program??
- What are the strengths of the current programming options in your community? What are the gaps and barriers of the current programming options in your community?
- How, if at all, do programs in your community live out (or not live out) the values you identified?
- We have a diverse population in our state. Do you think that programs are able to serve the diverse population? If so, how? If not, where are their gaps and what could be done to address?
- Is there a need for specialized programming for different populations and communities (e.g., LBGTQ+, military or others)?
- What resources, support, coordination/collaboration do programs need to implement effective programming?
- What trainings would support a collaborative and holistic approach to abusive partner intervention?
- If interested in statewide standards: How do the existing Standards support programs and accountability and safety? Which Standards are helpful? Where is their room for improvement? If you could have just one standard for APIPs/PAIPs, what would it be? How does the certification process/standards support your work? What are your barriers with compliance with standards?

- **Prosecutors/Civil legal Attorneys:**

- What are your beliefs about survivors and people who cause harm through IPV?
- What values do you bring to working with survivors or people who cause harm through IPV?
- What are their needs? What are the barriers to change/accountability? How could programming address these needs?
- What are the needs of survivors? What are the gaps in meeting those needs and how can that be addressed in the community?
- What is needed to cultivate a community in which violence does not happen and community members can thrive?
- How do you define accountability?
- When you hear the words APIP/PAIP, what comes to mind?
- What is the role of abusive partner intervention programming in your community? (This hopefully gets to safety, accountability, norms change, etc.)
- What is the role of community and system stakeholders in supporting accountability? Your agency?
- What do you consider/what factors do you take into consideration when offering an APIP/PAIP How does your office determine those factors? What would make you agree to a plea deal that includes an APIP/PAIP
- Are there any unique issues related to female defendants?
- What types of assessments would be helpful and at what point and by whom should they be administered (e.g., domestic violence risk, substance use, mental health, etc.)? How would you feel about a validated risk tool informing the decision of PAIP programming?
- Would you need to know, at the time of a plea, the exact terms and length of APIP programming after an assessment has been done?
- What about a defendant's progress in the program would you want to know?
- What are the strengths of the current programming options in your community? What are the gaps and barriers of the current programming options in your community?
- How, if at all, do programs in your community live out (or not live out) the values you identified?
- We have a diverse population in our state. Do you think that programs are able to serve the diverse population? If so, how? If not, where are their gaps and what could be done to address?
- Is there a need for specialized programming for different populations and communities (e.g., LBGTQ+, military or others)?
- What resources, support, coordination/collaboration do programs need to implement effective programming?
- What trainings would support a collaborative and holistic approach to abusive partner intervention?
- If interested in statewide standards: How do the existing Standards support programs and accountability and safety? Which Standards are helpful? Where is their room for improvement? If you could have just one standard for APIPs/PAIPs, what would it be? How

does the certification process/standards support your work? What are your barriers with compliance with standards?

- **Probation**

- What are your beliefs about survivors and people who cause harm through IPV?
- What values do you bring to working with survivors or people who cause harm through IPV?
- How do you determine the needs of clients?
- What are their needs? What are the barriers to change/accountability/program completion? How could programming address these needs?
- What are the needs of survivors? What are the gaps in meeting those needs and how can that be addressed in the community?
- What is needed to cultivate a community in which violence does not happen and community members can thrive?
- How do you define accountability?
- When you hear the words APIP/PAIP, what comes to mind?
- What is the role of abusive partner intervention programming in your community? (This hopefully gets to safety, accountability, norms change, etc.)
- What is the role of community and system stakeholders in supporting accountability? Your agency?
- What's the volume of individuals who are on probation with APIP/PAIP?
- What types of assessments would be helpful and at what point and by whom should they be administered (e.g., domestic violence risk, substance use, mental health, etc.)? How would you feel about a validated risk tool informing the decision of PAIP programming?
- How do risk responsibility assessments currently inform programming or supervision?
- What about a defendant's progress in the program would you want to know?
- What are the strengths of the current programming options in your community? What are the gaps and barriers of the current programming options in your community?
- How, if at all, do programs in your community live out (or not live out) the values you identified?
- We have a diverse population in our state. Do you think that programs are able to serve the diverse population? If so, how? If not, where are their gaps and what could be done to address?
- Is there a need for specialized programming for different populations and communities (e.g., LBGTQ+, military or others)?
- What resources, support, coordination/collaboration do programs need to implement effective programming?
- What trainings would support a collaborative and holistic approach to abusive partner intervention? If interested in statewide standards: How do the existing Standards support programs and accountability and safety? Which Standards are helpful? Where is their room for improvement? If you could have just one standard for APIPs/PAIPs, what would it be? How does the certification process/standards support your work? What are your barriers with compliance with standards?

- **Advocates**

- What are your beliefs about survivors and people who cause harm through IPV?
- What values do you bring to working with survivors?
- What are the needs of survivors? What are the gaps in meeting those needs and how can that be addressed in the community?
- What are the needs of people who cause harm through IPV? What are the barriers to change/accountability/program completion? How could programming address these needs?
- What is needed to cultivate a community in which violence does not happen and community members can thrive?
- How do you define accountability?
- When you hear the words APIP/PAIP, what comes to mind?
- What is the role of abusive partner intervention programming in your community? (This hopefully gets to safety, accountability, norms change, etc.)
- What is the role of community and system stakeholders in supporting accountability? Your agency?
- What is the nature and frequency of victim contact from APIP/PAIP? How could that be done best?
- What don't you see APIPs/PAIPs/PAIPs doing that would like to see them doing?
- What would you want to know about ongoing compliance? How could that be done safely? Who, from the APIP/PAIP, should be making contact?
- What types of assessments would be helpful and at what point and by whom should they be administered (e.g., domestic violence risk, substance use, mental health, etc.)? How would you feel about a validated risk tool informing the decision of PAIP programming?
- Have you sat in and observed a program? Would you want to?
- What are the strengths of the current programming options in your community? What are the gaps and barriers of the current programming options in your community?
- How, if at all, do programs in your community live out (or not live out) the values you identified?
- We have a diverse population in our state. Do you think that programs are able to serve the diverse population? If so, how? If not, where are their gaps and what could be done to address?
- Is there a need for specialized programming for different populations and communities (e.g., LBGTQ+, military or others)?
- What resources, support, coordination/collaboration do programs need to implement effective programming?
- What trainings would support a collaborative and holistic approach to abusive partner intervention?
- If interested in statewide standards: How do the existing Standards support programs and accountability and safety? Which Standards are helpful? Where is their room for improvement? If you could have just one standard for APIPs/PAIPs, what would it be? How

does the certification process/standards support your work? What are your barriers with compliance with standards?

- **Supervised Visitation**

- What are your beliefs about survivors and people who cause harm through IPV?
- What values do you bring to working with survivors and/or people who cause harm through IPV?
- How do you determine the needs of parents who have caused harm through IPV?
- What are the needs of parents who have caused harm through IPV? What are the barriers to change/accountability? How could programming address these needs?
- What are the needs of survivors? What are the gaps in meeting those needs and how can that be addressed in the community?
- What is needed to cultivate a community in which violence does not happen and community members can thrive?
- How do you define accountability?
- When you hear the words APIP/PAIP, what comes to mind?
- What is the role of abusive partner intervention programming in your community? (This hopefully gets to safety, accountability, norms change, etc.)
- What is the role of community and system stakeholders in supporting accountability? Your agency specifically?
- What's the volume of individuals who use supervised visitation that are also ordered to complete an APIP/PAIP?
- What about a person who causes harm's progress in the program would you want to know?
- What types of assessments would be helpful and at what point and by whom should they be administered (e.g., domestic violence risk, substance use, mental health, etc.)? How would you feel about a validated risk tool informing the decision of PAIP programming?
- What are the strengths of the current programming options in your community? What are the gaps and barriers of the current programming options in your community?
- How, if at all, do programs in your community live out (or not live out) the values you identified?
- We have a diverse population in our state. Do you think that programs are able to serve the diverse population? If so, how? If not, where are their gaps and what could be done to address?
- Is there a need for specialized programming for different populations and communities (e.g., LBGTQ+, military or others)?
- What resources, support, coordination/collaboration do programs need to implement effective programming?
- What trainings would support a collaborative and holistic approach to abusive partner intervention?
- If interested in statewide standards: How do the existing Standards support programs and accountability and safety? Which Standards are helpful? Where is their room for improvement? If you could have just one standard for APIPs/PAIPs, what would it be? How

does the certification process/standards support your work? What are your barriers with compliance with standards?

- **Child Protection**

- What are your beliefs about survivors and people who cause harm through IPV?
- What values do you bring to working with survivors and/or people who cause harm through IPV?
- How do you determine the needs of parents who have caused harm through IPV?
- What are their needs? What are the barriers to change/accountability? How could programming address these needs?
- What are the needs of survivors? What are the gaps in meeting those needs and how can that be addressed in the community?
- How do you define accountability?
- What is needed to cultivate a community in which violence does not happen and community members can thrive?
- When you hear the words APIP/PAIP, what comes to mind?
- What is the role of abusive partner intervention programming in your community? (This hopefully gets to safety, accountability, norms change, etc.)
- What is the role of community and system stakeholders in supporting accountability? Your agency specifically?
- What's the volume of individuals who are involved with child protection who are also mandated to a PAIP?
- What do you consider/what factors do you take into consideration when offering a PAIP? How does your office determine those factors?
- What types of assessments would be helpful and at what point and by whom should they be administered (e.g., domestic violence risk, substance use, mental health, etc.)? How would you feel about a validated risk tool informing the decision of PAIP programming?
- How do risk responsiveness assessments currently inform programming?
- What are the strengths of the current programming options in your community? What are the gaps and barriers of the current programming options in your community?
- How, if at all, do programs in your community live out (or not live out) the values you identified?
- We have a diverse population in our state. Do you think that programs are able to serve the diverse population? If so, how? If not, where are their gaps and what could be done to address?
- Is there a need for specialized programming for different populations and communities (e.g., LBGQTQ+, military or others)?
- What resources, support, coordination/collaboration do programs need to implement effective programming?
- What trainings would support a collaborative and holistic approach to abusive partner intervention?

- If interested in statewide standards: How do the existing Standards support programs and accountability and safety? Which Standards are helpful? Where is their room for improvement? If you could have just one standard for APIPs/PAIPs, what would it be?
- **APIP Providers**
 - What are your beliefs about survivors and people who cause harm through IPV?
 - What values do you bring to working people who cause harm through IPV?
 - How do you determine the needs of clients?
 - What are their needs? What are the barriers to change/accountability/program completion? How could programming address these needs?
 - What are the needs of survivors? What are the gaps in meeting those needs and how can that be addressed in the community?
 - How do you define accountability?
 - What is needed to cultivate a community in which violence does not happen and community members can thrive?
 - What is the role of abusive partner intervention programming in your community? (This hopefully gets to safety, accountability, norms change, etc.)
 - What is the role of community and system stakeholders in supporting accountability?
 - What role does collaboration with other stakeholders/partners inform your work?
 - What types of assessments would be helpful and at what point and by whom should they be administered (e.g., domestic violence risk, substance use, mental health, etc.)? How would you feel about a validated risk tool informing the decision of PAIP programming?
 - How do risk need responsivity assessments currently inform programming?
 - If needs and risks are identified, how does your program address?
 - What are the strengths of the current programming options in your community? What are the gaps and barriers of the current programming options in your community?
 - How, if at all, do programs in your community live out (or not live out) the values you identified?
 - We have a diverse population in our state. Do you think that programs are able to serve the diverse population? If so, how? If not, where are their gaps and what could be done to address?
 - Is there a need for specialized programming for different populations and communities (e.g., LBGQT+, military or others)?
 - What resources, support, coordination/collaboration do programs need to implement effective programming?
 - What trainings would support a collaborative and holistic approach to abusive partner intervention?
 - If interested in statewide standards: How do the existing Standards support programs and accountability and safety? Which Standards are helpful? Where is their room for improvement? If you could have just one standard for APIPs/PAIPs, what would it be? How does the certification process/standards support your work? What are your barriers with compliance with standards?

- **Culturally-Specific Agencies or Other Community-Based Organizations (e.g., substance use, mental health, education, faith-based etc.)**
 - What are your beliefs about survivors and people who cause harm through IPV?
 - What values do you bring to working with survivors and/or people who cause harm through IPV?
 - What are the needs of parents who have caused harm through IPV? What are the barriers to change/accountability/program completion? How could programming address these needs?
 - What are the needs of survivors? What are the gaps in meeting those needs and how can that be addressed in the community?
 - What is needed to cultivate a community in which violence does not happen and community members can thrive?
 - How do you define accountability?
 - When you hear the words APIP/PAIP, what comes to mind?
 - What is the role of abusive partner intervention programming in your community? (This hopefully gets to safety, accountability, norms change, etc.)
 - What is the role of community and system stakeholders in supporting accountability? Your agency specifically?
 - Does your agency do any work with people who cause harm through intimate partner violence? If so, describe. If not, are you interested in being involved in that work and why?
 - What types of assessments would be helpful and at what point and by whom should they be administered (e.g., domestic violence risk, substance use, mental health, etc.)? How would you feel about a validated risk tool informing the decision of PAIP programming?
 - What are the strengths of the current programming options in your community? What are the gaps and barriers of the current programming options in your community?
 - How, if at all, do programs in your community live out (or not live out) the values you identified?
 - We have a diverse population in our state. Do you think that programs are able to serve the diverse population? If so, how? If not, where are their gaps and what could be done to address?
 - Is there a need for specialized programming for different populations and communities (e.g., LGBTQ+, military or others)?
 - What would be helpful for PAIP providers to know about the population you work with?
 - What resources, support, coordination/collaboration do programs need to implement effective programming?
 - What trainings would support a collaborative and holistic approach to abusive partner intervention?
 - If interested in statewide standards: How do the existing Standards support programs and accountability and safety? Which Standards are helpful? Where is their room for improvement? If you could have just one standard for APIPs/PAIPs, what would it be? How does the certification process/standards support your work? What are your barriers with compliance with standards?

III. Surveys or Focus Groups for Survivors and People Who Cause Harm

Surveys could be distributed to survivors and defendants by the practitioners who work with them. Focus groups can also be administered asking the same questions.

- Survivors

- Can you describe in one sentence what a PAIP is?
- What do you need from your community?
- What do you think the biggest needs are of a person in a program?
- What about your partner/ex-partner's progress in the program would you want to know? What would you want to know about the program in general?
- What do you want your partner/ex-partner to get out of the program?
- What would you want to know about their ongoing participation in the programming? How can that information be shared with you and other survivors safely? Who should be making contact with you to let you know?
- What do you think a PAIP should focus on? Name your top 2 things you would want a program to do for the defendant/teach?
- If your partner/ex-partner has been to a program, what did you think was best about it? What could have been better?

- People Who Cause Harm Through IPV

- Can you describe in one sentence what a PAIP is?
- What does accountability mean to you?
- What agencies in your community are responsible for holding people who cause harm accountable?
- Does your PAIP help hold you accountable? Please explain
- What do you need to help you have a healthy relationship with a partner?
- How can the community best keep partners safe from abuse?
- What is the most important thing you have learned in the program?
- What other things do you think would be helpful to talk about in the program to help you have healthy and safe relationships in the future?
- What are gaps/barriers in your current PAIP in your community?

APPENDIX B – CCI LANGUAGE FOR RECRUITING FACILITATORS

The Center for Court Innovation has been contracted to hold listening sessions and provide targeted training and technical assistance to practitioners to support abusive partner intervention programming in the state. The goal of these listening sessions will be to identify statewide values around domestic violence accountability programming, assess the current state of domestic violence accountability programs, and identify training needs to enhance programming in the state.

We feel that your perspective and experience regarding programming is crucial and hope that you will assist us in gathering more information on this issue. We anticipate the sessions being no more than 90 minutes in length and will be held remotely via Zoom. You can register for the appropriate Zoom session below. If you have any questions, please let me know.

The goal of these efforts is to learn from the shared wisdom and knowledge of stakeholders to assess the current state of batterers intervention in [Fairfax County].

We are reaching out to stakeholders throughout [Fairfax County] to conduct focus groups and surveys related to batterers' intervention programming [in the county]. Your perspective and experience regarding programming for domestic violence offenders is crucial and we invite you to be a part of gathering more information on this issue. After conducting the sessions, CCI will identify themes and create recommendations regarding the future of batterer intervention programming in [Fairfax County]. The themes and recommendations will be further reviewed and solidified during in person meetings that are scheduled for April 2020.

APPENDIX C – CCI LANGUAGE FOR RECRUITING PARTICIPANTS

The goal of these efforts is to learn from the shared wisdom and knowledge of stakeholders to assess the current state of batterers intervention.

We are reaching out to stakeholders throughout the state to conduct focus groups and surveys related to batterers' intervention programming on the islands. Your perspective and experience regarding programming for domestic violence offenders is crucial and we invite you to be a part of gathering more information on this issue. After conducting the sessions, CCI will identify themes and create recommendations regarding the future of batterer intervention programming. The themes and recommendations will be further reviewed and solidified during in person meetings that are scheduled for April 2020.

APPENDIX D – CCI RECOMMENDATIONS FOR LISTENING SESSIONS

Community Listening Sessions

Gender-based violence impacts entire communities. When developing a response to this issue – or any major issue – it is important to seek input from a diverse group of individuals, organizations and institutions in your community. Especially critical is the inclusion of the racially and ethnically diverse communities who are disproportionately impacted by gender-based violence. Listening sessions can be an effective way to gather this important information and ensure your CCR is responsive to the needs of your community. The goal of the listening sessions is to ensure people who will be impacted by policies, practices or initiatives are included in the process and can share their insight, as well as enhance engagement of your CCR members.

This checklist includes the steps to developing a listening session series as well as sample questions.

Create a diverse stakeholder list to participate in the listening sessions (criminal and civil-legal agencies and institutions, advocates, community-based agencies, organizations and institutions, survivors, people who have caused harm through gender-based violence, etc.). See the complete list of potential CCR agencies here: It is often helpful to include a mix of frontline worker and leadership representation, as well as those with lived experience, to ensure all perspectives are included.

Leverage relationships with community leaders to market the listening sessions to ensure diversity of voice.

Consider mitigation of barriers to participation, e.g., transportation, childcare, language access, disability

Schedule sessions on a variety of days of the week and times to accommodate different work schedules.

Determine the best grouping of participants for the listening sessions (i.e., by profession, by lived experience).

Draft questions for the listening sessions, tailoring to the participants in each group, as needed.

Consider developing participation pathways for those who cannot attend listening sessions.

Schedule and hold listening sessions (note: be sure to record or have a notetaker to capture information shared).

Identify any themes—what is working, what is not working, gaps, strengths, capacity, and training needs.

Hold meetings to review themes and identify ways in which your CCR can enhance its response to gender-based violence.

Sample Questions

- What do you think are the causes of gender-based violence in your community?
- What is your (organization's, institution's, or agency's) role in reducing and preventing gender-based violence in your community?
- What are your community's strengths in gender-based violence prevention and response?
- What are the barriers to gender-based violence prevention in your community? How can you improve?

- What agencies, individuals, institutions or organizations have a history of collaboration and warm referrals? What does this look like?
- Which culturally specific community-based organizations or programs does your agency work with that primarily serve racially or ethnically diverse, immigrant, or other underserved communities in your area?
- What are the beliefs you hold about survivors of gender-based violence? About people who cause harm through gender-based violence? What services or resources do they need?
- What values do you bring to this work?
- What steps can your community take to live out these values?

Once the listening sessions are complete, you may want to: meet again with some listening session participants to validate or clarify information gathered; create a summary of the themes generated; and make recommendations that will inform the work of your CCR.

APPENDIX E – SELF-ASSESSMENT (IDEAS FOR MORE FOCUS GROUP QUESTIONS)

Abusive Partner Intervention and Engagement

Self-Assessment: Revisiting Goals, Challenges, and Progress in Community Responses

What is a Self-Assessment?

For communities that have an abusive partner intervention program, a self-assessment is an opportunity to revisit the values, goals, and objectives your community has in place for offender accountability, engagement and programming, the overall progress toward these ends, and the role of the community in supporting programs. A self-assessment works well as a follow-up to any programmatic or domestic violence coordinated community response changes. Many communities find that their values and goals may change or that the daily practices in abusive partner intervention programming evolve over time. A self-assessment provides a guided opportunity for programs and their communities to reflect on current practice, compare it to their original goals, and collaborate to ensure victim/survivor safety and offender accountability. This self-assessment focuses on the implementation of a set of guiding principles in abusive partner intervention programming, but the expectation is not that each principle will be fully realized or that the particular principle is a priority in your community. Instead, the assessment can serve as a way to focus community efforts on areas needing attention or improvement. It can also be a way for a community to identify their own guiding principles that reflect their community values. This self-assessment is meant to act as a guide and is a living document from which system and community-based enhanced responses to accountability and engagement can emerge. Additional questions can be added to tailor a self-assessment to the needs of a particular

community, but this tool serves as a starting point for agencies that wish to examine the values of their program and community, overall progress made towards goals, and ongoing challenges present in their abusive partner intervention program.

What do we mean by community?

Community can be a town, city, a county, statewide jurisdiction or a group of individuals.

This self-assessment process encourages the inclusion of a wide range of community stakeholders, i.e., those individual leaders and agencies that work with, support, and provide services to domestic violence victim/survivors and abusive partners.

Depending on your community, this could be undertaken with a multi-disciplinary team of community stakeholders, as part of a coordinated community response team, high risk management team, or a domestic violence taskforce. Programs can partner with community-based

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advocates, probation, courts, religious, spiritual or cultural leaders and other stakeholders

to review current practices and make recommendations.

Additionally, communities may find it useful to invite the input of a technical assistance

provider to guide the implementation of the self-assessment or to receive assistance with

goals identified after the self-assessment is completed, such as specialized training,

intensive technical assistance on a particular issue, site visits, or other assistance. For

further information on the type of assistance that the Center for Court Innovation can

provide, see the final section in this document, which focuses on the Abusive Partner

Intervention and Engagement Technical Assistance Project.

Self-Assessment Guiding Principles and Definitions

The topic areas and questions identified below are drawn from guiding principles

developed by the Abusive Partner Engagement and Accountability Training and Technical

Assistance Project. These guiding principles lay out a framework for implementing the following definition of accountability: *Creating systemic and relational pathways for abusive partners to develop responsibility, healing, and hope for themselves, their families and their communities.* Unless otherwise specified, the topic areas are structured such that communities can rate practices on a scale, with options such as “Yes, fully in place,” “In progress,” “Needs improvement,” “Don’t know,” or “Not applicable.” Additionally, there is space to say this guiding principle “Is a priority in our community,” “Not a priority right now,” “Does not reflect the values of our community,” or “Don’t know.” There is room to explain why or why not for each guiding principle. Finally, one question at the end of each section addresses the goals and milestones for that topic area; this is meant to highlight potential action steps that a program or community could take. The guiding principles below are not exhaustive, but can be used as the basis of a self-assessment project. For resources related to each of these guiding principles, please visit www.courtinnovation.org/topic/domestic-violence.

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***Guiding Principle 1:
Survivor Voices are
Centered
Intimate partner
violence can cause
harm to
victim/survivors/survi
vors in many ways:
physically, mentally,
emotionally, and
economically. Safety
and healing need to be
defined by
the victim/survivor.
Abusive partner
intervention and
engagement strategies***

need to collaborate with community-based victim/survivor advocates and victim/survivors to understand and address identified needs.

<p>Is this value a priority for our community? Choose an answer to the right and explain why or why not in the space provided.</p>	<p>Yes</p>	<p>Not Now</p>	<p>Does not Reflect the Values of Our Community</p>	<p>Don't know</p>	<p>Why or Why Not?</p>	
<p><i>Key Components</i></p>	<p>Yes, Fully in place</p>	<p>In progress</p>	<p>Needs improvement</p>	<p>Don't know</p>	<p>N/A</p>	<p>Comments</p>
<p>Abusive Partner Intervention Programs and community-based DV advocate organizations have regular meetings regarding victim/survivor safety.</p>						

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Your program is an active member of the local task force or advocate led team, such as a coordinated

community response, domestic violence taskforce or high risk management team meetings in each community where it provides services.
Program staff and community-based advocates have processes by which staff are cross-trained to ensure fuller understanding of each roles and ways to collaborate.
With input from community-based advocates, program staff have created a process for contacting the victim/survivor and current partner of the participant.
Your program uses a curriculum that places victim/survivor safety as one of its primary goals.

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Your program uses a curriculum

that has been reviewed by community-based victim/survivor advocates and/or survivors.

Your community has a process whereby regular survivor feedback and safety concerns are heard and incorporated into program policies, protocols, and curricula.

What goals or milestones will you meet in the next twelve months for items that are indicated as a work in progress or that need improvement?

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Guiding Principle 2: Accountability is Active and Relational
Intimate partner violence impacts not only the victim/survivor but also family, friend, and community relationships. Because of this, intervention and engagement of

abusive partners should address the many relational harms of violence. Accountability is both personal and systemic. System and community-based agencies should create multiple pathways to accountability and identify and remedy the barriers they have created for abusive partners and survivors to safety and accountability. Accountability also requires an abusive partner to be an active participant in both identifying, taking responsibility for, and, where possible, repairing the harm and violence of their thoughts and actions.

<p>Is this value a priority for our community? Choose an answer to the right and explain why or why</p>	<p>Yes</p>	<p>Not Now</p>	<p>Does not Reflect the Values of Our Community</p>	<p>Don't know</p>	<p>Why or Why Not?</p>
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not in the space provided.						
<i>Key Components</i>	Yes, fully in place	In progress	Needs improvement	Don't know	N/A	Comments
Your coordinated community response, domestic violence task force or high-risk team regularly assesses community resources to support the engagement and accountability needs of those who cause harm.						

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Your program(s) has a comprehensive orientation to ensure participants understand the goals of the program and to begin participant engagement as soon as possible.

Your community and program(s) have created a process by which participants identify the harm they have caused to their partners, their family, and their communities and allows participants to identify strategies to repair those harms.

Your community has a process by which survivors can provide input on what their safety and well-being needs are and what they think a program needs to include.

Your program meets regularly with referring agencies and has compliance forms and processes by which to share compliance information on a regular basis.

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Your community has a process whereby referrals are made to community agencies to address

participants with additional needs, such as unemployment, substance abuse, or mental health concerns.

Your community has a process for regular review of stakeholder and community agencies' policies and practices to identify any barriers to accountability for the defendant/respondent (such as conflicting compliance dates, fees, transportation, etc.).

What goals or milestones will you meet in the next twelve months for items that are indicated as a work in progress or that need improvement?

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***Guiding Principle 3:
Hope and Dignity are Restored
Abusive partner intervention and engagement***

strategies should create spaces for change, safety, and well-being for the abusive partner. These spaces for change, safety, and well-being should also be created for the victim/survivor. Recognizing the science of hope and the need to create pathways and agency to develop and reach one's goals, intervention and engagement strategies should treat each abusive partner with dignity and respect, valuing their commitment to change and their experiences while including support and skill-building for the abusive partner to address the harm and violence and create goals for healthy, violent-free relationships.

<p>Is this value a priority for our community? Choose an answer to the right and explain why or why not in the space provided.</p>	<p>Yes</p>	<p>Not Now</p>	<p>Does not Reflect the Values of Our Community</p>	<p>Don't know</p>	<p>Why or Why Not?</p>	
<p><i>Key components</i></p>	<p>Yes, fully in place</p>	<p>In progress</p>	<p>Needs improvement</p>	<p>Don't know</p>	<p>N/A</p>	<p>Comments</p>
<p>Your program(s) create space for reflection on abusive beliefs, thoughts, and actions and seek to create opportunities for change through goal setting, role playing, and peer discussion.</p>						

Your community has processes and supports in place in addition to abusive partner programming to support participants in living non-violent, lives.

Your community has processes and support systems in which survivors can voice the ways in which abuse has impacted their lives and their needs in order to feel respected and safe in their relationships.

Your community has processes to assess how hope is incorporated in all system and program response.

What goals or milestones will you meet in the next twelve months for items that are indicated as a work in progress or that need improvement?

***Culture and
Community
are Reflected
and Valued***

***Addressing the
harms of
intimate partner
violence requires
collaboration
between system
and
community-
based agencies
to create
abusive partner
intervention and
engagement
strategies that
will create safe
and healthy
intimate
partner, family,
peer, and
community
relationships. To
do so,
these
intervention and
engagement
strategies should
create pathways
to change and
safety that
reflect the
diversity of the
community, the
intersectionality
of the
individuals, and
the community,
cultural, and
personal values
that support
healthy and safe
relationships.***

<p>Is this value a priority for our community? Choose an answer to the right and explain why or why not in the space provided.</p>	<p>Yes</p>	<p>Not Now</p>	<p>Does not Reflect the Values of Our Community</p>	<p>Don't know</p>	<p>Why or Why Not?</p>	
<p><i>Key components</i></p>	<p>Yes, fully in place</p>	<p>In progress</p>	<p>Needs improvement</p>	<p>Don't know</p>	<p>N/A</p>	<p>Comments</p>
<p>Your community offers programming that meets the needs of LGBTQ survivors and offenders.</p>						
<p>Your community offers programming that meets the different needs of women, including those arrested for</p>						

using violence as a response to being abused themselves.						
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Your community observes the program, provides feedback, and supports the role of the program in creating safety and well-being for the survivor and active and relational accountability for the participant.
Your community has programming that responds to the diversity and language needs of the participant population.
Your community has processes in place to support the participant in having healthy relationships once the program has ended.
Your community has processes in place to review and assess community norms

and values that support violence and has created action steps to address those norms.

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Your community has processes in place to identify and support community norms and values that support healthy relationships, survivor safety and well-being and relational accountability.

Your program has facilitators that reflect the cultural diversity of your community.

Your community ensures that all staff interacting with offenders attend substantive training on cultural issues relevant to the offender population beyond language differences.

Your community has created training opportunities for

stakeholders and community organizations on cultural responsiveness.

Your community addresses financial barriers to participation through no cost or reduced fee classes.

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Your community encourages community partners outside the criminal justice system to make referrals to programs.

What goals or milestones will you meet in the next twelve months for items that are indicated as a work in progress or that need improvement?

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***Guiding Principle 5:
Interventions and Engagement Strategies Respond to the Needs and Strengths of Abusive***

Partners
Abusive partners may have varying levels of past trauma and criminogenic risks and needs that influence their abuse and their pathways to change. While past trauma is not an excuse for using violence and inflicting violence on intimate partners, addressing past harms and traumas can allow for creating specific, person-centered, trauma and research-informed interventions and engagement strategies. These strategies should also focus on engaging participants' inherent strengths to effect positive behavior change.

<p>Is this value a priority for our community? Choose an answer to the right and explain why or why not in the</p>	<p>Yes</p>	<p>Not Now</p>	<p>Does not Reflect the Values of Our Community</p>	<p>Don't know</p>	<p>Why or Why Not?</p>
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space provided.						
<i>Key components</i>	Yes, fully in place	In progress	Needs improvement	Don't know	N/A	Comments
Your community has a comprehensive intake assessment for programs to identify level of risk, needs, trauma history, substance abuse and mental health concerns, and relationship history.						

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Your community has programming that provides opportunities for participants to identify their values and create goals that will lead to safety and well being for their partner, their children and their community.
Your community has programming

that is responsive to participants with little or no reading capability.
Your community has trauma informed processes and procedures for handling domestic violence cases.
If appropriate in your community, interpreter services are made available to litigants (i.e., American Sign Language or non English languages) or Language Line services are used.
If appropriate in your community, program services are available in multiple languages.

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What goals or milestones will you meet in the next twelve months for items that are indicated as a work in progress or that need improvement?

The Center for Court Innovation's Abusive Partner Accountability and Engagement Training and Technical Assistance is designed to help jurisdictions undertaking a comprehensive review of current approaches to domestic violence offender accountability and engagement. For this project, the Center for Court Innovation is collaborating with Futures Without Violence, Men Stopping Violence, Caminar Latino, Alma Center, Inc., Sojourner Family Peace Center, Wica Agli, Jim Henderson, Cheryl Davis, and the Honorable Berryl Anderson. With the support of the U.S. Department of Justice's Office on Violence Against Women (OVW)), the Center and its collaborative partners can provide free multi-disciplinary training and technical assistance to both criminal and civil judges, court staff, prosecutors, tribal courts, defense bar, abusive partner intervention providers, service providers and victim advocates to identify strategies that are grounded in a coordinated, holistic community and justice system response to enhance accountability for and engagement with domestic violence offenders.

To learn more about our work, please visit our website at www.courtinnovation.org/topic/domestic-violence or send comments and inquiries to dvaccountability@courtinnovation.org.

The Center for Court Innovation's technical assistance includes:

- μ On-site work with jurisdictions seeking to enhance domestic violence offender accountability and engagement.
- μ Practitioner-to-practitioner learning opportunities through webinars.
- μ Guidance with creating holistic responses to offender accountability, promoting victim/survivor safety, and developing effective partnerships with other agencies.
- μ Dissemination of model documents and emerging best practices in the field
- μ Training Institutes for multi-disciplinary teams to learn from national experts and develop strategies to bring back to their communities.

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