



# Offender Intervention Program Standards

Established standards to a court to implement an offender intervention program pursuant to 44-7-210, Montana Code Annotated.

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## Definitions

- 1) Domestic Violence, as defined by the Office on Violence Against Women (OVW)<sup>1</sup>, includes the following forms:
  - a) **Physical abuse:** Hitting, slapping, shoving, grabbing, pinching, biting, hair pulling, etc. are types of physical abuse. This type of abuse also includes denying a partner medical care or forcing alcohol and/or drug use upon him or her.
  - b) **Sexual abuse:** Coercing or attempting to coerce any sexual contact or behavior without consent. Sexual abuse includes, but is certainly not limited to, marital rape, attacks on sexual parts of the body, forcing sex after physical violence has occurred, or treating one in a sexually demeaning manner.
  - c) **Emotional abuse:** Undermining an individual's sense of self-worth and/or self-esteem is abusive. This may include, but is not limited to constant criticism, diminishing one's abilities, name-calling, or damaging one's relationship with his or her children.
  - d) **Economic abuse:** Controlling or restraining a person's ability to acquire, use, or maintain economic resources to which they are entitled. This includes using coercion, fraud, or manipulation to restrict a person's access to money, assets, credit, or financial information; unfairly using a person's personal economic resources, including money, assets, and credit, or exerting undue influence over a person's financial and economic behavior or decisions, including forcing default on joint or other financial obligations, exploiting powers of attorney, guardianship, or conservatorship, or failing or neglecting to act in the best interests of a person to whom one has a fiduciary duty.
  - e) **Psychological abuse:** Elements of psychological abuse include - but are not limited to - causing fear by intimidation; threatening physical harm to self, partner, children, or partner's family or friends; destruction of pets and property; and forcing isolation from family, friends, or school and/or work.
  - f) **Technological abuse:** An act or pattern of behavior that is intended to harm, threaten, control, stalk, harass, impersonate, exploit, extort, or monitor another person that occurs using any form of technology, including but not limited to: internet enabled devices, online spaces and platforms, computers, mobile devices, cameras and imaging programs, apps, location tracking devices, or communication technologies, or any other emerging technologies.
- 2) **Duty to Warn** is the responsibility to report concern or threat of violence or other means of harm in a timely manner to the victim, referring agency, and/or law enforcement agencies.
- 3) **Facilitator** is an offender intervention group leader who has completed all required

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<sup>1</sup> [Office on Violence Against Women \(OVW\) | Domestic Violence](#)

training set forth by the standards and is qualified to lead OIP sessions.

- 4) **Family Member** means mothers, fathers, children, brothers, sisters, and other past or present family members of a household. These relationships include relationships created by adoption and remarriage, including stepchildren, stepparents, in-laws, and adoptive children and parents. These relationships continue regardless of the ages of the parties and whether the parties reside in the same household.
- 5) **Intake** includes initial paperwork completed with an OIP participant which includes personal history, criminal history, lethality evaluation, drug and alcohol use screening, mental health screening, list of service providers, and program contracts.
- 6) **Intervention** includes legal action, employee assistance programs, neighborhood safety strategies, treatment services, and community education endeavors seeking to stop the violence of offenders and encourage them to develop skills and strategies to achieve violence-free lives.
- 7) **Offender** is a person convicted of a partner and family member assault.
- 8) **Offender Intervention Program (OIP)** means therapy and other treatment or services designed to change offender behavior.
- 9) **Partner** means spouse, former spouse, person who has a child in common, and person who has been or is currently in a dating or ongoing intimate relationship.
- 10) **Participant** refers without limitation to a referred abusive partner, a prospective participant, an admitted participant, or a discharged participant.
- 11) **Provider** includes all staff and volunteers who work with offenders including facilitators and administrative staff.
- 12) **Session** is an educational group or individual meetings during which abusive behaviors are challenged using an approved curriculum.
- 13) **Stalking** is defined by Montana Code Annotated 45-5-220<sup>2</sup> as purposely or knowingly engaging in a course of conduct directed at a specific person and knows that the course of conduct would cause a reasonable person to fear for their safety (or a third party's) or suffer substantial emotional distress.

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<sup>2</sup> [45-5-220. Stalking -- exemption -- penalty, MCA](#)

## Introduction

As the designated State Administering Agency (SAA) for Montana, the Montana Board of Crime Control (MBCC) serves as the central hub for managing both federal and state-funded domestic violence intervention programs. Under Montana law effectiveness and a Code Annotated 44-7-201, MBCC is responsible for identifying funding priorities, evaluating service effectiveness, and establishing the standards for Offender Intervention Programs.

The 2017 Montana Legislature provided the authority to the Montana Board of Crime Control (MBCC) to adopt statewide offender intervention standards pursuant to Montana Code Annotated 44-7-210. The standards are to ensure that counseling and other services organized under the Domestic Violence Intervention Grant, Offender Intervention Program (OIP) are evidence-informed practices that are designed to reduce the risk of future violent behavior. Domestic violence is a reality for people of all economic, educational, ethnic, racial and religious backgrounds, abilities, ages, and lifestyles. It has lethal consequences for victims and the communities in which they live. Domestic violence is a crime of power and control. It is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control. It isn't just about physical contact; it's about the threat of harm and the relationship between the people involved. Domestic violence includes purposely or knowingly causing bodily injury, or purposely or knowingly causing reasonable apprehension of bodily injury, to a partner or family member.

In developing the standards, MBCC recognizes:

- Victim Safety is a priority
- Offender accountability is taking responsibility for abusive behavior

The OIP standards are guidelines for providers in treating individuals who have committed acts of domestic violence. MBCC utilizes the OIP standards as one factor to determine eligibility for a grant award through the Domestic Violence Intervention Grant. In Montana, the OIP's establish a framework where courts act as critical components of a coordinated system to end domestic violence. Using these standards, MBCC aims to further the success of Montana OIPs who receive grant funding through the Domestic Violence Intervention program and, ultimately, continue MBCC's mission to proactively contribute to public safety, crime prevention and victim assistance.

## Program Requirements

OIP minimum program requirements include:

- 1) Offenders assume financial responsibility for the cost of their treatment.
- 2) Assessment of the offender throughout the participation of the program.
- 3) Treatment groups are accessible on an ongoing basis.
- 4) Intervening with offenders is a coordinated community response effort involving law enforcement, courts, child protective services, probation/parole, schools, victim advocates, victim service providers and offender treatment providers.
- 5) Treatment is an ongoing process that provides offenders with education and therapy designed to assist offenders in stopping their violent behavior.
- 6) The responsibility for treatment outcomes lies with the offender; whether an offender chooses to change behavior remains the individual's obligation.
- 7) Individual therapy should only be used once the offender has completed the domestic violence offender intervention program and violence has ceased.
- 8) The offender actively participates in the therapy process.
- 9) Program providers actively collaborate and communicate with attorneys, courts, law enforcement, probation/parole, victim advocates, misdemeanor probation and pretrial service officers, and victim service providers to monitor the offender's compliance in the OIP

## Collaboration

A coordinated community response is essential to the success of an OIP. The ability to work collaboratively means being informed about the roles and responsibilities of your fellow agencies, understanding available resources, recognizing confidentiality protections, and how the OIP effectively fits within the overall response. Therefore, OIPs must:

- 1) Establish cooperative, accountable relationships with local victim service providers, misdemeanor probation and pretrial service officers, and state human service programs, including the Department of Corrections and the Department of Health and Human Services. With developed partnerships, OIPs are expected to develop community referral procedures with courts, client reporting procedures and victim safety protocols as well as participate in coordinated community response teams, if available.
- 2) Provide a written interagency agreement or memorandum of understanding (MOU) with outlined standards and procedures for safeguarding victims and adhering to standards. MOUs must be signed by all parties prior to the program initiating service and remain in effect for the program to remain in compliance with state standards. The MOU should outline the specific steps the program will take for victim safety, including victim contact procedures, and the role of each program.
- 3) Report to law enforcement, the Department of Corrections, misdemeanor probation

and pretrial service officers, and/or the Department of Health and Human Services any criminal behavior or violation of court order relating to abuse that is relayed by the offender during treatment.

- 4) Identify a plan to protect victim(s) and prioritize victim safety when prior to new or recent abusive behavior is addressed by the provider with the participant in treatment.
- 5) Immediately report any imminent threat to harm self or others to law enforcement and reasonable efforts shall be made to notify any identified victim.
- 6) OIP staff may not voluntarily testify on behalf of the offender in any criminal or civil legal proceedings.

## Cultural Competency

Cultural competency means having the ability to understand, appreciate, and effectively interact with people from different cultures, involving awareness of your own biases, knowledge of others' beliefs, and skills to adapt your behavior for respectful and appropriate cross-cultural engagement.

Cultural competence is vital for fostering inclusive environments, reducing biases, and ensuring effective, respectful communication across diverse backgrounds.

Therefore, OIPs must:

- 1) Provide culturally competent services, informed by the community demographics, which are responsive to the individual needs of participants. Programs will incorporate cultural understanding and appropriate practice in the delivery of all services, development of policies, administration, and communication practices.
- 2) Ensure that staff recruitment and retention strategies seek staff who reflect the diversity of the population in the geographic service area.

## Victim Service Provider Involvement

The MBCC includes victim service providers (VSP) involvement in its standards because it shifts the focus of the justice system from just "processing a case" to "supporting a human being." By making VSP involvement a standard, MBCC ensures that victims are not just witnesses for the state, but individuals with legal rights and personal needs that require professional advocacy.

OIPs are encouraged to develop a written plan with victim service providers regarding development of victim resources, training for and with victim service providers, and collaboration on committees or workgroups convened by victim service programs. OIPs must:

- 1) Establish and maintain cooperative relationships with programs serving survivors of domestic, sexual, dating violence and stalking located in their community.
- 2) Invite local victim service providers to attend staff meetings and other planning events when appropriate.

- 3) Maintain a current list of victim service providers in the geographic area outlining the services each offers and making the list available upon request.

## Confidentiality and Record-keeping

OIP confidentiality and record-keeping practices are essential to prioritizing victim safety, compliance with confidentiality laws, and ensuring effective and appropriate communication. OIPs must:

- 1) Have written procedures to protect the confidentiality of victims and participants that outline information sharing, waivers of confidentiality, and record keeping.
- 2) Treat all information the victim provides as confidential unless the victim gives written permission for the OIP to release the information or if the OIP is required by law to release the information.
- 3) Identify the process and obligations as a mandated reporter under 41-3-201<sup>3</sup>, Montana Code Annotated.
- 4) Keep information provided by or to the victim separate from any participant files unless the victim has waived their confidentiality for the specific information that will be kept in the participant's file.
- 5) In cases when a victim informs the OIP that the participant has engaged in new abusive behavior, the OIP will:
  - a) Provide the victim with contact information for the local domestic violence victim services programs;
  - b) Review the OIP confidentiality rules including how the victim can waive or release confidentiality; and
  - c) If the victim chooses to waive or release their confidentiality, the OIP must:
    - 1) Discuss the victim's safety and document the OIP's efforts to increase the victim's safety; and
    - 2) Document the victim's confidentiality release or waiver in writing, which specifies the information the victim is releasing and for what purpose the information is being released.
  - d) Keep the information confidential and may not directly address the behavior with the participant until doing so does not pose a risk to the victim.
- 6) Use an acknowledgement of confidentiality form to advise the participant of the nature and extent of information to be collected, retained and released to courts, probation, adjunctive behavioral health providers, intimate partners and other third parties. The form must include dated signatures and printed names of the participants. The OIP shall not collect or retain information unless the information is relevant for the delivery of services, and collection or retention of the information does not jeopardize the physical safety of the victim or any other person.

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<sup>3</sup> [41-3-201. Reports, MCA](#)

- 7) Obtain the following information from the participant at intake and retain the information in the participant's file:
  - a) Participant name, aliases, phone number, and physical address
  - b) Social Security Number
  - c) Medical insurance
  - d) Employer
  - e) Name of victim(s)
  - f) Criminal history
  - g) History of substance abuse
  - h) History of any psychiatric illness including, but not limited to, threats or ideation of homicide or suicide, depression, paranoia, etc.
  - i) History of firearms, firearms registration, possession, or use
  - j) Tactics employed by offenders to exert power and control in abusive relationships
- 8) Not disclose, without the written consent of the participant, any confidential communications made by the participant to the OIP staff during intervention unless reporting is legally mandated, e.g., suspected child abuse or neglect or threats to a victim's health or safety.
- 9) Require all participants to sign a group confidentiality agreement prior to participating in a group session.
- 10) Have a duty to warn policy requiring an immediate attempt to notify the victim of any real or perceived threats to the victim's health or safety by phone or in person when a provider believes such disclosure is needed to prevent or lessen an imminent threat to health and/or safety. Written documentation providing evidence of attempts to contact a victim must be maintained.

## Victim Rights

The foundation of victim rights in Montana is to ensure fairness and protection within the justice system. With these protections, confidentiality is a key element as defined in 44-5-311<sup>4</sup>, Montana Code Annotated.

- 1) Victim confidentiality shall be maintained by the OIP, unless confidential verbal communications are specifically waived by the victim in writing.
- 2) Victims shall not be persuaded or coerced by the OIP to waive confidentiality.
- 3) OIP should inform victims of the limits to confidentiality.
- 4) Victims may not be mandated into any treatment or intervention program, and coercion of victim participation is prohibited.

## Participant Rights

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<sup>4</sup> [44-5-311. Nondisclosure of information about victim, MCA](#)

In Montana, participant rights for those receiving domestic violence services (such as shelter, advocacy, or counseling) are governed by a combination of state statutes and MBCC standards. These rights ensure that participants are treated with dignity and that their safety is the highest priority.

- 1) Have a written policy outlining participant rights.
- 2) Provide each participant with the Participant Rights policy upon admission.
- 3) Have a contract between the participant and program clearly outlining responsibilities of the offender and the OIP staff that includes, but is not limited to, the following:
  - a) While in the OIP, I will not abuse anyone else or myself including verbal, emotional, sexual, financial, or psychological abuse; threats of suicide; or threats of violence.
  - b) If I commit an act of abuse towards another person or myself, I will inform the OIP staff of what occurred within 24 hours. I will openly talk about the situation and accept the consequences for my behavior.
  - c) I agree that I am in the OIP to learn not to be violent or abusive.
  - d) I will actively, honestly and openly participate in educational group discussions.
  - e) I will abide by all OIP rules and if personal problems arise, I will seek appropriate treatment as a condition of my participation in the OIP.
  - f) I will voluntarily cooperate with OIP assessment requests.
  - g) I will immediately provide the correct address and phone number of the victim of my violence and will notify OIP staff of any changes that I am made aware of.
  - h) I understand that my safety and the safety of others is the priority of OIP and will be enforced.
  - i) I understand that all suspected abuse, neglect, or exploitation of children or endangered adults will be reported as required by 41-3-201<sup>5</sup>, 52-3-811<sup>6</sup>, Montana Code Annotated.
- 4) Participants in an OIP that loses certification may get credit for sessions attended in that program to the point certification was discontinued and may transfer to another approved program.

## Employment and Training

Employment and Training in Domestic Violence Intervention empowers participants to achieve economic independence through job readiness, vocational training, and career support. By removing financial barriers and securing safe employment, these programs foster long-term stability and reduce vulnerability to abusive behaviors. Therefore, OIPs must:

- 1) Employ or contract a qualified organization that facilitates group sessions and qualified clinical professionals to deliver provider supervision.

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<sup>5</sup> [41-3-201. Reports, MCA](#)

<sup>6</sup> [52-3-811. Reports, MCA](#)

- 2) Have a written procedure outlining employment screening methods for all employed and contracted staff, including, if applicable, individuals with lived experiences.
- 3) Maintain certificates of training records completed by all providers, including confirmation of the following prerequisites:
  - a) Group facilitators, intake and clinical staff must demonstrate completion of training that provides knowledge and skills in the following areas, but not limited to:
    - 1) Theory of power and control in relationships;
    - 2) subtypes/typologies and influence on potential treatment;
    - 3) Screening of victims and offenders for trauma, mental illness and substance abuse issues and power and control dynamics;
    - 4) Facilitation of psychoeducational or support groups related to abuse;
    - 5) Ability to refer clients to outside services when needed (case management, financial assistance, trauma, mental health, or substance abuse treatment);
    - 6) Court and legal advocacy related to abuse;
    - 7) Competency in skilled interviewing; and
    - 8) Identification of dangerousness/risk factors for lethality.
  - b) Group facilitators and clinical staff must complete a minimum of 12 hours of continuing education within a three-year period. OIP must maintain a record of completed continuing education hours in the areas of competence required in section 3 above through one of the following methods of training:
    - 1) Attending seminars or workshops;
    - 2) Participating in webinars;
    - 3) Completing academic course work;
    - 4) Completing an accredited home study course;
    - 5) Attending domestic violence related court hearings or trials; and/or
    - 6) Working with a provider employed by another OIP.
  - c) OIPs are required to have at least one individual in a supervisory position that has at least three years of experience in group facilitation and working with abusive partners.
  - d) Provide supervision through employment of supervisory staff or have formal, written arrangements to access outside consultants who are knowledgeable about psychiatric problems, substance misuse, post-traumatic stress disorder, and suicidal and homicidal ideation.
    - 9) Theory of empowerment;
    - 10) Understanding of different types of abuse (physical, sexual, psychological, economic, etc.);
    - 11) Understanding of the impact of violence on health outcomes

- (mental and physical);
- 12) The impact of abuse on child development and parenting;
- 13) The co-occurrence of substance abuse, mental illness and child maltreatment with domestic violence;
- 14) Confidentiality rights of clients and limits to confidentiality;
- 15) Understanding of current knowledge of abuser

## Admission, Completion, Transfer, and Termination

### Admission:

- 1) Waiting periods for OIP services should be minimized whenever possible and offenders who have been mandated by the court to participate in an OIP must be prioritized for admission.
- 2) The OIP must consider the appropriateness of each participant for substance abuse, mental health or other treatment services before and while the individual is a participant in the program and refer the participant to additional services as appropriate.
- 3) OIPs must ensure intake assessments and crisis planning are accessible on an ongoing basis; however, actual entry into a treatment group may be delayed if an individual needs preliminary treatment or if a group is already under way when an offender is referred to the OIP or the OIP does not have the resources for entry at that time.
- 4) The OIP staff must contact the referring agency if they are unable to accept the offender within two weeks of referral.
- 5) In the case of readmittance, a participant's readmittance must follow established OIP intake procedures and will be considered on a case-by-case basis.

### Completion:

- 6) A participant may be considered eligible for OIP completion when the participant has completed all of the following:
  - a) Ceased to blame the victim for violence;
  - b) Accepted personal responsibility for violent behavior;
  - c) Recognized the adverse effects of the participant's violent acts;
  - d) Violence remained free for at least 20 consecutive weeks prior to discharge;
  - e) Completed at minimum 40 hours of treatment in the OIP;
  - f) Completed a risk assessment conducted by the OIP that indicates a satisfactory level of safety for victims; and
  - g) Paid fees and satisfy all financial obligations for the OIP.
  - h) A policy that any communication regarding program completion must include the following statement: *Program completion is not predicative of future nonviolence or non-abusive behaviors;*
- 7) The OIP may suspend a participant based on:

- a) Poor attendance or tardiness;
- b) Repeated justification and/or blaming of a partner/victim for past abuse or behavior;
- c) Failure to actively, honestly and openly participate in group sessions;
- d) Failure to comply with reasonable OIP standards and agreements;
- e) Continued or repeated substance abuse while enrolled in the OIP; or
- f) Failure to meet agreed upon payment schedules.

### **Transfer:**

- 8) An individual transfer from one OIP to another must:
  - a) Start at the beginning of the second program if:
    - 1) the transfer is the result of a termination;
    - 2) the transfer is the result of preference and not necessity; or
  - b) Continue at the point that the initial OIP was left, if the offender was in good standing and the transfer is a result of a lifestyle change that made it impossible to continue in the initial OIP. A participant is considered in good standing when all fees are current, required group attendance and all contract requirements have been met.
  - c) Sign a release of information so that the OIPs may share information required to establish the status of the program participant in the second program and share any other relevant information.

### **Termination:**

- 9) The OIP may terminate a participant on the following grounds:
  - a) Repeated justification and/or blaming of a partner/victim for past abuse or behavior;
  - b) Renewed physical or sexual abuse, threats, stalking, or psychological abuse;
  - c) Violation of restraining orders or other judicial orders that pertain to the safety of any victim;
  - d) Severe or repeated disruptive or threatening behavior in groups or repeated failure to comply with reasonable OIP standards or written agreements; or
  - e) Continued or repeated substance abuse while enrolled in the OIP.
- 10) Upon termination of a participant, the OIP must:
  - a) Use reasonable efforts to notify existing intimate partners and/or victims;
  - b) Provide written notice to the participants as a source of referral or mandate for participation.

## **Curriculum**

The central focus of any OIP curriculum will remain on participant responsibility and accountability for their beliefs and actions. The OIP must actively challenge all abusive behaviors. OIP curriculum must:

- 1) Any treatment may not blame, endanger, intimidate, or minimize the concerns of

- victims.
- 2) Initial intervention must include group therapy, education, and/or treatment for a minimum of 40, one-hour sessions. An intake session is not considered a treatment session.
  - 3) In the group counseling setting:
    - a) Size of groups may not exceed 15 individuals;
    - b) Groups will not be of mixed gender; and
    - c) Excuses and justification for abuse will be confronted.
  - 4) Curriculum for any treatment modality must include the following:
    - a) The concept that abuse is a choice, and solely the responsibility of the offender;
    - b) Awareness and application of self-control techniques;
    - c) Challenging the beliefs that promote abusive behavior;
    - d) Communication skills;
    - e) Definition of domestic violence;
    - f) Equality and safety in relationships;
    - g) Exploration of cultural and social influences that contribute to abusive behavior including gender roles and equality;
    - h) Gender stereotyping;
    - i) Identification, confrontation, and skill building to reduce/eliminate abusive and controlling behaviors perpetrated against intimate partners;
    - j) Identification and discussion of the effects of violence and abuse on victims, including children who witness abuse;
    - k) Identification and practice of cooperative and non-abusive forms of communication;
    - l) Peaceful conflict resolution;
    - m) Personal accountability for past and future abusive behaviors;
    - n) Relationship between substance abuse, mental illness, and acts of violence with a distinction that there is not a cause and effect relationship;
    - o) Role of family and others in addressing long term patterns of violence; and
    - p) Parenting skills.
  - 5) The following methods must not be the primary components of an OIP:
    - a) Anger management treatment identifying anger, communication difficulty or conflict as cause for violent behavior;
    - b) Physical containment methods;
    - c) Psychodynamic individual or group therapy that assumes the primary cause of violence to be a lack of impulse control, mental illness or psychopathology, previous victimization, stress, substance abuse or any combination thereof;
    - d) Substance use disorder treatment defining violence as an addiction and those harmed as codependent in or enabling of the violence;
    - e) Marriage, couples, or family counseling; or
    - f) Systems theory.

- 6) An OIP may not use electronic communications to allow offenders to participate in a program remotely unless:
  - a) The OIP has developed policies and procedures specific to remote participation that ensure effective group participation, confidentiality, and participant accountability.

## **Review Schedule**

In accordance with 44-7-210, Montana Code Annotated, the Montana Board of Crime Control will review and update the MBCC Offender Intervention Program Standards biennially, in March of even numbered calendar years.

## **Edition Notes**

### **Current**

Version Five

Board of Crime Control Approved on March 12, 2026

### **Past**

Version Four

Board of Crime Control Approved on March 14, 2024

Offender Intervention Prevention Standards Adopted on December 13, 2018