STATE OF WISCONSIN
GOVERNOR'S COUNCIL ON DOMESTIC ABUSE
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Governor's Council on Domestic Abuse
Govs Council on DA Standards & Treatment Workgroup

November 21, 2025
9:00 AM – 4:00 PM

PUBLIC NOTICE

Meeting will only be held virtually

Zoom Meeting
https://dcfwi.zoom.us/j/84024669603?pwd=NO89ZP7oUFFCxtyRP2WXbuNNAhaloa.1

Webinar ID: 840 2466 9603
Passcode: 892772
Or call: 1-312-626-6799

Primary Objective: Complete the core decisions needed to draft updated standards immediately following the session (owners + deadlines set same day).

9:00–9:30 | Opening, Orientation, and Meeting Norms
Purpose: Set the context, confirm objectives and process, and adopt virtual participation norms.
Urgency: Recent statewide data and service capacity concerns underscore the need for consistent, survivor-centered, evidence-informed standards; timely completion enables implementation planning for 2026.

Inputs (pre-read):
• Standards revision agenda (latest)
• Values Review for Wisconsin Batterer Intervention (V2)
• Values & Standards Matrix (V2)
• Standards Comparison by State (V2)
• End Abuse Wisconsin 2024 Homicide Report

Facilitation notes:
• Process (consensus with simple-majority fallback; timeboxed segments; parking lot for off-topic items).
• Virtual professionalism (display name format, raise hand, concise comments, page/section references when speaking).
• Role clarity (committee makes final calls; stakeholder input in designated windows; advocacy partners present as key CCR stakeholders).

9:30–10:45 | Session 1 — Core Values & Scope of the Standards
Purpose: Finalize the values and concise definitions that anchor all standard language;

confirm who/what the standards apply to.

Context & considerations:
• Bring forward Wisconsin's historic values (2007) and align with current best practices (survivor/child safety, accountability for harm, equity/anti-oppression, dignity and respect, trauma-informed, evidence-informed practice, coordinated community response).
• Ensure values have operational implications (e.g., confidentiality boundaries, safety-first practice requirements, equity checks).
• Clarify scope (program types/populations) to minimize ambiguity in application and oversight.

Guiding questions:
• Which values are core (must appear in every standard) vs. supporting?
• Are the value definitions clear, brief (≤120 words), and usable by programs/oversight?
• What explicit implications must drafting carry forward (e.g., survivor confidentiality guardrails, prohibition of practices that risk survivor safety, required equity review)?
• Scope: What is in/out (e.g., education-only classes, adjunct groups, specialty tracks)?

Decision prompts:
• Approve final core values.

Outputs:
• Final value list + definitions; scope statement; implications list.

Motion:
Motion to adopt [list] as core values with definitions, approve the scope statement as read, and carry into drafting.

10:45–11:00 | Break

11:00–12:00 | Session 2 — Accountability: Principles, Boundaries, and Measurement
Purpose: Make accountability actionable and safe: what it is, what it isn't, and how it's demonstrated.

Context & considerations:
• Accountability means measurable behavior change and amends—not mere attendance/compliance.
• Boundaries that protect survivor/child safety (e.g., no conjoint sessions; no victim-blaming content; no practices that compromise confidentiality).
• Clear amenability criteria with referral pathways (e.g., when concurrent SUD/MH treatment is needed).
• Minimal, meaningful indicators so programs can demonstrate change without perverse incentives.

Guiding questions:
• Does the principle sentence make safety, amends, and behavior change central?
• Which practices are explicitly prohibited to prevent harm?

• What are the criteria and required steps when someone is not amenable right now?
• Which 3–4 indicators will programs track to show accountability?

Decision prompts:
• Approve principle sentence.
• Approve amenability criteria and referral protocol.
• Approve prohibited practices list.
• Approve accountability indicators.

Outputs:
• Principle sentence; amenability/referral policy; prohibited practices; indicators.

Motion:
Motion to adopt the accountability principle as read, the amenability criteria and referral protocol, the prohibited practices, and the accountability indicators.

12:00–12:30 | Lunch

12:30–1:30 | Session 3 — Programmatic & Curriculum Standards
Purpose: Define required vs. optional program elements and curriculum topics; set dosage/sequencing; set guardrails for assessment use; decide on adaptations for participants who are parents of minor children; define advocacy interfaces.

Context & considerations:
• Minimum curriculum spine reflecting values (coercive control; emotional regulation; nonviolent communication; financial/tech abuse; impacts on children/parenting accountability; culture & equity; safety interfaces).
• Participants who are parents of minor children: determine if/where specific adaptations are required (content emphasis, sequencing, parallel referrals) without excusing harm.
• Advocacy integration: clarify how programs coordinate with survivor advocacy (warm handoffs, information boundaries, participant messaging about advocacy, optionality/voluntariness for survivors).
• Risk/needs assessment used to inform support planning and differentiated responses, not as a standalone punitive lever.

Guiding questions:
• What is the minimum required curriculum spine statewide?
• Which elements are optional/adaptable by program context?
• Parents of minor children: What adaptations (if any) are required (e.g., specific modules, sequencing, adjunct parenting-focused content) while keeping accountability central?
• Advocacy coordination: What are the minimum interfaces with advocacy (e.g., survivor resource info provided at intake; warm handoff protocol when survivor consents; language clarifying program's role vs. advocacy's role)?
• Dosage and sequencing: minimums and where individualized plans may adjust.
• Assessment: purpose, timing (intake + periodic), use/limits (safety, equity guardrails).

Decision prompts:

• Approve required vs. optional curriculum elements.
• Approve adaptations for participants who are parents of minor children (adopt/decline; specify scope and where they appear).
• Approve advocacy coordination protocol (minimum practices, survivor-choice statement, confidentiality boundaries, warm handoff steps).
• Set dosage/sequencing minimums.
• Approve risk/needs assessment standard (purpose, timing, use/limits).
• Approve an evidence-informed review frequency (e.g., biennial update list).

Outputs:
• Elements list; parenting-related adaptation guidance; advocacy coordination protocol; dosage/sequencing; assessment standard; evidence review frequency.

Motion:
Motion to adopt the required curriculum elements, the parenting adaptations [as listed/declined], the advocacy coordination protocol (including survivor-choice language and warm handoff steps), the dosage/sequencing minimums, the assessment standard, and the evidence review frequency.

1:30–2:30 | Session 4 — Staffing, Training, Supervision, and Facilitator Well-Being
Purpose: Update qualifications, competencies, CE, supervision, and well-being provisions.

Context & considerations:
• Balance degree/experience pathways with competency-based equivalents.
• Prioritize relational and technical competencies (cultural humility, trauma informed facilitation, motivational interviewing, legal/ethical basics, documentation).
• CE that reliably reinforces survivor/child safety and equity.
• Supervision standards that sustain quality and reduce vicarious trauma.

Guiding questions:
• Minimum qualifications and recognized equivalency pathways?
• Core competency list all programs must meet.
• CE hours and content mix (annual; equity/safety minimums)?
• Supervision frequency/model (individual + group; supervisor qualifications)?
• Well-being provisions (debriefs, critical incident protocols, boundaries).

Decision prompts:
• Approve minimum qualifications and equivalency pathways.
• Approve core competencies list.
• Approve CE requirements (hours, content categories, frequency).
• Approve supervision standard (frequency/model).
• Approve well-being provisions.

Outputs:
• Qualifications; competencies; CE; supervision; well-being language.

Motion:
Motion to adopt staffing qualifications and competencies, CE requirements, supervision standards, and well-being provisions as presented.

2:30–2:45 | Break

2:45–3:45 | Session 5 — Coordination (incl. Advocacy), Ethics, Equity & Access, and

Transparency
Purpose: Modernize CCR expectations (with explicit advocacy coordination); codify ethics; set access and transparency requirements.

Context & considerations:
• Domestic violence advocacy programs are essential CCR partners; define required touchpoints and information-sharing boundaries that center survivor safety and choice.
• Ethics baseline (do-no-harm, survivor-centered, confidentiality, dual-relationship limits, grievance/appeal).
• Access practices (language access, disability accommodations, fee transparency, transportation/virtual options).
• Minimum data set (including equity metrics) with a feasible reporting frequency and privacy protections.
• Survivor voice in design/evaluation with safeguards.

Guiding questions:
• Which CCR partners are required, and what are the limits on data sharing (no coerced disclosures; survivor consent/choice emphasized)?
• What are the minimum advocacy interfaces programs must implement (e.g., survivor resource information, neutral messaging, warm handoffs, feedback loop on systemic barriers—not case details)?
• What ethical must-haves belong in every program policy?
• What access practices are non-negotiable statewide?
• Which data indicators are essential and how often are they reported?
• How is survivor input gathered safely and used for improvement?

Decision prompts:
• Approve CCR standard with advocacy as a required partner and clear information-sharing boundaries.
• Approve minimum advocacy interfaces (survivor-choice statement, warm handoff protocol, acceptable communications, no joint sessions, no program-to-survivor outreach without consent).
• Approve ethics outline and required policies.
• Approve equity & access requirements.
• Approve data/transparency minimum set and frequency.
• Approve survivor-voice requirement (safe, voluntary, de-identified).

Outputs:
• CCR language naming advocacy as a required partner; advocacy coordination protocol; ethics policies; access requirements; data set & frequency; survivor-voice requirement.

Motion:
Motion to adopt the CCR expectations naming advocacy as a required partner with stated information boundaries, the minimum advocacy interfaces, the ethics requirements and policies, equity/access practices, the data/transparency minimum set

and frequency, and survivor-voice requirements.

3:45–4:00 | Wrap-Up, Assignments, and Timeline
Purpose: Confirm decisions, assign drafting owners, and set deadlines.

Decision prompts:
• Approve owners and dates for each section.
• Approve review/approval timeline and editor.

Outputs:
• Read-back of decisions.
• Assign named drafters per section; confirm deadlines.
• Approve review/approval timeline (internal → targeted external input → final vote).
• Identify editor for integrated draft; log "parking lot" items with owners.

Motion:
Motion to assign drafting owners and deadlines as stated, adopt the review timeline, and designate an editor for the integrated draft.

Participation & Virtual Professionalism (applies all day)
• Join 5–10 minutes early; use First Last — Org/Role display name.
• Keep video on when speaking, mute when not speaking.
• Use Raise Hand for the queue; chat for links/clarifications or to request to speak.
• Speak to the agenda decision and cite document/page when referencing materials.
• Advocacy-related comments should focus on systems coordination and survivor choice, no identifying information.

Notes & disclaimers:
Materials are provided for information and discussion only and reflect what was reasonably available through normal research at the time of preparation. Inclusion of any out-of-state jurisdiction or approach is not an endorsement. Nothing herein constitutes legal, clinical, or policy advice outside the Committee's formal process. Please limit redistribution outside this process.