



Standards and Guidelines for Batterer Intervention Programs

OCTOBER 2005

Since 1980, the Missouri Coalition Against Domestic Violence has been working to ensure there is someone to talk to, someplace to go, someone to help battered women and their children. MCADV is the state's oldest and sole grassroots organization of community-based programs providing services to battered women and their children.

.....

Education

MCADV educates the general public about domestic violence, trains professionals, and advocates public policy to alleviate and prevent domestic violence.

Assistance

MCADV provides technical assistance, trainings, and support to program members and related communities of service providers.

Alliance

MCADV provides opportunities for communication among those working in the movement to end violence against women and their children.

Research

MCADV researches the extent of domestic violence to more effectively reduce its impact and occurrence in the lives of Missouri's women and their children.



718 east capitol avenue jefferson city, missouri 65101
(573) 634-4161 (573) 636-3728 fax
mocadv@mocadv.org www.mocadv.org

The development of these standards was funded in part by grants from the U.S. Department of Justice, Office of Justice Programs-2004-DW-AX-0032; the Missouri Department of Social Services, Family Support Division-AOC4000111; the Missouri Department of Public Safety, State Services to Victims Fund-2006-SSVF-0054 and 2005-SSVF-0045; and a private anonymous donor.

TABLE OF CONTENTS

Introduction	3
Declaration of Principles	4
Coordinated Community Response	5
Program Requirements	6
Length of Groups	6
Fee for Services	6
Curriculum	7
Couples Counseling	9
Intake Procedures	9
Exclusion Criteria	10
Program Agreement	10
Staff Qualifications and Training	11
Victim Safety and Contact	13
Program Completion	14

“Abusive men can learn respect and equality – if we insist that they do so. But they won’t make those changes unless they are subjected to tremendous pressure, because their cultural values as well as their privileges are pushing them so hard to stay the same.

There has never been a better time than the present to apply the pressure, to demand that abusers accept responsibility for the destruction they cause. We live in a period of mounting international pressure for the respect of human rights for everyone, of insistence on the recognition of the worth and dignity of each person, male or female, young or old, wealthy or poor, and of whatever color.”

Bancroft, Lundy, *Why Does He Do That?: Inside the Minds of Angry and Controlling Men*, 2002, New York, NY: Putnam’s Sons, p. 333.
Used with permission.

INTRODUCTION

These standards and guidelines were developed by the Missouri Coalition Against Domestic Violence Batterer Intervention Policy Workgroup and approved by the MCADV Board of Directors on July 8, 2005. The Workgroup included advocates from batterer intervention programs and those who work with battered women and their children from throughout Missouri. The standards and guidelines reflect the commitment to end violence against women through direct intervention with perpetrators of violence against women.

THE FOLLOWING FRAMEWORK SERVED AS A BASIS FOR THE DEVELOPMENT OF THESE STANDARDS AND GUIDELINES:

- ▶ These standards and guidelines are to be used as a guide for best practices in the operation of a batterer intervention program and are not to be used as a training document;
- ▶ Violence against women is rooted in the institutional imbalance of power between men and women, in sex-role stereotyping, in gender-based values, and in misogyny;
- ▶ Abuse comes in many different forms of power and control;
- ▶ Batterer is a pattern of assaultive and coercive behaviors that include physical, sexual, emotional, and psychological attacks, as well as other forms of coercion that batterers use against their intimate partners;
- ▶ Victims tend to fight for survival, while those who batter fight for control;
- ▶ All people are capable of abusive behaviors; and
- ▶ Abuse can occur in same-sex relationships.

These standards and guidelines were designed to assist batterer intervention programs that work with men who batter women. For the purposes of this document, "batterer" is understood to define males who, in the context of an intimate relationship with a female, conduct a systematic pattern of abuse to establish and maintain control and dominance.

Battering is a pattern of assaultive and coercive behaviors that include physical, sexual, emotional and psychological attacks, as well as other forms of coercion that batterers use against their intimate partners.

The safety and rights of victims/survivors must be the highest priority.

Intervention is not a guarantee that a batterer will cease his violence and abuse.

DECLARATION OF PRINCIPLES

THE MCADV STANDARDS AND GUIDELINES FOR BATTERER INTERVENTION PROGRAMS ARE BASED ON THE FOLLOWING PRINCIPLES:

- ▶ The safety and rights of victims/survivors must be the highest priority;
- ▶ No form of abuse can ever be tolerated;
- ▶ It is not the responsibility of a victim to hold the batterer accountable. Batterers are solely responsible for their violent and abusive behavior;
- ▶ Domestic violence offenders are a separate category of violent offenders who require a specialized intervention;
- ▶ Intervention programs alone do not create batterer accountability. They are a component of a larger community response that includes the courts, probation and parole, and the legal and law enforcement systems;
- ▶ Before a batterer intervention program is developed, it is imperative that a community-wide system has been established that collaboratively works on an ongoing basis to ensure that services for victims and the legal system create greater safety for women who are battered;
- ▶ Effective batterer intervention providers consult with advocates who work directly with women who are battered and abused to develop new programs, to assess the need for substantial program policy changes within existing programs, and to conduct periodic program reviews;
- ▶ Batterer intervention programs must focus on ending violence and abuse and not on saving relationships;
- ▶ There are limitations to a batterer intervention program. Intervention is not a guarantee that a batterer will cease his violence and abuse;
- ▶ Women never should be placed in batterer intervention groups with men;
- ▶ A victim is not responsible for being abused and never should be ordered or mandated to obtain services due to the circumstance of being a victim of domestic violence; and
- ▶ Batterer intervention programs should support social policy that states that domestic violence is a crime that must have consequences or sanctions that hold batterers accountable. Diversion programs are discouraged.

COORDINATED COMMUNITY RESPONSE

A BATTERER INTERVENTION PROGRAM SHOULD NOT EXIST WITHOUT A COORDINATED COMMUNITY RESPONSE TO DOMESTIC VIOLENCE AND ABUSE.

A batterer intervention program must not exist in isolation, as it is only one component of a coordinated community response. A coordinated community response identifies domestic violence and intervenes consistently. This response requires the creation of cooperative strategies that effectively deliver a consistent and supportive response to victims and consequences to batterers.

The priority of a coordinated community response to domestic violence is the safety and protection of battered women. This approach holds batterers accountable for their violence and abuse. A coordinated response to domestic violence includes community education that builds community awareness and results in a unified demand for a zero-tolerance response to domestic violence. Communities need to develop and maintain community responses that bring together all organizations and systems that have contact with victims or perpetrators of domestic violence. This can include representatives from:

- ▶ Batterer intervention programs;
- ▶ Children's protective services;
- ▶ Children's service providers;
- ▶ Clergy and the faith community;
- ▶ Domestic violence programs;
- ▶ Hospitals;
- ▶ Judges;
- ▶ Law enforcement;
- ▶ Legal services;
- ▶ Mental health agencies;
- ▶ Probation and parole;
- ▶ Prosecuting attorneys;
- ▶ School districts;
- ▶ Substance abuse programs;
- ▶ Victim service providers; and
- ▶ Any other agencies involved in providing services to batterers, victims or their children.

Before a batterer intervention program is developed, it is imperative that a community-wide system has been established that collaboratively works on an ongoing basis to ensure that services for victims and the legal system create greater safety for women who are battered.

The primary method of program intervention shall be group discussions, led by trained co-facilitators. Group sessions will be a minimum of 90 minutes per session per week. Batterers will complete a minimum of 26 weeks of group sessions.

PROGRAM REQUIREMENTS

The primary method of program intervention shall be group discussions, led by trained co-facilitators, using an established curriculum that includes strategies to hold the offender accountable for the violence in the offender's intimate relationship. The discussion of violent and coercive incidents during a group session is used to identify and confront the offender's specific controlling behaviors in order to end those behaviors.

POLICIES AND PROCEDURES

Batterer intervention programs should establish policies and procedures regarding, but not limited to, the following:

- ▶ Victim contact (page 13);
- ▶ Intake (page 9);
- ▶ Informed consent—including all provisions of mandated reporting required by Missouri law (page 13);
- ▶ Release of information;
- ▶ Group rules;
- ▶ Intervention agreements;
- ▶ Fees;
- ▶ Consent for services;
- ▶ Program structure;
- ▶ Agreements to be non-violent;
- ▶ Goals and expectations;
- ▶ Confidentiality guidelines; and
- ▶ Program completion (page 14).

LENGTH OF GROUPS

The length of group sessions will be a minimum of 90 minutes per session per week. Batterers will complete a minimum of 26 weeks of group sessions.

FEES FOR SERVICE

The service provider must establish fees for services. Fees may be a set amount or based on a sliding scale. Payment for one's own service is seen as an indicator of responsibility and accountability, and must be incorporated into the program.

CURRICULUM

Programs may incorporate different components from established batterer intervention programs and/or published resources. The following section outlines what batterer intervention programs *must*, *may*, and *shall not* include in their curriculum and details inappropriate intervention techniques.

CURRICULUM ESTABLISHED FOR A BATTERER INTERVENTION PROGRAM *MUST* ENCOMPASS INFORMATION AND COMPONENTS REGARDING:

- ▶ What a person gains from being abusive;
- ▶ The importance of accepting responsibility for abusive/violent actions and behaviors;
- ▶ Cooperative and non-abusive forms of communication;
- ▶ Various forms of abuse—so as to not minimize non-physical abusive behaviors;
- ▶ Tactics of power and control. Identification of tactics shall include isolation, emotional abuse, economic abuse, use of children, use of male privilege, intimidation and covert/overt threats;
- ▶ Equality and power sharing in relationships. Identification of relationship skills shall include respect, trust, support, honesty and accountability, economic partnership, negotiation and fairness, and responsible parenting;
- ▶ Long- and short-term effects of violence on partners and children. Exercises shall build empathy to understand the perspective of victims;
- ▶ Attitudes, myths and excuses for abuse from the perspective that abuse is the sole responsibility and choice of the person who commits that abuse;
 - Attitudes to challenge include:
 - Beliefs in male entitlement and male privilege;
 - Rigid sex-role stereotypes; and
 - Aggression is justified as a conflict resolution tool.
 - Attitudes to promote include:
 - Belief in equal partnerships;
 - Respect for equal rights of women;
 - Taking full responsibility for abusive behavior and for stopping it;
 - Expression of a full range of emotions;
 - Awareness of the intent of abusive behavior;
 - Empathy for the victim's experience; and
 - Understanding the negative effects and cost of the abuse on victims, families and others.

Abuse is the sole responsibility and choice of the person who commits that abuse.

Batterer intervention programs are not anger management classes, do not identify poor impulse control as the primary cause of violence and should not blame the victim for the batterer's behavior.

- ▶ Cultural and social influences that contribute to abusive behavior. This should include methods which stress that culture is not an excuse or justification for abuse; and
- ▶ Non-violence planning, which includes identification of danger signs of negative behavior choices and how to prevent them.

CURRICULUM ESTABLISHED FOR A BATTERER INTERVENTION PROGRAM *MAY* INCLUDE INFORMATION AND COMPONENTS REGARDING:

- ▶ Behavior modification/anger management techniques;
- ▶ Religious and spiritual issues concerning abuse;
- ▶ Conflict resolution models;
- ▶ Communication skills;
- ▶ Definitions of alcoholism, other forms of substance abuse, and their impact on the abuser and the family;
- ▶ Parenting issues and skills;
- ▶ Skills for developing intimacy in relationships;
- ▶ Guilt and shame issues related to violent and abusive actions;
- ▶ Family of origin issues; and
- ▶ The cycle of violence.

CURRICULUM ESTABLISHED FOR A BATTERER INTERVENTION PROGRAM *SHALL NOT* INCLUDE INFORMATION REGARDING:

- ▶ Techniques or diagnoses that suggest victims have some responsibility for the abuse. An example would be identifying abuse as resulting from "victim psychopathology," "victim behavior," "victim provocation" or "learned helplessness;"
- ▶ Ventilation techniques that encourage the expression of rage, such as punching pillows and primal screams;
- ▶ Anger management techniques that place primary causality on anger and/or are the sole intervention rather than one part of a comprehensive approach;
- ▶ Approaches that identify and treat the violence as an addiction and the victim as enabling or co-dependent in the violence;
- ▶ Theories or techniques that identify poor impulse control as the primary cause of the violence; and
- ▶ Techniques that deny a batterer's personal responsibility for violence. For example, if a batterer was abused as a child, it is recommended that programs encourage him to work on these issues with appropriate resources. Such work must not replace or interfere with addressing his abusive behavior and his responsibility for those behaviors.

COUPLES COUNSELING

Batterer intervention programs *should not* provide or recommend couples or family counseling as an initial intervention, in the context of mediation or while a batterer is involved in a batterer intervention program. Such approaches, where partners are seen jointly, avoid fixing sole responsibility on the men who abuse and thus blame victims (in whole or in part) for the abuse. These approaches may perpetuate the abuse by giving men who abuse a sense of support for their actions and may further endanger the victim. These approaches minimize power differences between family members and leave victims at a disadvantage.

Requests for couples counseling after completion of a batterer intervention program should be directed by agency policy that is developed with the victim's safety as a priority and with input from advocates who work with battered women.

INTAKE PROCEDURES

During the initial program intake, a history of a batterer must be obtained, and can include, but is not limited to:

- ▶ Basic identifying information (must be 18 years old or otherwise emancipated);
- ▶ Demographic information;
- ▶ Violence used in family of origin;
- ▶ Current or former partner(s);
- ▶ Criminal history including arrests, convictions, and police reports;
- ▶ Pending court actions;
- ▶ Descriptive history of his use of violence and other abusive behaviors, including those within and outside of the intimate relationship;
- ▶ Screening for severe mental health problems or disruptive behavior and arranging/referring for treatment when necessary; and
- ▶ Screening for chemical dependency problems and arranging/referring for treatment when necessary.

Couples counseling and mediation are not recommended as an initial intervention or while a batterer is involved in a batterer intervention program. These approaches minimize the power difference between family members and leave victims at a disadvantage.

Individuals who cannot benefit from the services or who may be disruptive to current group members must be referred to other appropriate resources.

EXCLUSION CRITERIA

A determination of whether or not an individual can benefit from the services must be made at the initial assessment. Individuals who cannot benefit from the services or who may be disruptive to current group members must be referred to other appropriate resources. This would not preclude these individuals from re-entering the program when they meet program admission criteria. Examples of individuals who may not benefit from services include: individuals whose psychiatric symptoms prevent them from participating, and individuals for whom a medical condition is the primary cause of violence, such as those with a brain injury.

PROGRAM AGREEMENT

Prior to entering a group, a batterer must sign a written agreement that he has received and understands the program's policies and procedures.

STAFF QUALIFICATIONS AND TRAINING

A batterer intervention program should have personnel policies that define and guide hiring practices. Batterers who have completed an intervention program often act as facilitators of groups. The program must develop a written code of staff conduct, which includes the ethical requirement that staff shall be non-abusive for a defined period prior to employment with, or volunteering services to, the organization. Staff and volunteers must be required to sign a statement agreeing to remain non-abusive during their service with the organization.

The staff of the program shall maintain the consistent approach that the batterer is solely accountable for the abuse and that abuse is intolerable in a relationship. Staff should be open to self-examination regarding issues of power and control, dominance and gender-role conditioning and be receptive to feedback from other staff or supervisors. Staff should continually engage in a process of on-going professional education and self-reflection on domestic violence.

Training and education prior to providing batterer intervention services is imperative to ensure that victim safety, ending violence against women, and accountability for batterers defines and guides a batterer intervention program.

TRAINING *SHOULD* INCLUDE BUT IS NOT LIMITED TO THE FOLLOWING TOPICS:

- ▶ Victim safety and sensitivity to victims;
- ▶ The history of the domestic violence movement;
- ▶ Cultural diversity;
- ▶ The nature and dynamics of domestic violence;
- ▶ The difference between batterer intervention and anger management;
- ▶ Domestic violence laws and legal issues;
- ▶ Responsibility versus denial;
- ▶ Sexism and oppression;
- ▶ Power and control;
- ▶ Facilitation and co-facilitation skills specific to groups;
- ▶ Characteristics of men who batter;
- ▶ Assessment and intake skills;
- ▶ Effects of a batterer's abuse and violence on children and family; and
- ▶ Alternative behaviors.

Staff of the program shall maintain the consistent approach that the batterer is solely accountable for the abuse and that abuse is intolerable in a relationship.

Staff should continually engage in a process of ongoing professional education and self-reflection on domestic violence.

Program leadership should consider consulting MCADV or its domestic violence member programs for their expertise, not only during the start-up of a program, but during their on-going leadership of the program.

PROGRAM LEADERSHIP: To supervise or direct a batterer intervention program, or to train facilitators, an individual must have:

- ▶ A willingness to advocate for and foster community responsibility for safety of victims and accountability for batterers;
- ▶ A willingness to recommend stronger sanctions for repeat offenders;
- ▶ A minimum of 80 hours of educational training including, but not limited to, the topics listed on the previous page; and
- ▶ On-going education to increase knowledge on topics related to domestic violence.

It is recommended that the individual have a masters or bachelors degree, in a related field, with two or more years of direct service in domestic violence advocacy or group work with batterers. It is preferable to have some combination of education and direct experience.

In addition, program leadership should consider consulting MCADV or its domestic violence member programs for their expertise, not only during the start-up of a program, but during their on-going leadership of the program.

FACILITATORS: To facilitate groups for batterers, an individual must have:

- ▶ A minimum of 50 hours of educational training, including but not limited to the topics listed on the previous page;
- ▶ A minimum of 24 hours of direct, face-to-face co-facilitation with a qualified facilitator in batterer intervention groups; and
- ▶ On-going education to increase knowledge on topics related to domestic violence.

It is recommended that the individual have a masters or bachelors degree, in a related field, with two or more years of direct service in domestic violence advocacy or group work with batterers. It is preferable to have some combination of education and direct experience.

VICTIM SAFETY AND CONTACT

Many batterers have a current partner who is not necessarily the same person(s) they victimized in the past. This section refers to victim/partner in an attempt to acknowledge the importance of communicating with current partners and past victims.

Programs will develop policies and procedures to make information available to victim/partner of batterers, including domestic violence services and referrals to other appropriate services. Within these policies, victim/partner safety is paramount. Every consideration must be made to protect the physical safety of both the victim and the batterer if both parties receive services in the same location. These policies and procedures, as well as any informational materials, will be developed by the intervention program in close consultation with domestic violence victim service programs.

THE PROVIDER SHALL DEVELOP A PROCESS BY WHICH VICTIMS CAN BE INFORMED OF THE PROGRAM STRUCTURE, EXPECTATIONS AND CONFIDENTIALITY. IF CONTACT CAN BE MADE SAFELY, IT MAY BE MADE ONLY FOR THE FOLLOWING REASONS:

- ▶ To inform the victim/partner that the batterer's attendance or completion of the program does not guarantee that the batterer will not be violent or abusive;
- ▶ To inform the victim/partner that she is not responsible in any way for the batterer's success or failure in the program as responsibility for change lies solely with the batterer;
- ▶ To inform the victim/partner of the importance of continually assessing the options for safety, whether remaining in or leaving the relationship, and resources for assistance in developing a safety plan;
- ▶ To provide information about local domestic violence advocacy agencies, victim service providers, and information on Orders of Protection;
- ▶ To notify the victim/partner of the batterer's acceptance or non-acceptance in the program;
- ▶ To notify the victim/partner of the batterer's non-compliance with program guidelines or requirements;
- ▶ To inform the victim/partner of the batterer's scheduled program start date; and
- ▶ To report when the batterer presents a danger to himself or others. Administrators of programs and/or facilitators who are licensed clinicians in the state of Missouri are bound by licensure requirements—Missouri Revised Statutes 337.630; Requirements for Social Workers 4 CSR 263-3.100 (3); and Requirements for Psychologists 4 CSR 235-5.030 (7c1). Those programs without licensed facilitators shall adopt policies to warn others of potential threats from participants of batterer intervention programs.

This section refers to victim/partner in an attempt to acknowledge the importance of communicating with current partners and past victims.

Safety is paramount. It is not appropriate for the batterer intervention program to seek information about the batterer from the victim/partner.

However, providers will allow for safe and appropriate means for the partner to offer information should she choose to provide it.

THE FOLLOWING *MUST* BE CONSIDERED IN DETERMINING PROGRAM POLICIES AND PROCEDURES RELATING TO VICTIM/PARTNER CONTACT:

It is not appropriate for the batterer intervention program to seek information about a batterer from the victim/partner. However, providers will allow for safe and appropriate means for the partner to offer information should she choose to provide it. The following are limitations regarding victim/partner contact:

- ▶ No attempt should be made to encourage, persuade or coerce the victim/partner into disclosing information or having contact with the provider;
- ▶ No attempt will be made to suggest that information or contact by the victim/partner will positively affect the batterer's work with the provider;
- ▶ No attempt should be made to encourage, persuade or coerce the batterer's victim/partner into couples counseling;
- ▶ Under no circumstances should the provider share information about or from the victim/partner with the batterer; and
- ▶ Victim/partner contact will not be used as a method of evaluation to measure the program's success, or the participant's completion of the program.

PROGRAM COMPLETION

No batterer shall be assumed or documented to be non-abusive because he completes a batterer intervention program. Evidence of attitude/belief change indicated in the group may not always translate to behavior change in the relationship with a victim/partner.

PROGRAMS *MUST* DEVELOP STANDARDS FOR PARTICIPANTS' PROGRAM COMPLETION. AT A MINIMUM, THE BATTERER WILL:

- ▶ Pay all fees in full;
- ▶ Fulfill all program guidelines;
- ▶ Take responsibility for personal abusive behaviors without blaming others;
- ▶ Demonstrate to staff an understanding of alternatives to abusive behavior;
- ▶ Demonstrate to staff the use of respectful language regarding victim/partner and an understanding of benefits of equal relationships; and
- ▶ Have no known recent abusive and/or violent behavior.

“One-on-one approaches to overcoming abuse work well only when the wider community pulls together to create an environment in which the victims are supported and the abusers are held accountable.

You can play a role in making your community an abuse-free zone, a haven where abused women know that they can count on complete support and where abusers know that they will not succeed in gaining sympathy for their excuses or in avoiding the consequences of their actions.”

*Bancroft, Lundy, **Why Does He Do That?: Inside the Minds of Angry and Controlling Men**, 2002, New York, NY: Putnam’s Sons, p. 383-384. Used with permission.*

MCADV is a statewide membership coalition of organizations and individuals working to end violence against women and children through direct services, social and systemic change.



Please join our effort to make Missouri safer for battered women and their children.



Membership Application

NAME _____

JOB TITLE _____

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

FAX _____

I WOULD LIKE TO BE INCLUDED ON THE MCADV LISTSERV
E-MAIL ADDRESS _____

► TYPE OF MCADV MEMBERSHIP

- INDIVIDUAL MEMBERSHIP
 - SUPPORTIVE MEMBERSHIP - \$35
 - ADVOCATE MEMBERSHIP - \$25
(STAFF OF MEMBER PROGRAM)
 - STUDENT MEMBERSHIP - \$10
- I AM INTERESTED IN AN ORGANIZATIONAL/AFFILIATE MEMBERSHIP. PLEASE SEND A SUPPLEMENTAL MEMBERSHIP APPLICATION.

► DONATIONS

- I AM NOT INTERESTED IN MEMBERSHIP BUT WOULD LIKE TO MAKE A TAX-DEDUCTIBLE CONTRIBUTION.
AMOUNT ENCLOSED \$ _____

► Mail or fax to:

MCADV
718 East Capitol Ave.
Jefferson City, MO 65101
Fax: (573) 636-3728

► For more information, call (573) 634-4161