

Hawai`i Batterer Intervention Program Standards

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Finalized by:
Child & Family Service
Parents and Children Together
Hawai`i State Judiciary, First Circuit

"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, L. (2002). *Why Does He Do That? Inside the Minds of Angry and Controlling Men* (p. 333). New York, NY: Putnam's Sons. Used with permission.

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Evidence-based, evidence-informed, and promising practices concepts and strategies have been included throughout the document. Where applicable, concepts from the Correctional Program Checklist were also integrated.

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Introduction

The intent of the Hawai'i Batterer Intervention Program Standards is to ensure that service providers (individuals or organizations) maintain an overall level of quality and consistency in their work with men who batter. A Batterer Intervention Program (BIP) is a community based program that makes victim and child safety the highest priority, establishes a structure of accountability for men who batter, and promotes and participates in collaborative community response to domestic violence. (Indiana, 2007)

Specifically, the standards are written as a guide for intervention with clients who commit acts of intimate partner violence (domestic violence or battering) with the goal of establishing a minimum level of promising- and best-practice consistency across programs throughout the state.

Because male to female battering is predominant in heterosexual relationships, it is critical that batterer intervention programs acknowledge and address the gender-specific nature of this violence. (Texas, 1999) It is understood that intimate partner violence can take three other forms (i.e., male against male, female against female, and female against male). These other categories of domestic violence will require the development of separate standards and program curriculum to address the specific needs in these situations. Therefore, in the context of this document, perpetrators are considered male and victims/survivors female.

Finally, it is important to remember that the effectiveness of Batterer Intervention Programs must be seen within the context of a coordinated and collaborative criminal and civil justice and community response. Other components of a responsive system include probation monitoring and surveillance, ongoing risk management, court reviews, and swift and certain sanctions. (Gondolf, 2002)

1.0 DECLARATION OF PRINCIPLES

Domestic violence offenders are a category of violent criminal offender requiring specialized intervention approaches. The goal of domestic violence intervention (DVI) with batterers is victim, child and community safety through the cessation of violence against intimate partners. Ending intimate partner violence requires a change in attitudes, belief systems and behavior on the part of the offender and community.

- 1.1 **Domestic violence (battering) is a crime, is unacceptable, must be challenged and perpetrators held accountable.** Battering causes a wide range of physical and emotional effects on both those experiencing it directly – women – and those exposed – particularly children. Women and children have the right to live their lives from this violence and abuse.
- 1.2 **The ultimate goal of BIP providers must be victim and child safety and respect for victim rights and self-determination.** Victims of domestic violence and their children endure tremendous distress and fear as a result of the violence forced upon them whether physical or psychological/emotional. (Colorado, Illinois, 2002; Missouri, 2006) Respect for survivors stems from a fundamental belief in their resiliency and strength. Victims/survivors are not to be blamed for the abuse perpetrated against them. It is not the responsibility of survivors to hold the batterer accountable.
- 1.3 **Battering occurs in a historical social context.** The creation of appropriate DVI programs requires a comprehensive understanding of the dynamics of domestic violence, the impact of patriarchy on male/female behavior. Addressing patriarchy and oppression includes the examination of gender roles, power, imbalance, stereotyping, socialization and the damaging impact of the dynamics on individuals, families and within communities.
- 1.4 **Battering behavior is a purposeful pattern of behavior.** Battering is a systematic pattern of coercive abuse used by men against women within an intimate relationship. It is vitally important to view this abuse, not as a series of independent acts, rather as an intentional process by which a batterer maintains control and domination over his victim. (Texas, 1999) Rather than a series of independent acts or events, it is most often part of a process by which the batterer establishes and maintains control and domination over his victim.
- 1.5 **Men are responsible for their use of violence.** (Vermont, 2005) Men who batter choose their tactics of abuse, and are solely responsible for their actions. Violence, when used to control, intimidate and maintain power over another person is unacceptable and criminal behavior. Offenders must be held accountable for their violence by the community, BIP and other involved systems

and experience the consequences including arrest, incarceration, probation, parole, fines, fees, restitution, DVI and other appropriate sanctions. BIP providers must clearly support this focus on perpetrator responsibility. Program content and strategies should focus on helping men who batter learn to stop their violence. This includes facilitating their choice to eliminate coercive and controlling tactics and behaviors in their relationships.

A. Batterers can change. (Respect, 2004) Abusive men can change their attitudes, beliefs and behaviors and learn positive, egalitarian and non-violent ways of relating. Although men who use violence do so to assert and maintain power and control with damaging effects on others, they also report a wide range of negative effects for themselves. Though it involves giving up the misuse of power and control and the privileges of dominance, men gain significantly from learning to have positive, equal and non-violent relationships.

1.6 Coordinated community responses are vital to the long-term solution to ending domestic violence. (Vermont, 2005, Respect 2004, Missouri, 2006) Intervention programs alone do not create batterer accountability. They are a component of a larger coordinated community response (CCR) that includes the courts, probation and parole, and the legal system and law enforcement, civil and other community systems. A CCR appropriately identifies domestic violence and intervenes consistently and immediately. This requires the creation of cooperative strategies that effectively deliver a consistent and supportive response to survivors and swift consequences to batterers. The priority of this coordinated effort is the safety and protection of women who have been battered and their children. This approach holds batterers accountable for their violence and abuse of every level of intervention.

A. Communities must collaborate to bring together all organizations and systems that have contact with survivors and perpetrators of domestic violence. BIP providers should actively collaborate and communicate with other entities such as victim advocates, victim shelter personnel, law enforcement, the courts, probation, and prosecutors and must also actively participate in community based domestic violence coalitions, task forces and committees. This ongoing interagency communication and cooperation is essential to promote victim and community safety as well as program and perpetrator accountability.

B. Domestic violence includes criminal behavior that is a legitimate concern of the Criminal Justice System. BIP providers must ensure that batterers do not use their attendance in DVI to avoid or diminish the legal consequences of their behavior. BIP providers should not support criminal justice agencies in using DVI programs as a diversion from

traditional responses of arrest, charge, prosecution and conviction. Providers should proactively engage with criminal justice agencies to promote effective sanctions against perpetrators.

- 1.7 **Best-practice intervention.** All interventions used with domestic violence offenders should be based on promising- and best-practice research-based interventions that focus on changing attitudes, beliefs, and behaviors while building related skills.
- 1.8 **BIP providers must be accountable to survivors of intimate partner violence.** Survivor perspectives and input are central to program development, implementation and evaluation. BIP providers must work in productive partnership with victim support programs to gain this input.
- 1.9 **BIP providers have an obligation to heighten public understanding of the seriousness and criminal nature of battering.** Providers must work to challenge community norms that perpetuate this violence and help improve the community response to victim safety and offender accountability. The hoped for result is a unified demand for a zero-tolerance response to domestic violence.
- 1.10 **BIP providers should make reasonable provision for the individual differences and rights of offenders.** Interventions may include services and/or linkages to other providers addressing issues such as mental health, substance abuse, race/ethnicity, language interpretation, homelessness, immigrations status, different-abilities, etc. Staff composition and program settings should reflect the diversity of the populations being served.
- 1.11 **State standards should undergo periodic review and revision consistent with emerging research based promising- and best-practice knowledge, skill and methodology.**

2.0 **THE PURPOSE FOR BATTERER INTERVENTION PROGRAM STANDARDS**

- 2.1 **The elimination of domestic violence** by providing guidelines for ethical and accountable intervention practices with perpetrators while protecting victims, their families and the community. The safety and rights of survivors and their children are the highest priority for and are fundamental to BIPs.
- 2.2 **A guide for research based promising- and best-practices** in the operation of batterer intervention programs; to maintain ethical, consistent and quality services across programs; and encourage individual and program responsibility in attaining these standards.

- 2.3 Collaboration and interaction** among program providers and other important agencies and entities within the community is firmly established. Domestic violence is recognized and treated as criminal behavior and perpetrators are best held accountable through a coordinated community response (CCR) which relies on the timely response, support and sanctions of the criminal justice system in addition to DVI. BIP providers must recognize their responsibility to actively work toward the establishment and maintenance of this CCR by joining the efforts of other agencies, local coalitions and task forces.
- 2.4** The establishment of minimum expectations of BIP providers for compliance review, monitoring and evaluation, and as guidelines for future program development, improvement and quality assurance.
- 2.5** To increase public confidence in the quality and consistency of domestic violence intervention services.

3.0 DEFINITION OF BATTERING

For the purposes of this document, battering is considered an ongoing patterned use of intimidation, coercion, and violence as well as other tactics of power and control to establish and maintain a relationship of dominance over an intimate partner.

- 3.1 Tactics of power and control** are demonstrated through a pattern of behaviors. A singular act of aggression may not constitute battering.
- A. Physical violence:** aggressive behavior including but not limited to hitting, punching, strangling, scratching, pinching, restraining, slapping, pulling, hitting with weapons or objects, shooting, stabbing, and damaging property or pets.
- B. Sexual violence:** use of coercion or physical force to make an individual perform any sexual act against her will. Other forms of sexual abuse include but are not limited to verbal attacks referring to the sexual parts of the person's body, treating her as a sex object, forcing her to terminate a pregnancy, not allowing birth control, forcing her to view pornographic materials, and/or forcing her to engage in any other sexual activities to which she is unwilling, or forcing pregnancy.
- C. Psychological violence:** using the power gained through the threat or use of physical and sexual violence to control the actions and behavior of another person through the following types of abusive actions:

- 1) threats: of physical or sexual violence; taking away the person's livelihood; committing suicide and/or homicide, etc.
- 2) acts of intimidation such as looks, gestures, tone of voice, destroying property, etc.
- 3) isolation of the partner by controlling choices, activities, relationships and contacts, etc.
- 4) emotional abuse such as name-calling, belittling, degrading and psychological torture, etc.
- 5) emotional abuse such as withholding access to financial resources, limiting title to property and possessions, limiting and/or controlling her employment choices, etc.
- 6) use of the children as a tool of control by threatening to harm the children, relaying messages through the children, harassing during visitation and interrogating the children, etc.
- 7) the use of privilege in patriarchal culture to claim entitlement of a superior status, treating the partner like a servant and presuming dominance in regard to decision making, etc.
- 8) stalking, defined as "a course of conduct directed at a specific person that involves repeated visual or physical proximity; non-consensual communication; or verbal, written or implied threats; or a combination thereof that would cause a reasonable person fear" (National Center for Victims of Crime, Stalking Resource Center 2001)

Defining domestic violence in greater detail, as done in the preceding points, is intended to alert program providers to attend to all forms of violence and abusive behavior by men who batter.

3.2 Additional battering behaviors. In addition to the above definitions, it should be noted that domestic violence offenders may exhibit one or more of the following characteristics:

- A. Be unwilling to accept responsibility through minimization, denial and blaming the victim;
- B. Have little or no concern for the consequences of his behavior;

- C. Have little or no empathy for the victim and other family members;
- D. Objectify the victim;
- E. Display a pattern of recurrent violence and abusive behavior that may escalate in frequency and severity;
- F. Demonstrate expectations of patriarchal and hierarchical privilege; and
- G. Display an attitude of entitlement to special rights and privileges without accompanying reciprocal responsibilities, which he believes justifies his use of force.

3.3 DVI is not anger management. There are well documented concerns regarding the “anger management approach” to working with men who batter, even when presented as a component of more comprehensive program interventions. The John Howard Society of Alberta described the following concerns which should be needed by BIP providers.

“Anger management programs address a single cause of battering in favor of other causes that may be more profound such as control of the victim or achieving a deeper understanding of his emotions; if the underlying issue of coercive batterer control is not addressed, men will misuse anger management techniques to continue to control their intimate partners; and batterers may learn to label all strong emotions as anger when they are, in fact, experiencing feelings of betrayal or hurt.”

4.0 ETHICAL STANDARDS

The foundational ethical imperative for providing DVI services is the protection of victims while holding perpetrators accountable for their violence. In order to accomplish this mandate, BIP providers and individuals providing these services should have formal policies and procedures that support and maintain the following ethical and professional conduct from the agency and all staff, volunteers and contractors.

4.1 Victim Safety: The Duty to Warn, Mandatory Reporting, Victim Confidentiality

- A. **Duty to Warn:** the legal obligation of a service provider to notify the appropriate authorities as defined by statute and/or the potential victim when there is serious danger of a client inflicting injury on an identified individual. Providers and individuals have the duty to warn the victim if the offender shows signs of imminent danger or escalated behaviors that may

lead to violence. Concerns about victim safety should not be addressed with offenders in any way that may jeopardize the victim's or another's safety.

- B. Immediately report offender violence or threats of violence to the appropriate authorities in the criminal justice system.
- C. Adhere to Hawaii Revised Statutes requiring mandatory reporting of suspected abuse of a child or vulnerable adult.
- D. Honor victim/survivor confidentiality at all times.

4.2 Professional Integrity and Competence: Competence is the requisite knowledge, skills, and attitudes necessary to perform tasks and responsibilities essential to the provision of effective DVI. BIP providers must perform their stated service and not misrepresent their experience and capabilities to present evidence based interventions with appropriately qualified, trained and supervised staff, contractors and volunteers, who must:

- A. Be emotionally and physically violence-free in their personal lives; not abuse alcohol or other drugs; and be vigilant regarding one's own power and control issues.
- B. Not hire an individual who has been a perpetrator of domestic violence unless the program director is satisfied that the individual has successfully completed a domestic violence intervention program and has remained violence free for a minimum of five years prior to hire.
- C. Not exhibit sexist, racist, homophobic, heterosexist, classist, or victim blaming attitudes and behaviors.
- D. Model appropriate communication and conflict resolution behavior at all times and maintain a personal demeanor that is consistent with a professional appearance and attitude.
- E. Treat all clients with dignity and respect and honor their right to self-determination.

4.3 Multicultural/Diversity/Competence – Definition: an appreciation and recognition of the vast array of different cultural groups based on varying behaviors, attitudes, values, languages, celebrations, rituals, and histories; diversity as it relates to culture includes actions taken by individuals, organizations, and communities to reflect inclusion and representation of diverse groups.

BIP providers and their staff, contractors and volunteers should:

A. Create and deliver program curricula that reflect an understanding of and respect for the cultural diversity of their clients and the application of culturally appropriate intervention strategies when possible in order to meet the diverse needs of their local community. This includes:

- 1) Awareness of own cultural values and biases.
- 2) Awareness of clients' worldviews, values and knowledge.
- 3) Awareness of the interaction of the above factors.

4.4 Collaboration: Providers must work collaboratively with a broad alliance of community agencies and entities. BIPs will work with involved systems in order to assist the establishment and maintenance of a coordinated community response (CCR) to domestic violence. Providers must:

A. Collaborate with agencies that provide services to victims in order to maximize victim safety. This may include partnering to be certain that 'safety checks' with the victims of the offenders in the program are contacted in a safe and appropriate manner.

B. Maintain open inter- and intra-agency communication by discussing disagreements, problems, and issues directly with the parties and/or entities involved.

4.5 Research Based Practices: Providers should design, implement and evaluate programs consistent with these standards. As experience and research expands the field of knowledge, philosophical and programmatic changes should be made to incorporate and maintain best-practices.

4.6 Confidentiality: Providers have an obligation to abide by the current HIPPA and legal statutes with regard to information sharing and data protection.

Domestic violence perpetrators pose a risk to their (ex) partners, children and sometimes others. If agency representatives have reason to be concerned for the safety of any person due to the client's abusive behavior or threats, they have a duty not to keep confidential those concerns. This duty may include informing, reporting, or warning other agencies or persons impacted by the threat or use of violence.

Providers must ensure that their conditions of confidentiality are communicated to and understood by the clients they work with. Every client should be required

to agree to and sign a statement which details the limits to their confidentiality.

If a program must disclose victim safety concerns to appropriate authorities due to legal statute requirements, it must make every possible effort to contact the victim about the information gained during the course of program interventions. Other victim information disclosed to outside parties may only be done with the specific permission of the victim.

4.7 Reporting offender progress. Any communication regarding program completion should include a statement similar to the following: "Program completion is not predictive of future nonviolence or non-abusive behaviors, and signs of change in program participation are no guarantee that real change is taking place".

4.8 Compliance with all state and federal laws and regulations.

5.0 EDUCATION AND TRAINING REQUIREMENTS AND COMPETENCIES

Quality of DVI delivery is a significant factor in successful intervention outcomes. Program and staff expectations and performance should be measured against established comprehensive and consistent competency standards. A competency approach should include adequate initial training and experience in this very specialized field, regular and effective supervision, ongoing relevant training, and regular staff and facilitator job performance evaluations that help them develop and maintain necessary proficiency.

All staff and facilitators providing DVI services must be knowledgeable about the following:

5.1 Attitudes, Knowledge and Skills Domains

A. Attitudes:

- 1) The definitions and dynamics of coercive control, battering, violence, abuse, domination, and oppression.
- 2) Cultural, societal and gender issues related to use of violence in intimate relationships.
- 3) The tactics used by abusers to maintain dominance and oppression.
- 4) The effects of DV on victims/survivors, children and those who use

violence including trauma issues.

- 5) The dynamics of power and control in battering relationships.
- 6) Cognitive distortions.
- 7) Laws related to DV.
- 8) Safety Planning.

B. Knowledge:

- 1) The ways children may be used by perpetrators as part of their abuse of the mother.
- 2) Child protection resources, referrals and definitions and dynamics of child abuse/neglect.
- 3) Skills to respond sensitively to the issues posed by abusers who are also parents.
- 4) A well developed understanding of what constitutes respectful parenting, its importance and how to parent children exposed to domestic violence.

C. Skills:

- 1) Facilitation and counseling orientation, knowledge and skills.
- 2) Strengths-based approaches.
- 3) Knowledge of and ability to use attitudes and skills of Motivational Interviewing.
- 4) Skills and strategies for use in responding to resistance so as to support perpetrator movement toward behavior change and accountability.
- 5) Stages of change theory.
- 6) Individual counseling skills and strategies.
- 7) Group counseling skills and strategies including knowledge and skills in dealing with group dynamics.

- 8) Recognition of and ability to work sensitively and effectively within a multi-cultural environment and among individuals with diverse learning styles.
- D.** Assessment, interviewing and crisis intervention skills and strategies:
- 1) Knowledge of risks including risk of recidivism, risk of re-assault and lethality.
 - 2) Placing victim safety at the center of any assessment and response to lethality or risk factors.
 - 3) Interviewing skills.
 - 4) Screening for additional needs, e.g., substance misuse or mental health concerns.
 - 5) Recognize and respond to suicide, crisis situations and de-escalate aggressive behavior.
- E.** Plan services so that client needs are matched with the skills and approaches of the staff delivering the services:
- 1) Effective preparation for individual or group sessions.
 - 2) Participate in regular supervision and debrief of sessions.
 - 3) Maintain program integrity.
 - 4) Establish and maintain appropriate boundaries with clients.
 - 5) Maintain case records and completing paperwork in a timely fashion.

The standards below are desired expectations and requirements for BIP providers to work toward. They include the following:

5.2 Educational and Other Requirements

- A.** Entry level requirements for DVI staff and facilitators:
- 1) Those who provide DVI services are encouraged to have, at minimum, a Bachelor's Degree or higher in a behavioral science area of study from an accredited college or university or the

equivalent in training and experience.

- 2) Individual and/or group counseling experience.
- 3) A current background check of state criminal history record.
 - a) Shall not have a conviction for a state or federal misdemeanor or felony, or have accepted a court plea of guilty or nolo contendere to same if that violation is related to the perpetration of domestic violence or other crimes that may interfere with the effective provision of DVI.
- 4) Demonstrated values, attitudes and ability to communicate and work effectively with people of diverse social, economic, age, gender and racial backgrounds.

B. Requirements for DVI supervisors:

- 1) A Bachelor's Degree in counseling, social work or other related field and at least 3 years working in domestic violence and 2 years supervisor experience. Supervisors should demonstrate proficiency in the competency and standards they are themselves supervising.

5.3 Supervision Requirements

- A.** Mandatory face-to-face supervision will be provided to DVI staff including volunteers bi-monthly for a total of 1 hour. This can be accomplished in a group setting, with individual contact on a weekly basis by phone or in person. Supervision will include observation of and feedback on group facilitation and/or other service delivery.
- B.** It is recommended that internal supervision include audio/video taping of actual sessions with batterers.

Supervision should regularly review at least the following:

- 1) Case coordination within the agency and with other providers including the criminal justice system and victim's services.
- 2) Each staff members services provided to clients.
- 3) Staff members services, intervention strategies and evaluation of offender progress.

- 4) Ethical and cultural issues.
 - 5) Laws and standards relative to domestic violence.
 - 6) The application of appropriate motivational responses, transference and counter-transference and other ethical and boundary issues.
- C. Regular performance evaluation of staff and volunteers.
- 1) Documentation of strengths, challenges, continuing education and a performance improvement plan.

5.4 Training Requirements

- A. Staff must receive a minimum of 25-40 hours of basic training in domestic violence, which will include all areas listed in 5.1 A above, at a minimum, and complete an additional 20 hours of continuing education related to DVI per year.

6.0 BATTERER INTERVENTION GOALS AND METHODOLOGY

Batterer Intervention Programs, by themselves, will never stop violence against women or other forms of domestic violence. However, provider programs can and must actively participate in a collaborative community effort designed to eliminate that violence.

The Goals of BIP providers shall be to increase the safety of the victims, children and the community through the reduction and elimination of coercive, dominating and violent behavior and its replacement with pro-social, non-abusive attitudes, skills and behaviors.

- 6.1 Intervention programs must focus on ending violence and abuse, and on changing the behavior of batterers. Toward this end providers should incorporate power and control theory, with emphasis on offender accountability while providing structured social learning opportunities with skill development and rehearsal to support behavior change.
- A. During all levels of intervention staff shall focus on offender, not victim, behavior. Staff shall confront instances of denying, blaming, minimizing, justifying, and rationalizing of behavior by offenders, regardless of current stress factors or their previous trauma.

Providers shall assist participants in recognizing that battering involves

choices they make regardless of circumstances, and that the offender is solely responsible for his violence/abuse.

- B.** During all levels of intervention, staff shall not explore with offenders the alleged role of the victim in any conflict or incident. It is incumbent on providers to assist the client in identifying and creating alternative responses to any and all situations he presents and in taking responsibility for his actions.

6.2 Evidence-based approaches to service delivery shall be utilized by staff adequately trained in modalities that target areas of risk for battering/domestic violence. Areas to target should include:

- ▶ Change in attitudes and values that support male violence/abuse against women in general, and battering behavior specifically;
- ▶ De-escalation skills for anger/hostility levels;
- ▶ Reducing problems associated with alcohol/drug abuse via referral;
- ▶ Replacing the violent behavior with pro-social, skill-based alternatives;
- ▶ Replacing the tendency to minimize, deny, blame and rationalize with honesty and accountability;
- ▶ Increasing self-awareness of the choice to be violent/abusive and how to problem solving non-violence alternatives;
- ▶ Acknowledging harm done to victim and children;
- ▶ Ensuring the perpetrator is able to recognize situations that lead to battering and develops a concrete plan to deal with these situations non-violently; and
- ▶ Improving skills in interpersonal conflict resolution.

Evidence-based interventions and skills shall include but are not limited to:

- ▶ Motivational Interviewing (MI) to enhance motivation toward behavior change (support positive reinforcement of appropriate change in offender behavior);
- ▶ Cognitive-Behavioral approaches;
- ▶ Stages of Change Theory;

- ▶ Strengths-Based strategies;
- ▶ Assessment of offender risk of re-offense of a dv-related incident;
- ▶ Targeting violent behavior (and behaviors that support abuse) with appropriate interventions at the appropriate intensity; and
- ▶ Positive behavioral reinforcement strategies and techniques to encourage new skills and pro-social behavior.

6.3 Group Format – BIPs shall use group modality as their mode of intervention. Group interventions are most effective because they: 1) provide a greater opportunity for accountability and confrontation of attitudes, values and behaviors than does individual counseling/interventions; and 2) are more successful in decreasing the batterers isolation and dependence on his partner.

Where group work is genuinely not possible – for example, in remote rural areas or for clients with unusual additional needs – a planned, structured program of individual intervention may be considered. This intervention should adhere to the same principles and standards as for group and should cover the same topics, approaches and skills practice.

- A.** BIPs will be restricted to service for offenders of domestic violence/battering (cases of abuse of a household member involving a non-intimate partners may be seen in separate groups). Groups shall be gender specific in composition and content.
- B.** Providers will, at a minimum, conduct weekly group sessions a minimum of 2 hours in length for a minimum duration of 24 sessions. Each participant must complete this minimum number of sessions. Participation by the perpetrator in the DVI program may be extended beyond the term of probation.
- C.** Group sessions shall include an opportunity for offenders to actively participate in discussions, practice and demonstrate their skills as well as receive constructive feedback.
- D.** The suggested maximum number of participants in the groups is 16-18 with two trained facilitators. It is recommended that co-facilitators of groups include both genders, for the purpose of modeling equality in a relationship, as well as to assist with the maintenance of a productive group dynamic. When resources do not permit for two facilitators, it is suggested that the maximum number of participants in the groups be 12-

14.

- E. Programs that provide group intervention for non-intimate partner violence will screen participants to determine if intimate partner violence is also present. Any violence-control group participants that are identified to be perpetrators of intimate partner violence shall be moved to an appropriate DVI group where both issues shall be addressed.

6.4 Curriculum – DVI curricula shall minimally include:

- A. Providers should primarily develop and utilize research-based curricula modules that emphasize social learning activities, techniques and tools, communications skills practice, cognitive restructuring exercises and role playing that target the risk factors for domestic violence recidivism. Participants should have the opportunity to demonstrate, rehearse, and practice pro-social alternatives to violence. As participants advance through the program curriculum, opportunities to practice new skills in increasingly difficult scenarios should occur that are designed to assist participants in anticipating and coping with risk situations. The provision of constructive feedback by staff is integral to these processes.
- B. Identification and skillful confrontation of coercive, controlling and abusive behaviors perpetrated against participant partners and children.
- C. The gendered nature of domestic violence/battering shall be central to program philosophy. All forms of abuse described on the “Power and Control Wheel” (source: DAIP, Duluth) shall be identified and examined in relation to offender attitudes, values and behaviors.
- D. The responsibility of batterers for their actions and the need to avoid victim blaming and other justifications and excuses for their abusive behavior.
- E. The impact of abuse and battering on children and the incompatibility of violence and abuse with responsible parenting. The short and long term effects of violence on partners and children shall be examined to expose the seriousness and damage of exposure. The development of empathy for others, especially women and children, is critically important.
- F. Providers shall ensure that the following items are included in the portion of the curriculum pertaining to the effects of domestic violence in children:
 - 1) Discussion, skill building exercises and the role plays designed to make participants aware of the effects of their violence toward their

partners and/or children.

- 2) Basic information on the impact of domestic violence at the different stages of a child's development as well as realistic and unrealistic expectations of children at various ages.

G. Non-violence planning and maintaining non-abusive behavior – Providers shall ensure that the following topics and issues are included:

- 1) Awareness of each participant's individual abusive/violent behavior and patterns.
- 2) Specific violence cessation skills, techniques and rehearsal practice.
- 3) The application of cognitive-behavioral skills such as "controlling behavior logs".
- 4) Non-violence maintenance planning.
- 5) Non-threatening behavior.
- 6) Respect, trust and support.
- 7) Honesty and accountability.
- 8) Responsible parenting.
- 9) Shared responsibility.
- 10) Economic partnership.
- 11) Negotiation and fairness.

H. Attitude and belief changes -- Providers shall ensure that the curricula they use promote the following attitudes and beliefs:

- 1) Taking responsibility for one's abusive behavior and taking action to stop it;
- 2) Batterer's awareness of the nature, impact, and intent of (their) abusive behavior;
- 3) Belief in egalitarian partnerships and treating others with dignity

and respect;

- 4) How to manage and appropriately express difficult thoughts and feelings; and
- 5) Batterer's empathy for their victims'/partners' and children's experiences and the negative effects their abuse.

- I. Providers should refer participants only to parenting classes and other resources that demonstrate knowledge, understanding and sensitivity to domestic violence dynamics/issues.

The following attitudes and beliefs should be challenged:

- 1) The belief in male entitlement to control women.
- 2) Rigid sex-role stereotypes.
- 3) The belief that violence and aggression is a legitimate approach to conflict resolution.
- 4) The linkages of violent attitudes and sociocultural perspectives such as patriarchy, oppression, domination, sexism, racism and heterosexism.
- 5) That men are victims of the legal system and their partners.

- J. Providers should emphasize that abuse is a choice and solely the responsibility of the offender. Denial, minimization, blaming, rationalization and excuses will be confronted in group.

- K. The identification and practice of cooperative and non-abusive forms of communication will be practiced and skills developed. Participants are expected to re-learn communication skills that are non-abusive and respectful.

- L. Cultural and social influences that contribute and support abusive behavior will be explored and alternatives presented.

- 6.5. Individual Counseling** – Individual counseling sessions may be necessary in order to augment DVI groups and/or crisis and other situations. For some offenders, group may not be the best modality due to their personal needs (such as they do not speak English, they may be deaf or have a severe cognitive impairment) and so the BIP may provide individual intervention on an as needed

basis. While many participants may prefer individual to group interventions, group interventions are supported by research so should be the primary mode of service delivery. Referrals for individual counseling non-domestic violence related issues should only be made to counselor experienced and trained in domestic violence.

It is not appropriate to substitute individual therapy/counseling as a legitimate alternative to DVI group session due to a perpetrator's "discomfort in talking in groups" or other methods that reinforce a perpetrator's sense of entitlement to special treatment.

- 6.6 Inappropriate Methods of Intervention** – Interventions that neither reduce the perpetrator's responsibility for violence or are not sensitive to the needs of victims are unacceptable. The following methods are inappropriate and inadequate when working with batterers:
- A.** Couples counseling, DVI providers should not offer any form of couples counseling, marriage counseling or marriage enhancement to address battering/abusive behavior change. (Programs for Men Who Batter, Aldarondo and Mederos, 2002) Couples counseling may be appropriate only after:
 - ▶ the offender has successfully completed DVI;
 - ▶ there has been complete cessation of violence and coercive control; and
 - ▶ only when the victim is not fearful of the perpetrator.
 - B.** Psychodynamic individual or group therapy which assumes the primary cause of the violence to be one or more of the following stress, lack of impulse control, previous victimization, or substance abuse.
 - C.** Anger management techniques which lay primary casualty for violence on anger, communication problems or conflict.
 - D.** Family and other systems theory that conceptualize casualty across all members of the family and focus on victim behavior.
 - E.** Addiction counseling in lieu of DVI.
 - F.** Gradual containment or de-escalation methods as opposed to an insistence on immediate cessation of abuse.

- G. Methods which identify psycho pathology as a primary cause of the violence. Methods which identify co-dependence as primary cause of the violence.
- H. Violence ventilation techniques.

7.0 INTAKE AND ASSESSMENT

The BIP provider shall make every effort to initiate an intake and assessment within two weeks from the individual's referral or contact with the provider in order to determine suitability to participate in DVI services, and/or whether referrals to other appropriate resources may be necessary. For example, after evaluating appropriateness for DVI the provider may refer an individual to mental health or chemical dependency treatment prior to or concurrent with DVI.

7.1 Intake Assessment. Providers shall obtain the following information from the individual, at a minimum. Other collateral sources of information should also be explored as available (criminal history check, police reports, protective orders, etc.). If the provider chooses to obtain any information from the victim, it should be done voluntarily and with her safety in mind and shall not either persuade or coerce victims to waive confidentiality, and shall inform her of the limits of confidentiality.

- A. Current and past use of violence, including a specific history of violence and stalking;
- B. Child abuse and/or neglect, and other abusive behaviors including sexual abuse, in current and past relationships;
- C. History of threats, assaults, ideation of homicide or suicide, homicidal or suicidal attempts;
- D. History of drug, alcohol or other substance misuse, abuse or dependency;
- E. History of mental health problems and current mental health status;
- F. Criminal history, protective orders and police reports;
- G. Possession of, access to, or a history of using weapons;
- H. Nature of current relationship with the victim/partner;
- I. Accurate and detailed description of the most recent violent incident;

- J. Employment status and information about social networks;
- K. History of generalized violence;
- L. Relevant medical history;
- M. Partner and/or victim name;
- N. Children's names and with whom they reside; and
- O. Contact information of the perpetrator including place and hours of employment.

7.2 Risk Assessment. In working with batterers it is important to assess each offender's risk of intimate partner violence recidivism as well as risk of increased danger or lethality. This assessment differs from a program eligibility or suitability assessment, it is best to use a standardized and validated instrument with proper interpretation of the results. This type of assessment also requires an assessor with finely tuned "instincts" and understanding of the dynamics of risk and danger in the context of domestic violence. The results of such assessments shall be used for the purpose of understanding and addressing risk of recidivism and lethality potential.

- A. It is determined that there is a risk of danger to a victim or another person by the program participant, DVI staff must immediately warn potential victim(s). Police must be informed immediately as well (see "duty to warn" in Section 4.1) as stipulated by law.

7.3 Participant Monitoring – This standard is designed to have providers assess client's continuing suitability for DVI services and referrals. Information to consider includes:

- A. Attendance and participation levels.
- B. Compliance with program guidelines and requirements.
- C. Freedom from violence and/or abusive behavior.
- D. Compliance with abstinence from alcohol and other drugs for a 24-hour period before DVI sessions.
- E. Compliance with terms and conditions of probation.
- F. Personal accountability as it relates to parenting, court orders,

employment, payment of program fees, child support, etc.

8.0 PROGRAM CRITERIA - ACCEPTANCE, COMPLETION, REFUSAL, TERMINATION

8.1 Program Acceptance Criteria – The provider shall establish criteria for acceptance into the program.

8.2 Program Completion Criteria – It is important for providers to develop criteria that participants must achieve prior to completion. Participants should demonstrate an understanding of the curriculum and an ability to apply the principles to their own lives. It is critical, however, that no person be assumed to be non-abusive because that person has completed the required sessions in the program. *Caution: information regarding continued violence/abuse from the victim or others sources can only be used if it will not endanger the victim.*

- A.** Providers shall ensure that all decisions regarding participants achieving criteria for “program completion” are consistent and objective.
- B.** Satisfactory completion of BIP requirements includes meeting measurable objectives that reflect the content of curriculum as described above (in Section 6.4).
- C.** The following are examples of suggested measures of behavior change while in program to indicate successful program completion. They can be evaluated based on observable skill acquisition, belief and attitude change, participation in group discussion, role plays, other group exercises and homework assignments.
 - 1)** Has accepted responsibility for his violent/abusive behavior.
 - 2)** Not engaging in violent, controlling or abusive behavior during program participation according to victim and collateral reports, as well as offender self-reports. Status should be supported by periodic risk and lethality assessments conducted during program participation.
 - 3)** Has cooperated in sessions by openly processing attitudes and emotions, and actively participating in replacement attitude, belief and skill development.
 - 4)** Completion of a detailed prevention plan to prevent future battering.

- 5) Demonstrates the acquisition of new attitudes, beliefs, skills and behavior.
- 6) Has demonstrated an understanding of and concern for the impact of domestic violence on children.
- 7) Demonstration of use of respectful language regarding partner and women in general.
- 8) Completion of any other BIP requirements.

8.3 Program Exclusion Criteria – Program exclusion occurs when an individual fails to meet program acceptance criteria. The program shall establish criteria for refusal or admittance into the program. Providers shall provide written documentation with reasons for refusal to admit DVI to the court and/or probation/parole department within 2 weeks of referral or contact. Examples of possible reasons for program exclusion include but are not limited to:

- ▶ Individuals with severe mental health problems (chronic depression, schizophrenia, anti-social personality disorder, or suicidal or homicidal ideation);
- ▶ Disruptive behavior;
- ▶ Severe chemical dependence; and/or
- ▶ Serious generalized violence.

Such referrals may not be appropriate for DVI and should be reported back to the referral source for other, more appropriate interventions.

8.4 Program Termination Criteria – The provider shall establish criteria for termination from the program. The BIP provider should collaborate with the courts and probation/parole departments to encourage that an individual terminated from DVI services receives consequences and is held accountable. Termination without consequences weakens DVI effectiveness and sabotages the goal of victim safety.

Program termination prior to program completion, or expulsion, occurs when an individual drops out or is expelled from the program. The following are suggested reasons for expulsion:

- 1) A reoccurrence of violence or threats of violence;

- 2) Continual group disruption;
- 3) Coming to group sessions while under the influence of drugs or alcohol;
- 4) Unwillingness to actively participate in group session;
- 5) Excessive absences; and/or
- 6) Violation of program rules.

9.0 PROGRAM ADMINISTRATION

9.1 Policies and Procedures.

- A) BIP providers shall submit annually to the funding source(s) a cooperative working agreement with a victim services program in their county. If there is more than one victim services program in a county, the program must have a working agreement with at least one shelter from that county.
- B) Paid or volunteer administrative support staff should, at a minimum, have an understanding of program mission and policies as well as a basic understanding of domestic violence.
- C) Providers shall have available for all employees, the following required organizational policies and procedures.
 - 1) Program approved code of ethics.
 - 2) Each DVI employee, volunteer and contractor providing direct service to offenders should have a copy of these HBIPS standards made available for guidance and also trained in the content.
- D) Each program must develop an organizational or administrative manual that incorporates all written policies and procedures.
- E) BIP providers shall develop record keeping policies and procedures that ensure victim/partner safety and confidentiality. This policy must include, at a minimum, that separate files be maintained for batterers and victims. It is recommended that any information provided by the victim/partner, not be documented in the batterers file. If a program must include information about the victim in the offender's case record, then it should be as brief as possible, with a minimum of identifying information that might put her in danger.

- F) BIP programs shall inform batterers of the following limits to the program's confidentiality:
 - 1) Batterers are required to sign a Consent for Release of Information, which permits information to be released to the victim/partner or referral source.
 - 2) Where the staff determines that there is probability of imminent physical injury to the batterer himself or to others, staff will take safety initiatives and may, if appropriate, notify medical or law enforcement personnel and/or the victim/partner, as stipulated by law.
- G. Providers have the responsibility to report to the referral source continued acts or threats of violence reported by an offender who is court-referred to DVI.
- H. Providers shall clearly document efforts to report recurring violence or threats.
 - 1) Any information given by the victim/partner, including verification of progress or continued abuse, shall not be disclosed to the batterer without documentation of the victim's permission and/or attention to her safety. Victims/partners shall be informed of the limits to confidentiality.

9.2 Fee and Payment Scales and Procedures. Providers shall develop a written fee schedule including provisions for indigent clients. It is best if participants contribute to the cost of the program. The payment of the fees may be made a condition of probation. It should be communicated to batterers that financial consequences are one method of being held accountable for their behavior.

- A) A fee for the intake and evaluation phase of the program may be charged separately from the fees for subsequent program participation.
- B) Fees for services may be based on a sliding scale, placed on an individual's ability to pay.
- C) Indigent clients may negotiate a deferred payment schedule, but shall pay a nominal fee for services at the discretion of the provider.

9.3 Written Participant Agreements. BIP providers shall establish a written agreement signed by the batterer that clearly delineates his obligations to the program and consequences for non-compliance with the agreement. The

provider shall review the agreement with the batterer and furnish him with a copy. This agreement for services shall include the following participant obligations:

- A) Cooperation with group rules;
- B) Compliance with the written attendance policy;
- C) Cessation of violent, abusive, threatening, and controlling behaviors, including stalking;
- D) Non-abusive and non-controlling behavior toward other group members and group facilitators;
- E) Development of and adherence to a non-violence plan as outlined in the curriculum;
- F) Agreement to be drug and alcohol free while participating in program services; and
- G) Compliance with financial agreements made with the program. Providers shall also establish and provide a copy of a written agreement that clearly delineates the obligations of the program to the batterer. The content of the written agreement shall include the obligation to:
 - 1) Provide services in a manner that the batterer can understand;
 - 2) Provide a copy of all signed written agreements;
 - 3) Notify the batterer of changes in group time and schedule;
 - 4) Provide feedback to the batterer regarding his status and participation; and
 - 5) Treat him with dignity and respect.

9.5 Quality Assurance – Each provider should have a clearly defined quality assurance protocol which includes:

- A. Internal Quality Audits:
 - 1) This should include regular monitoring of groups, file review and client case records that monitor client treatment progress by supervisory staff.

- 2) Regular observation or monitoring of staff by program supervisor with regard to delivering services/groups with feedback provided.
- 3) Formal program participant feedback on service delivery.

B. External Quality Audit:

Providers should anticipate evaluation of DVI services by external auditors (generally funding partners) to assure that the service being provided are high quality and consistently delivered. This can include regular periodic site visits, monitoring of groups, regular progress reports, file review, etc.

C. Participant Satisfaction:

Participants should be surveyed as to satisfaction with service/program. Can include exit surveys/interviews, post-completion surveys, phone calls, etc.

D. Participant Reassessment:

Periodic, objective re-assessment of participants on meeting target behaviors with tangible evidence in files. Indicators may include: pre and post-testing on target behaviors or attitudes; re-assessment using standardized instruments, monitoring the progress through a plan and making changes in the plan on a regular basis.

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