

1996

Male Batterers Treatment Standards

These standards address primary treatment approaches and practices currently recognized as the most appropriate treatment choice for domestic violence abusers. These standards do not address secondary treatment or therapy, which a batterer may desire or may become involved in after primary treatment (e.g., individual, family or couples counseling).

I. Primary Batterers Treatment Service Objectives

- A. To work to stop violent, controlling and abusive behaviors.
- B. To focus on the batterers' responsibility to recognize and stop their physically violent and other abusive and controlling behavior.
- C. To provide batterer's treatment services in a manner which best ensures that partners and children are safe.
- D. To participate in community activities, which promote consistent monitoring of offenders, improve protection of victims and improve local response to domestic violence.

II. Definitions

Domestic Abuse: Domestic abuse is defined as physical abuse or threats of physical abuse by an adult family or household member against another adult family or household member, by an adult against another adult with whom that person created a child, or violence or threats of violence occurring in a dating relationship.

Domestic Abuse Program: A domestic abuse program is an organization which provides safety for battered women and their children in a shelter facility or safehouse network, and/or provides at a minimum, nonresidential services (such as crisis counseling and advocacy, 24-hour crisis phone services, and support groups for battered women).

Program for Batterers: A program providing primary treatment (education/counseling services) for male individuals who have admitted to committing acts of domestic violence or have been convicted of criminal offenses against a current or former adult family member or intimate partner.

Monitoring Program: Program which has as its primary purpose case management, monitoring or supervising alleged or convicted offenders in treatment (e.g., deferred prosecution units, probation and parole, etc.).

III. Eligibility

- A. To be eligible for state-funded batterer's treatment contracts, providers must:
 - 1. Be a domestic abuse program, a monitoring program or a program for batterers as defined in Section 11. (If the provider is not a local battered women's program, endorsement by the battered women's program(s) that serves the monitoring or batterers program's geographic area must be obtained.)



2. Meet all the requirements as outlined in Section IV.
3. Provide separate services for female perpetrators. Male and female perpetrators may not be seen together in the same group.

B. The following restrictions make a program ineligible for state-funded batterers' treatment grants/contracts:

1. Programs that do not offer batterer groups as the primary treatment method. Exceptions are allowable for individuals to be seen alone in addition to participating in group or if the client is considered inappropriate for the group.
2. Programs that use couples counseling or family therapy as a primary treatment method OR see a couple together before a client has completed a batterers group. A couple's orientation session, defined as one meeting with a couple together to give the partner information, not counseling, is not considered couples counseling.

This restriction does not imply that couples or family therapy/counseling should be discouraged after the batterer has successfully completed primary batterers group treatment. But care must be taken to ensure that the partner wants to participate and is not being coerced.

3. Programs that require psychological tests for battered women and/or their children or mandate partners to participate in any way in the treatment of the batterer.
4. Programs that are oriented to anger management or psychodynamic group approaches, which center causality only on the past and do not hold abusers accountable for present behavior are inappropriate.
5. AODA treatment cannot be substituted for batterers' treatment.

IV. Program Requirements

Batterers treatment providers should (a) provide services for batterers, (b) provide or arrange for the provision of service to victims, described in Section IV-13, (c) improve community coordination and responsiveness to batterers and victims and their children, and (d) evaluate the effectiveness of their treatment programs.

Services for Batterers

The following standards with an asterisk (*) preceding the number are required of all state-funded batterers treatment programs; other standards are recommendations which are strongly encouraged.

A. Philosophical Issues

- *1. The primary goal of the batterers treatment program is to end domestic violence, including but not limited to physical, emotional, sexual and economic abuse, as well as threats of violence and social isolation of a partner.
- *2. Programs must clearly define domestic violence as a crime and hold batterers accountable for their criminal actions.



- *3. Partner contact is an extremely important and sensitive part of assessment, monitoring and treatment. Information shared by partners can be seen as a valuable asset in monitoring abuser progress. Confrontation of abusers using direct information from partners may pose serious safety risks. Therefore, extreme care must be used in working with battered women to decide how that information is used in treatment. Any dialogue shared by a partner about an abuser's progress must be accompanied by a discussion of safety risks for that battered woman and her family.
- *4. Providers must inform batterers that their partners will be contacted and informed that abuse may continue. Providers should assist partners, or acquire assistance for partners, in the development of a safety plan, and provide appropriate referrals. Providers must inform the partner about what the batterer will learn in group.
- *5. Programs must acknowledge that victims are not to blame for domestic violence and must confront any victim blaming, which occurs in group.
- *6. Batterers group sessions are a potentially sympathetic environment for batterers to reinforce each other's attitudes, behaviors, and actions, which promote violence against women and condone the value of controlling female partners and other women. Programs must acknowledge that this may be a dangerous side effect occurring in batterers' treatment and have written policies advising facilitators on how to address it.

B. Program Administrative Issues

- *1. Programs must accept all clients regardless of race, religion, ability to pay, etc.
- *2. Clients are expected to contribute to the cost of services provided. A client's contribution will be determined by the program.
- *3. Programs must provide clients with a written statement of their rights and responsibilities, and a treatment contract.
- *4. Providers must develop, comply with, and inform clients of written policies concerning involuntary termination from the treatment program due to non-attendance, non-participation in group, recurrence of violence or threats of violence, and other violations of the treatment contract.
- *5. Clients must sign confidentiality waivers allowing programs to contact criminal justice agencies and partners to report if the batterer has been absent or dropped from the program, or if there has been a recurrence of violence or threats of violence.
- *6. Provider must report confirmed knowledge of any recurrences of violence, threats of violence or other violations of a court-ordered client's treatment contract to the criminal justice system. In cases where confirmed knowledge originates from the victim, reporting shall not take place without the victim's explicit permission.
- 7. Batterers should begin treatment within the next available session after their initial contact with the treatment agency (e.g., date of court referral, probation referral or client's call to make -an appointment). The speed with which batterers can be brought into treatment is currently considered significant to the successful outcome of treatment.



8. Programs must address the unique needs of diverse populations (people of color, people with limited literacy, differently abled, elderly persons, etc.) in program development and implementation.

C. Assessment Issues

Decisions to invite partners to participate in assessment should always be based on her willingness to do so. Programs may or may not want to contact partners for the assessment phase, depending on their philosophical ideology which takes into account the value of providing information to battered women, contributes to the cost of services, and which may encourage unrealistic hopes for positive outcomes. Other factors to consider include risk to her safety if she does not participate in the assessment.

The following components must be part of any assessment of male batterers prior to treatment:

1. Assessment of risk/dangerousness
Responsibility/remorse/justification
Perception of control over actions, behaviors, emotions as being internally or externally controlled
History of abuse - childhood
 - current relationship: first, worst, most recent
 - generalized violence history
 - woman abuse scale
 - frequency
 - severityArrest record
Current social network/social connectedness-isolation
Dependency assessment
Chemical use history
 - current and past use
 - relationship to violent behaviorAvailability of weapons
Suicide/homicide ideation
2. Providers must screen or obtain an assessment of the batterer's need for AODA services. If needed, the client's compliant participation in or successful completion of AODA treatment should occur before beginning batterers' treatment.
 - a. Providers must assess the relationship between the batterer's use of drugs or alcohol and use of violence.
 - b. If a relationship is determined, the provider should require abstinence during the time of batterer treatment.
 - c. Program policies should have a rule, which prohibits use of alcohol or drugs (nonprescription) prior to any appointment with the program.
 - d. Program policies should require total compliance with AODA treatment if recommended, and abstinence from alcohol or drug use (nonprescription) for the duration of batterer treatment.



3. Although the primary goal of batterers programs is to stop violence, it is recognized that certain mental health problems can impede the treatment process and progress. When such problems become evident, appropriate referral should be made and complied with.
4. The following assessment components are highly recommended in the assessment of men who batter:
 - Family history
 - Mental health history 4D
 - Financial history
 - Educational history
 - History of conflicts with employer, neighbors, children, adults
 - Criminal and municipal forfeiture history

Based on a program's philosophy, standardized, objective measures can be used to assess specific areas of a client's function and/or outcome, e.g., hostility, relationship quality, neuropsychological functioning.

D. Staffing Requirements

1. Groups are encouraged to be run by two facilitators. Facilitators may be paid or unpaid but must receive training on domestic violence.

*2. Facilitator Qualities

- a. Be violence-free in their own lives.
- b. No program shall hire an individual who has been a perpetrator of violence unless the program director is satisfied that the potential staff member has:
 - successfully completed a certified batterers treatment program; OR
 - for the period of two years after adoption of standards, has completed an equivalent batterers treatment program approved by the local Community Coordinated Response Team or domestic abuse victim service provider agency and has remained violence-free for at least two years.
- c. Be free of abuse of drugs or alcohol
- d. Conduct their lives in a manner which reflects respect for the dignity of all human beings (e.g., not communicate or act in ways that perpetuate attitudes of sexism and victim blaming).

*3. Facilitator Training (Persons in a lead facilitator role must have the following training prior to assuming a lead role:

Facilitators must have demonstrable knowledge of the effects of violent victimization by an intimate partner, as would be acquired by regular contact with battered women and/or formerly battered women (e.g., volunteering at the battered women's program.)

- a. Minimum entry-level training

40 hours didactic training on domestic violence and perpetrator treatment services;



Supervisory experience in group facilitating for one year OR for the period of two years after the adoption of standards, concurrent supervision during the first year of facilitating the batterers treatment groups;

Supervisor must have three years experience in providing batterers treatment services OR be approved by the local Community Coordinated Response Team or domestic abuse victim service provider agency as the supervisor of the facilitator for the batterers treatment group;

Cultural competency training.

Continuing Education: a minimum of twelve hours of continuing education per year in the area of domestic violence.

b. **Facilitator Educational Level**

The possession or attainment of a formal degree or formal education is viewed as neither necessary nor sufficient for educational qualifications to facilitate batterers treatment groups.

E. **Program Requirements**

*1. Treatment curriculum must include information about:

- a. Male power and control issues
- b. The socio-cultural basis for male violence
- c. Issues of sexism and gender role stereotyping
- d. Personal responsibility
development of plans to
eliminate violent, abusive behaviors
prevent relapse
develop self-advocacy skills
- e. Educational components
Domestic violence laws and consequences
Identification of abusive, controlling, violent behaviors
Drug and alcohol awareness
Effects of violence on children, families and the community
- f. Self-awareness components
Identification of arousal cues
Patterns of abusive behavior
verbal
behavioral
- g. Personal change strategies
Systematic methods for restructuring self-defeating thought patterns
Communication
Conflict resolution Empathy
Feeling expression
Decision-making and problem-solving
Development and use of support systems
Relaxation for arousal control



2. Programs should work in conjunction with children's groups for children of batterers.
3. Programs should encourage clients to do volunteer work for social change as part of successfully completing the program, and should have a reliable method to monitor such activities.
4. Programs are encouraged to sponsor or work with aftercare groups facilitated by qualified facilitators.

F. Services for Victims

If the batterers treatment provider is not a local battered women's program, it is strongly encouraged that the provider hire one or more formerly battered women, or subcontract with or make arrangements with a local battered women's program to:

1. Review programs curriculum and routinely monitor groups.
2. Facilitate single session orientation groups or individual sessions for voluntary partners to:
 - a. Provide basic domestic violence information
 - b. Make the partner aware that the batterer may continue to be abusive during or after treatment
 - c. Develop safety plans
 - d. Provide information about what the batterer will learn in group
 - e. Provide legal information and referrals
 - f. Provide referral to other local agencies, including battered women's programs
 - g. Provide information about procedures that will be used to inform the partner and justice system of treatment contract violations

3. Conduct follow-up contacts with partners

Treatment providers must be aware of obstacles (such as safety, childcare needs, and transportation) to providing information and services to partners. Providers should develop creative strategies for providing orientation groups and for their contacts with victims, which reflect attempts at overcoming obstacles and barriers.

G. Improvement of Community Coordination and Responsiveness

Batterers treatment programs must work to:

1. Develop or continue linkages with local battered women's programs, Alcohol and Other Drug Abuse (AODA), Child Protective Services (CPS), law enforcement, criminal justice, and other agencies that work with batterers and victims.
2. Participate in regular meetings with representatives of batterer' treatment programs, battered women's programs, law enforcement, criminal justice and other agencies that work with batterers and victims.
3. Provide documentation of treatment contact violations to appropriate criminal justice agencies.



4. Increase public awareness through community education.

H. Record Keeping and Evaluation

Batterers treatment programs are required to:

1. Provide intake screening as outlined in Section IV-C (1).
2. Maintain signed contracts with batterers, pursuant to the provisions of Section IV-S.
3. Document and monitor batterers' progress.
4. Maintain written treatment discharge evaluation of the batterers' behavioral or attitudinal changes.
5. If program receives state funding, it shall develop a method of follow-up evaluation that could include:
 - a. Repeat of discharge evaluation of batterer treatment clients.
 - b. Contact with law enforcement and justice agencies to determine whether contacts with those agencies recurred.

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Batterers Treatment Standards Ad Hoc Committee
Governor's Council on Domestic Abuse

