

ASSOCIATION OF BATTERER INTERVENTION PROVIDERS

[St. Louis, Missouri]

PROGRAM STANDARDS

The Association of Batterer Intervention Providers is a network of agencies, corporations, and individuals committed to working toward ending violence against women in our society by directly intervening with the perpetrators of that abuse. We believe that violence against women is rooted in the institutionalized imbalance of power between men and women, in sex-role stereotyping, in gender-based values, and in misogyny. While acknowledging that most domestic violence is perpetrated by men against women, ABIP represents a variety of perspectives, disciplines, and intervention strategies and recognizes that all people are capable of abusive behavior. Membership implies a mutual respect for differing perspectives, experiences, and ideas and a commitment to personal accountability. These guidelines for membership are intended to be a guide toward the delivery of services to men involved in heterosexual relationships who have acted abusively toward their partner or spouse.⁽¹⁾

I. Providers' Accountability

There are a series of relationships in which Providers must be accountable to meet the standards for safety and effectiveness. These relationships include those with partners, with probation and parole, with the advocacy community, and with batterers, as well as the relationships of program staff to each other. In particular:

1. To Victims/Partners:

1. If her location can be safely obtained, each Provider will make a positive effort to inform partners of the program structure, expectations and limitations. Each member program is expected to make available to intimate partners information about the program as well as information about victim advocacy services. Information that may be provided to partners includes the following:
 1. Information on services and program structure
 2. His acceptance or non-acceptance into the program and any referrals made
 3. Notification in case of his non-compliance
 4. Duty to warn - she will be notified if we have reason to believe she may be at risk to be harmed by him.
 5. Scheduled program start date
 6. Partner brochure (MCADV) - required
 7. Limitations of program and potential for increased risk - program participation is not necessarily predictive of reduction of future abuse.
 8. DV referrals/contacts for her

2. No effort will be made to obtain information from the partner, but Providers will allow for safe and appropriate means for the partner to offer information should she choose to provide it. The following are critical limitations regarding partner contact:
 1. No attempt should be made to encourage, persuade or coerce victims into disclosing information or having contact with the Provider.
 2. No attempt will be made to suggest that information or contact by the partner will positively impact the batterer's work with the Provider.
 3. No information will be provided that suggests that couples counseling will be appropriate.
 4. Under no circumstances should information shared by the partner to the Provider be disclosed to her batterer.
 3. Providers will maintain the confidentiality of victims/partners. Providers will not disclose to the batterer information gained from a partner, including the fact that communication has occurred.
2. To Probation and Parole and other Criminal Justice Agencies:
 1. Each Provider will require batterers who are referred by Probation and Parole or any other criminal justice agency to supply a copy of the probation and/or parole order or other court order that requires program participation. This will be in hand before he can begin participation in the program.
 2. Any violation of an order from a criminal justice agency must be reported to the appropriate agency and this policy must be clear from the outset of the program.
 3. To Battered Women's Advocacy Community:
 1. Providers will recognize and utilize the knowledge and expertise of Missouri Coalition Against Domestic Violence (MCADV) agencies that provide services to battered women, as well as actively use their advocacy, outreach, and support services for victims/partners of batterers.
 2. Providers will consult with advocates regarding policy review and/or changes.
 3. Providers will offer access to all intervention materials (e.g. curriculum, practice policies), and ideally provide opportunities to observe live groups and/or review recordings.
 4. Providers will actively invite feedback from advocates regarding direct service components.
 5. Provider personnel will collaborate with MCADV agencies when requested to provide training of professionals in the community about services for perpetrators and/or the origins or current issues in the field of batterer intervention services. This includes the provision of training and technical assistance to the justice system about intervention with batterers and its origins and/or current issues in this field.

6. Providers who are invited to present general domestic violence education and/or training will actively solicit the participation of women's advocacy organizations that are a member of MCADV.

4. To Batterers:

1. Providers will make available to batterers at the outset of the program what is required for program compliance including rules for assignment completion, behavior in the sessions, fee payment and attendance.
2. Providers will offer consistent and prompt response to program guideline violations. When program guidelines are not met, batterers will experience the described consequences swiftly and fairly.
3. Providers will offer open disclosure regarding member's compliance and problems with the program. At each stage of the program, batterers can expect to be told clearly where they stand with regard to compliance criteria.
4. Providers will inform batterers in writing of the following limits to confidentiality:
 1. Batterers are required to sign a Release of Information that permits information to be released to the victim/partner and/or a designated representative (e.g. victim advocate), criminal justice agency in accordance with Provider policies. Such information includes: acceptance, rejection, or discharge/termination of a batterer, reports or threats of abuse to a victim/partner, relatives, and household pets; and specific support and advocacy services for the victim/partner. Providers are mindful that case records may be subject to subpoena or court order.
 2. When the Provider determines that there is probability of imminent physical injury to a batterer, the victim/partner, or to any other third party, the Provider will take safety initiatives (i.e. Duty to Protect, Duty to Warn) and notify the person(s) at risk and other appropriate authorities.
 3. When the Provider determines that there is a child or a vulnerable elderly person who is at risk of harm, the Provider will inform the appropriate State agency.

5. To Provider Staff:

1. Providers will have a policy by which all Staff will be open to self-examination and receptive to feedback on issues of power and control, sexism and male privilege.
2. All providers are expected to be violence free in their own lives. No staff person, paid or un-paid, should be providing these services who has battered within the last 3 years.

II. Training of Provider Staff

1. All Providers will conduct orientation and training for all new staff (whether paid or volunteers) that work directly with the batterers and will provide periodic continuing education for all staff. The orientation/training program will include a minimum of 40 hours of training and will be completed before a staff, volunteer, intern, etc. can work unsupervised with program members. If previous training was received through an approved MCADV training program and can be substantiated, up to 20 hours can be

substituted. The orientation/training program will include the basic training provided by the MCADV volunteer/advocate training. Additionally, each provider will develop or contract for additional training that will include at a minimum:

1. History of the Domestic Violence movement: Grassroots feminist movement, Development of national organizations, state coalition, local collaborative efforts including Family Violence Council and ABIP
2. History of batterer intervention: Men's groups as separate from but parallel to feminist organizations, Differing philosophies of intervention, Controversies about batterer intervention, Recent research and current best practices, ABIP Standards
3. Coordinated Community Response: How the various pieces fit together including; advocacy services, Orders of Protection, Court Watch, shelters, DART, Victim Services and special prosecutor functions, Civil and Criminal Courts, Probation and Parole.
4. Agency Policies and Procedures: intake, confidentiality and record keeping, partner contact, program structure, reporting to referral sources, duty to warn, child abuse reporting, lethality concerns, personnel policies, mechanisms for review by advocates.
5. Personal Politics: larger questions of violence against women, relationship of sexual assault and domestic violence, social construction of gender, connections between pornography and violence against women, personal responsibility and the abandonment of privilege.

[Local MCADV agencies will be included in the orientation/training of all provider personnel/volunteers.]

All program staff will be trained on the issues of sexism, racism, homophobia, and other forms of oppression and their impact on violence against women. This training will be offered at least once per year.

Following completion of the initial orientation/training sessions:

1. Instructors/facilitators will observe groups/classes prior to providing instruction/facilitation.
2. New instructors/facilitators will be paired with experienced instructors/facilitators
3. Provider staff will be given a process by which to submit topics for continuing education.

III. Service Delivery Criteria

1. Criteria for Program Participation - Batterers must be assessed for appropriateness to participate in program. Assessment should include the following:
 1. Assessing for the need to refer the batterer for chemical dependency evaluation and treatment or mental health assessment prior to being accepted in the program;
 2. Screening applicants who have severe mental health problems, have an extensive criminal assault record, assessed to be unsafe, or will likely be disruptive in group;

3. If a Provider rejects a criminal justice agency mandated applicant for intervention services, the program must advise the referring agency, in writing, of the basis for rejection and, where appropriate, should make recommendations for other intervention services.
2. Criteria For Group Format - It is the purpose of the following group criteria to ensure that interventions are done responsibly and safely.
 1. The required format for intervention with batterers is through sex specific groups.
 2. It is recommended that two co-leaders conduct groups, one male and one female, for the purpose of modeling mutual male/female relationships and to monitor the group process.
 3. Adequate intervention is understood to require a program length of no less than 26 weekly sessions of at least 90 minutes though many batterers require substantially longer program participation.
 4. Group size should be limited to no more than 15.
3. Criteria for Dismissal from Program - Every Provider will establish criteria for dismissal, which will apply to the following circumstances:
 1. Continued abuse;
 2. Failure to maintain regular class/group attendance;
 3. Failure to make appropriate use of the intervention program;
 4. Failure to comply with other intervention conditions or provisions which are part of the participant contract (e.g., chemical dependency assessment/treatment, mental health assessment/treatment);
 5. Failure to pay fees;
 6. Violation of any of the group rules;
 7. Violation of any provisions of an order of a criminal justice agency, or revocation of probation/parole.

[Non-compliance with the program contract, the court order, or group rules should be documented in writing.]

Criteria For Referral To Couples Counseling - Work with the batterers and the partner/victim in a couple format should never be used until the following have occurred:

1. Batterer has complied with a batterer's intervention program for at least 26 weekly sessions.
2. Battering behavior has been eliminated for at least one year.
3. Batterer accepts responsibility for his actions; recognizes his ability to control and stop his violence toward his partner; and further states clearly that he will no longer be violent toward her.

4. Batterer accepts his responsibility for choices and is able to hear critical feedback and report specific changes in his own behavior.
5. In a separate session, she acknowledges his full responsibility for his battering, validates that he has not battered, and affirms that he has committed never to do so again.
6. Both partners agree separately that they want to work on the relationship.

These Standards are based on currently available information. A purpose of ABIP is to evaluate and make adjustments to these Standards as the field of intervention is further developed. These Standards will be subject to periodic review and revision with feedback from battered women's advocates affiliated with MCADV.

Adopted May 16, 2000

Questions about these Standards may be directed to host@stl-fvn.org.

Endorsed by the St. Louis Region of the Missouri Coalition Against Domestic Violence (MCADV) on July 11, 2000

1. For the purposes of this document *batterer* is understood to mean; "Males who, in the context of an intimate relationship with a female, utilize a systematic pattern of abuse to establish and maintain control and dominance." *Abuse* is understood to mean; "physical and/or non-physical behavior which allows a person to meet their own needs at another's expense."