

**STANDARDS FOR MALE BATTERER INTERVENTION  
IN THE STATE OF WYOMING**

**Governor's Domestic Violence Elimination (DoVE) Council**

**Adopted  
February 18, 2010**

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**NOTE**

The following “standards” are not considered mandatory for agencies or individuals providing batterer intervention programs. However, these standards are based upon what are considered to be scientifically based “best practices” in the field as reflected by the pertinent literature. A program which meets these standards is following a set of principles and protocols believed to be most effective in reducing the incidents and intensity of domestic violence. Such programs also follow policies which recognize and embrace principles intended to complement an effective coordinated community response to incidents of interpersonal violence. Programs which chose to comply with these standards and register with the Governor’s Domestic Violence Elimination (DOVE) Council will be identified to courts within the State of Wyoming as “standards compliant.” The DOVE Council will encourage municipal, circuit and district courts within the State of Wyoming to refer appropriate individuals to such programs.

## Introduction

### Goals for Standards:<sup>1</sup>

These standards seek to realize four goals for batterer intervention programs in the State of Wyoming:

1. Justice and Accountability
2. Victim Safety
3. Rehabilitation
4. Consistency in Treatment and Effectiveness

### Justice and Accountability

Batterer intervention programs can assist the judicial system in emphasizing that domestic violence will not be condoned in orderly society and that those responsible for such acts must be accountable for those actions and refrain from such actions in the future. Batterer intervention programs should not be viewed in isolation. Batterer intervention programs are only one part of an overall community response to domestic violence. Further intervention programs must recognize that culturally diverse populations have unique treatment needs and attempt to implement those responses necessary to meet those needs both for perpetrators and their victims.

### Victim Safety

**Victim safety an appropriate and necessary goal:** All programs should develop strategies to ensure the victim and/or current partner's safety.<sup>2</sup> These guidelines recommend minimum conditions that will allow batterer behavior to be monitored and contained, and thereby increase the safety of victims. Research has shown that batterer programs have a low effectiveness for changing batterer's attitudes toward domestic violence and women;<sup>3</sup> therefore, any batterer intervention program must ensure that the interests of current and future victims of violence are sufficiently addressed. However, research has also shown that batterer intervention programs, as an adjunct to a coordinated community response to domestic violence, do bring about a significant reduction in violence.<sup>4</sup> All procedures and practices must be evaluated from the perspective of whether they advance or jeopardize the safety of domestic violence victims and children.<sup>5</sup> A primary concern of any batterer intervention program must be the safety and well-being of the victim and children. These guidelines are intended to suggest practices that will assist in protecting these primary and secondary victims.

### Rehabilitation

These standards seek to provide guidance to batterers' programs to maximize effectiveness, and reform anti-social conduct. Closely related to the goal of accountability is the fact that positive reformation of batterer conduct appears inextricably linked to effective communication and interaction among community partners and programs. The primary goal of any program should be to stop all tactics of abuse. The goal is not to resolve relationship issues. These programs may provide batterers with an alternative to jail. They usually involve several months of attendance at group therapy sessions that attempt to stop the violence and change the batterers' attitudes toward women and battering.<sup>6</sup> Attitudinal change may be difficult with many but if attitudinal change does not occur such programs have still proven effective at bringing about behavioral change.

### **Consistency in Treatment and Effectiveness**

These standards seek to encourage a high level of ethics, uniformity and consistency that batterer intervention programs will strive to attain. Further these standards seek to encourage a minimum level of accountability, responsibility and service within—or on the part of batterer programs.

It is hoped that these standards will serve as templates that programs may use to develop safe and effective philosophy, procedures, curriculum content and practices for batterer intervention.

### **Responsibilities of and to the Courts.**

The courts of this state, consistent with the Wyoming Constitution, are entitled to programs that are effective in achieving reformation of criminal offenders that appear before them.<sup>7</sup> No program, regardless of its nature or the dysfunction it seeks to address, is absolutely effective. Nevertheless when courts determine that probation is appropriate and efforts should be undertaken to achieve rehabilitation of the offender, courts have an ethical obligation to make reasonable efforts to ensure that offenders are referred to available programs that afford the greatest opportunity for effective treatment while preserving public safety. At the same time, programs undertaking batterer intervention efforts have a concomitant obligation to employ, as far as reasonably can be done, methods and procedures that have proven effective and thereby represent “best practices.” Communities, and particularly those representatives charged with securing the public safety, have a parallel obligation to encourage and support the development and sustainability of such programs. It is the goal of these standards to identify the baseline level of practice necessary to effective intervention.

In addition to guiding practice, it is the aim of these standards to provide a mechanism for informing courts of those programs that meet or exceed these standards so that courts may make informed referrals consistent with these obligations. It is the aim of the certification provisions of these standards to provide such a mechanism.

## Background

The prevalence of violence within our society creates misery and costs lives and money. This is particularly true when violence occurs between intimate partners. Approximately 2.3 million people each year in the United States are raped and/or physically assaulted by a current or former spouse, boyfriend or girlfriend.<sup>8</sup> In 2000, more than twelve hundred (1,200) women nationwide were murdered by an intimate partner.<sup>9</sup> In Wyoming, from 1999-2001 there were eight thousand eight hundred forty one (8,841) incidents of domestic violence recorded by Wyoming's law enforcement community.<sup>10</sup> Males comprised nearly 74% of offenders in these incidents, and women were the victims approximately 70% of the time.<sup>11</sup>

Experts view domestic violence as a pattern of coercive behavior used by one person to gain power and control over a current or former intimate partner.<sup>12</sup>

### Domestic violence includes

**Physical violence or threat of physical violence:** aggressive behavior including but not limited to hitting, pushing, strangling, scratching, pinching, slapping, pulling, hitting with weapons or objects, shooting, stabbing, damaging property or pets, or threatening to do so or acts which unreasonably restrain the personal liberty of any household member;<sup>13</sup>

- **Sexual violence:** use of physical force to make someone perform any sexual act against one's will.<sup>14</sup>
- **Psychological violence:** intense and repetitive degradation, creating isolation, and controlling the actions or behavior of another person through intimidation or manipulation to the detriment of the individual.<sup>15</sup>
- **Abuse, in a domestic violence context, also means:**<sup>16</sup>
  - Intentional behavior to undermine the will of the victim and to substitute the will of the perpetrator for that of the victim. Perpetrators batter victims to achieve and maintain power over their victims.
  - That domestic violence is almost universally the product of deliberate behavior, not the loss of control. Rarely do men who batterer have a criminal history involving the battering of co-workers or employers. Perpetrators select the targets of their abuse. They often choose the circumstances of their violence including the amount of injury inflicted by their assaults. It is rare when such events occur in public.<sup>17</sup>
- All forms of deliberate attempts to control and restrict the behavior and activities of another including:
- Physical assaults including pushing, slapping, physically prohibiting escape, beatings

with fists and weapons, shootings, stabbings, and homicide;

- Verbal and emotional forms of assault and control such as intimidation, coercion, threats, isolation or degradation;
- Economic forms of control such as withholding or denying access to money or other basic resources, and/or sabotaging employment, housing or educational opportunities;
- Sexual assault or coercion;
- Social isolation such as possessiveness, denying communication with friends, family and other support systems, prohibiting access to transportation, telephone and the mail;
- Failure to comply with immigration requirements, making the immigrant partner unable to work and vulnerable to deportation and loss of child custody.

Domestic violence is behavior that is learned over a period of time through the observations and interactions with individuals and institutions.<sup>18</sup> It is important for any batterer program to promote the understanding that domestic violence is not caused by anger; therefore, anger management is not an effective or appropriate method of treatment for batterers.<sup>19</sup> More importantly, anger management as a treatment modality is ineffective.<sup>20</sup>

**Domestic violence is not a symptom of a failing relationship.** It is not a private matter. It is a serious behavioral disturbance. And, it is a crime. Those who batter are criminals whose behavior exacts disproportionate societal costs in both community resources and human suffering.<sup>21</sup>

**Victims of domestic violence, include “persons against whom the perpetrator directs abuse or battering.** This may include partners, children and other family, household members or on occasion, those coming to the aid of victims.”<sup>22</sup> Further, children witnessing acts of domestic violence are secondary victims of that violence and suffer a number of emotional and psychological injuries as a result.<sup>23</sup>

**Batterers can be found in every race, socioeconomic, age, educational, occupational and religious group.**<sup>24</sup> It is essential to realize that there is not a predictive profile for what a batterer will look or act like.

**Batterer Intervention Programs (BIPs):** Intervention with batterers requires a comprehensive community effort that involves law enforcement, prosecution, the judiciary, victim advocates, corrections, the clergy, the medical and mental health care communities and others.<sup>25</sup> Batterer intervention programs are only one aspect of that coordinated community response, though a critical one.<sup>26</sup> Effective batterer intervention focuses on the safety of current and potential victims and altering the behavior of the batterer to stop violence.

**Violence continues and often escalates after separation of the parties:** The National Institute for Criminal Justice Statistics data indicates that 70 percent of all reported incidents of domestic violence take place after separation from the batterer.<sup>27</sup> Therefore, the first goal of the batterer programs should be the safety of the victim and/or current partner.<sup>28</sup>

**Research for effective intervention ongoing:** Batterer intervention is a field still in its infancy. Much research remains to be done. These guidelines represent some of the best scientific research done in the area to date. As research continues, these guidelines will necessarily undergo review and revision consistent with the expanding base of scientific knowledge in the area.<sup>29</sup>

## Principles for Intervention with Batterers

Domestic violence abusers or “batterers” are a separate category of violent offender requiring a specialized approach. The intervention strategies for batterers discussed in these guidelines are designed specifically to intervene with adult men with a history of abuse toward their intimate partners. They include:

1. **Victim Safety.** Victim safety, welfare, and respect must always be a primary consideration for all members of a responding community, including the batterer intervention program. This necessitates a close working relationship between the batterer intervention program, the local domestic violence/sexual assault program and law enforcement.
2. **Responsibility.** Domestic violence can never be condoned under any circumstance. Violent or abusive behavior and all of its consequences are the responsibility of the batterer. While batterer intervention programs provide services that maintain accountability of the batterer such services cannot inadvertently or otherwise promote abusive behaviors, by minimizing the abuse or blaming its occurrence on the victim or other factors. Batterer intervention programs must emphasize that abusive acts are the sole responsibility of the batterer.
3. **Accountability.** Intervention with batterers has as its goals, maintaining the safety of the victim, preserving the safety of the community, stopping an abuser’s violent behavior and holding the offender accountable.
4. **Community Response.** Effective batterer intervention is an integrated societal response involving law enforcement, the courts, probation, victim advocates, domestic violence/sexual assault programs, mental health and substance abuse treatment providers, and district, county and city attorney offices.
5. **Training.** Those who intervene with batterers have a responsibility to implement effective intervention programs, using these guidelines as a minimum standard of practice. Provider training is an essential component of effective intervention and promotes consistency in the community response to this crime.
6. **Individualized Intervention.** The individual differences and rights of the batterer should be respected and addressed through the development of an individualized intervention plan.
7. **Cultural Diversity.** It is the responsibility of programs to respond to these populations in a culturally sensitive and competent manner.
8. **Limitations of Batterer Intervention Programs.** Batterer intervention programs cannot guarantee that an abusive man will cease acts of violence. Further, intervention is not intended to either salvage or destroy a current relationship.<sup>30</sup> Since a batterer seeking

counseling is one of the strongest predictors that a woman will return to her batterer,<sup>31</sup> advocates are justifiably concerned that batterer programs not hold out a promise of hope which may become a vehicle for injury.<sup>32</sup>

## **Intake**

### **1.0: Maintaining Safety:<sup>33</sup>**

1. Maintaining victim safety should be one of the first issues addressed by the batterer program.
2. In order to maintain safety, an assessment of the current risk for violence presented by the batterer is required.
  - a. Identification of, and accommodation for the risk for violence should be incorporated into each individualized batterer intervention plan.
  - b. See lethality risk assessment (1.2).

### **1.1 Primary Assessment:**

The purpose of the primary assessment is to determine the presence of any co-occurring disorders<sup>34</sup> which may interfere with intervention or which may contribute to the risk of future violence.<sup>35</sup> The primary assessment should guide the individual treatment plan by identifying other treatment which should be integrated into the overall case plan. The primary assessment is not for the purpose of determining the appropriateness of the batterer for intervention. The batterer's conduct establishes that the batterer is appropriate for intervention. The following principles should guide the primary assessment:

1. A comprehensive assessment by a licensed or certified mental health professional is an essential component of effective intervention with batterers.
  - a. The comprehensive assessment may rely upon such standard assessment tools as the MMPI or MCMI.
  - b. In the case of assessing addiction the standard assessment tools should include the ASI and ASAM conducted by a state certified evaluator.
  - c. Prior medical or psychological history as disclosed by records.
2. If co-occurring disorders or other conditions requiring treatment are discovered during the course of assessment procedures should be in place to require treatment.
  - a. Treatment of co-occurring disorders may be required:
    - i. As a program condition for successful completion;
    - ii. As a condition of the court's judgment and sentence or other dispositional order; or
    - iii. By seeking a modification of the court's order through the prosecutor's office.<sup>36</sup>

3. The individual conducting the assessment should not rely upon the history provided by the batterer except when corroborated by other credible sources.<sup>37</sup>
  - a. A standard requirement for participation in any batterer intervention program should include a release of information from the batterer authorizing the program to receive criminal history information and investigative reports from local law enforcement agencies for this purpose.
  - b. A batterer intervention program may also obtain relevant information from the victim.<sup>38</sup> However such information should only be obtained pursuant to a protocol agreed upon by the program and the local domestic violence/sexual assault program to diminish risk to the safety of the victim.

## **1.2 Individualized Intervention Plan:**

1. The program shall develop a individualized intervention plan for each batterer which should consider the following issues:<sup>39</sup>
  - a. Lethality risk assessment which should include the following:<sup>40</sup>
    - i. History of threats/ideation of homicide and/or suicide;
    - ii. History of episodes of rage;
    - iii. History of depression;
    - iv. Possession of and access to weapons;
    - v. Degree of obsession with, and/or dependency upon the victim;
    - vi. History of substance abuse;
    - vii. History of sexual abuse towards victim and others;
    - viii. Access to victim.
  - b. Information included in various reports (i.e. police reports, referral form, court order);
  - c. Criminal history;
  - d. Medical healthy history and status;
  - e. Attendance in previous batterer programs;

- f. Social, economic and family background;
  - g. Education;
  - h. If the offender is under probationary supervision, the program should consult with the batterer's probation officer.<sup>41</sup>
2. The program shall not discriminate against any batterer based on race, gender, class, age, physical disability, religion, educational attainment, ethnicity, national origin, or sexual orientation.<sup>42</sup>

### 1.3: Co-Occurring Conditions:<sup>43</sup>

For batterers who are chronic users or serious abusers of drugs or alcohol, a standard condition of the intervention plan shall include concurrent counseling for substance abuse, and in appropriate cases, detoxification and abstinence from the abused substance.<sup>44</sup>

- 1. Many co-occurring mental disorders can seriously compromise the effectiveness of intervention. Therefore it is essential that these be identified and aggressively treated.<sup>45</sup>
- 2. Men with co-occurring problems are far more likely to drop out of a BIP. The BIP attrition rate is further exacerbated by a lack of any sanction for failing to attend the program.<sup>46</sup>
- 2. Batterer programs that attend to mental health and substance abuse concerns have the lowest rates of severe assault recidivism.<sup>47</sup>
- 3. In addition to the identification of co-occurring disorders, it is also necessary to determine if these disorders prevent the batterer from fully participating in and benefiting from intervention.
- 4. These disorders include:
  - a. **Substance Use Disorders:** Substance use disorders are common among batterers. All batterers should be evaluated using standardized validated instruments to rule out the presence of a substance use disorder.<sup>48</sup> If present, treatment should occur that is consistent with State Standards. Concurrent treatment is preferred, if possible.<sup>49</sup>
  - b. **Depression and Bipolar Disorder:** Violence is a common symptom of both depression and bipolar disorder, particularly among males. If left untreated, it is less likely that the batterer will benefit from other interventions. Therefore, if identified, these disorders should be treated in accordance with applicable practice guidelines. Concurrent treatment is preferred, if possible.

- c. **Psychosis:** While violence among the mentally ill is no more prevalent than among the general population, violence is a risk among those with psychotic disorders. If psychosis is present, it is unlikely that other interventions will be successful. Treatment for the psychotic disorder is essential for psychotic batterers. Concurrent treatment is preferred, if possible.<sup>50</sup>
5. While concurrent treatment is always preferred, at times co-occurring disorders may be sufficiently disabling that prior treatment for the co-occurring disorder is necessary in order for the batterer to benefit from batterer intervention activities. Some disabling conditions, e.g., severe brain damage, severe retardation, may prevent the batterer from benefiting from intervention. Nevertheless sequential treatment is not as effective as concurrent treatment.

#### **1.4 Victim and Probation Officer Notification:**

Each program should develop procedures to inform the victim and/or current partner of the requirements of the batterer's participation in the intervention program.<sup>51</sup>

1. The program should warn all victims and current partners that any violence could be lethal and that lethality or continued violence is impossible to accurately predict.<sup>52</sup>
2. Notification shall not be limited to the batterer's victim, but current partners should also be notified. All notifications to the current partner and/or victim should be made separately.<sup>53</sup>
3. The program should inform the probation office in charge, if any, and the referring court in writing and document all attempts to warn victims and current partners.<sup>54</sup>
4. The victim should be informed of the rules of the program and what batterer is learning so that the program training cannot be used against her. She should be able to contact program with concerns, but not have her information raised unless she wants it raised. The batterer should not know that the victim has the right to contact the program or program facilitator.
5. Local domestic violence/sexual assault programs can be most helpful in developing safe protocols for this purpose and otherwise providing assistance. Programs may provide such notification in cooperation with advocacy programs.

#### **1.5 Ongoing assessments:**

Ongoing assessments are essential in a batterer program because, “[m]ost re-offense occurs early, usually within six months of initial program intake.”<sup>55</sup> Ongoing means that assessments should occur at different times during the treatment, not just during the program intake and follow-up.

1. Assessments should be conducted during the course of intervention in order to monitor changing life events that may increase risk and require modifications to the intervention plan.
2. Ongoing assessments should address:
  - a. The danger posed to the victim by the batterer;
  - b. Procedures implemented for alerting the victim;
  - c. The appropriate authorities should the victim's safety become a concern;
  - d. Substance abuse.

### **1.6 Intake Procedures:**

1. The program must have preliminary information prior to evaluating the batterer to determine appropriate intervention components for the batterer.<sup>56</sup>
2. The program should maintain the following information for their files:<sup>57</sup>
  - a. Batterer's possession and access to any weapons<sup>58</sup>;
  - b. Partner's and/or victim's name and any restrictions on contact. Name, telephone number and address of the batterer;
  - c. History of any psychiatric illness including but not limited to threats or ideation of homicide or suicide, history of depression, paranoia;
  - d. History of the batterer's infliction of abuse;
  - e. Police reports, including any history of prior calls to the police department if available;
  - f. The degree of possessiveness by the batterer toward the victim including if possible any forced periods of isolations visited on the victim by the batterer;
  - g. Social Security number and date of birth;
  - h. Employer;
  - i. Driver's license number, motor vehicle registrations, model, make and year.

3. The program should report to the court or prosecutor any non-compliance by a referred batterer in a timely fashion that does not compromise the confidentiality or safety of the victim(s) or current partner(s).<sup>59</sup>

## **Evaluation**

### **2.0 Education and Training Requirements:<sup>60</sup>**

Because the dynamics of violence, and especially domestic violence, are complex, it is strongly recommended that facilitators receive specialized training prior to providing services in this area. Batterer intervention is not therapy in the traditional sense, as a result facilitation is not limited to mental health professionals.<sup>61</sup> Similarly, mental health licensure does not qualify an individual to facilitate a batterer intervention program.<sup>62</sup> However, if the facilitator is a mental health professional, practice only within areas of competence is an ethical responsibility.

1. The following are recommendations for education and training requirements for the facilitators of batterer programs:
  - a. Program staff shall have specific knowledge regarding, but not limited to, partner abuse, child abuse, sexual abuse, substance abuse, and the dynamics of violence and abuse.
  - b. Program staff shall understand applicable criminal statutes and policies and procedures of local law enforcement, prosecution, courts, probation, and parole.
  - c. Program staff should know the community resources available to victims of domestic violence.
  - d. Facilitators must be able to recognize the dynamics of domestic violence including but not limited to: gender roles, socialization, the nature of violence, power and control, and the effects of abuse on children and others.
  - e. Facilitators must have knowledge of tools used by batterers to subordinate and control their intimate partners.
  - f. Facilitators shall demonstrate knowledge and sensitivity to issues of socioeconomic class. Each program must develop a plan to address these issues so as to not endanger victims of any class.
2. See Appendix B for further education recommendations. Local domestic violence/sexual assault programs, prosecutors, law enforcement agencies and probation and parole agents may be able to provide training in these areas.

### **2.1 Intervention:**

1. As stated earlier, effective intervention with batterers requires a coordinated community response.<sup>63</sup>
2. There is little evidence that any one single strategy or short-term intervention is

effective in changing a batterer's pattern of violence.<sup>64</sup>

3. Most successful interventions utilize a combination of strategies over an extended period of time. "To date, the most appropriate treatment modality for physically abusive men is men-only specialized groups operating within coordinated community response networks. When properly done, these groups have the ability to promote men's accountability for changing their violent behaviors and developing nonviolent resolution skills, to help them get specialized services such as alcohol and drug addiction treatment, and to help them regain a sense of balance and direction in life, while increasing safety for abuse victims."<sup>65</sup>
4. Timely intervention is essential. Long delays between episodes of battering and intervention may lessen the impact of intervention.<sup>66</sup>
5. The program can impose any conditions on participation that are deemed appropriate, but these shall not be in conflict with the requirements of the court or probation. Appropriate conditions may include, but are not limited to, the following:
  - a. Abstinence from alcohol and/or drugs;
  - b. Drug and alcohol treatment;
  - c. Mental health treatment;
  - d. Sexual abuse treatment;
  - e. Parenting without violence program.<sup>67</sup>
6. If the assessment indicates a form of treatment not otherwise provided for by the judgment or sentence, either the facilitator must be authorized to require the batterer to engage in appropriate treatment modalities as a requirement of successful completion of the batterer program or the facilitator should notify the court, prosecutor and defense counsel, if any, of the need to modify terms and conditions of sentence.<sup>68</sup>

## **Role of the Courts**

### **3.0 Court Involvement:**

1. A batterer uses violence as a way to exercise his power within his environment to control those around him. It is essential that the batterer understand that he, in turn, can be placed under the control of others.<sup>69</sup>
2. Research regularly confirms that few batterers change their behavior without the coercive power of the court system, and that systematic and long-term involvement of the court system is a key element in any behavior change for batterers.
3. It is essential to the concept of accountability that law enforcement arrest batterers, that prosecutors aggressively prosecute batterers, and that the court system demand compliance with Court orders. “[W]ell established programs with sufficient reinforcement from the courts do contribute to a substantial decline in re-assault and other forms of abuse.<sup>70</sup>” In order to be successful, batterers need sufficient motivation to successfully complete the program. Courts are the obvious solution to provide that motivation. “The court can specifically order successful completion of a designated batterer intervention program in coordination with other sanctions and the possibility of incarceration for non-compliance. Such orders increase the chance of successfully changing a batterer’s behavior. Court-mandated treatment has been found to be more likely to reduce recidivism than voluntary participation.<sup>71</sup>” “Experts point to judges as a primary determinant of whether batterers successfully complete a program.<sup>72</sup>” By becoming familiar with the programs and their policies, courts are better able to make sentencing determinations.
4. It is well documented that the most effective intervention with batterers is arrest, prosecution, conviction, and intensive court monitoring for an extended period of time through courts and/or probation and parole.
5. Part of creating accountability on the part of the batterer necessitates that courts notify program providers promptly of court ordered referrals to batterer intervention programs. Batterer intervention programs shall promptly notify prosecutors of failure by batterer’s to promptly enroll in batterer intervention programs when court ordered to do so.
6. Program providers, in collaboration with prosecutors, advocates and law enforcement, should adopt attendance policies. Violation of those attendance policies or other program requirements should result in notification to the prosecutor. The prosecutor should seek revocation of probation as a means of reinforcing the accountability of the offender. The prosecutor should seek graduated sanctions from the sentencing court in these instances to motivate compliance with program requirements before seeking execution of the balance of

any suspended jail sentence.

7. Commission of any act of violence while enrolled in a batterer intervention program may result in revocation of probation and the prosecutor seeking execution of the balance of any suspended sentence without seeking graduated sanctions.

## **Case Management**

### **4.0 Case Management:**

1. As previously stated, the best intervention with batterers is a combination of approaches that brings together the impact of several systems.
2. With such an approach, it is essential that each of these systems be fully informed regarding the information and actions of the others in order to maximize impact and avoid manipulations by the batterer.
3. One effective way to accomplish this is the formation of an intervention team around the batterer that meets on a regular basis to be able to:
  - a. Share information;
  - b. Coordinate interventions;
  - c. Monitor progress, including lack of participation and termination of intervention.
4. Case management intervention teams are not mandated by these standards but may be employed.

### **4.1 Intervention Team Members**

1. Intervention team members should include representatives of:
  - a. Probation and parole;
  - b. Representatives of all of the batterer's treatment providers;
  - c. Domestic violence advocate(s);
  - d. The prosecution.
  - e. Other intervention team members may be added as appropriate. Such members may include:
    - i. DFS.
    - ii. The District Court sitting as the juvenile court may serve as a possible referral agency
    - iii. The batterer, however caution should be employed in order to avoid manipulation of the team by the batterer.
    - iv. A representative of the victim, if possible without endangering the

victim. If a representative of the victim is unable to participate, the victim should be notified of any problems encountered in the batterer's intervention program.

2. One intervention team member is designated case manager and is responsible for calling meetings and facilitating essential information flow.
3. Intervention teams should remain intact until the batterer completes any recommended aftercare. Telephone conferencing, rather than face-to-face meetings, may facilitate this process

## **Intervention Plans**

### **5.0 Intervention Plan and Contract:**

1. A batterer should have a comprehensive intervention plan that lists the goals for the batterer, all intervention team members (if applicable), including the designated case manager.
2. The agreement should include:<sup>73</sup>
  - a. All services in which the batterer is to participate;
  - b. How often the batterer is required to attend and a commitment to be on time;
  - c. Conditions for successful discharge
  - d. Payment of any required fees<sup>74</sup>;
  - e. A commitment by the batterer to stop all forms of violence;
  - f. The batterer's agreement to conform with all of the rules of the program;
  - g. Appropriate waivers of confidentiality and releases of information;
  - h. A contract that specifies the responsibilities and expectations of all members of the intervention team, which may include the batterer;
  - i. The contract should clearly specify that indications of future domestic violence, child abuse or neglect would be reported to legal agencies and to potential victims. See Appendix A for recommendations regarding the contents of offender contracts.

## **Program Goals**

### **6.0 Psycho-educational and Treatment Program Goals<sup>75</sup>:**

Educational and treatment activities are designed to achieve the following objectives in order to assist the batterer change his behaviors and avoid relapse:

1. Teach the definition of domestic violence (as defined in this document) and its dynamics in order for the batterer to learn to identify his abusive behaviors;
2. Educate the batterer regarding the socio-cultural basis for violence, including issues of gender role socialization, and attitudes toward women and children;
3. Teach the batterer the legal ramifications of violence;
4. Facilitate the batterer's owning and taking responsibility for his acts of violence and its consequences;
5. Identify and confront the batterer's issues with power and control and how they relate to abusive behaviors;
6. Educate the batterer regarding the impact of violence on adult victims and on the entire family system;
7. Educate the batterer regarding the effects on children of witnessing domestic violence;
8. Identify and offer alternatives to the batterer's thoughts, emotions and behaviors that facilitate violence;
9. Teach self-management techniques to assist the batterer to avoid abusive and controlling behaviors;
10. Teach the batterer pro-social relationship skills;
11. Teach the batterer skills in stress management, problem solving, conflict resolution, and effective communication;
12. Increase the batterer's empathic skills so that the batterer improves his ability to empathize with his victims;
13. Identify the effects of the batterer's past trauma and victimization and how they relate to the potential for re-offending;
14. Educate the batterer on his potential for re-offending and the warning signs for relapse into abusive behaviors;

15. If appropriate, teach the batterer the responsibilities of parents and effective positive parenting skills.

### **6.1 Group Intervention:**<sup>76</sup>

1. Group intervention that combines psycho-educational and cognitive behavioral approaches is considered the modality of choice for intervention with batterers.<sup>77</sup>
2. Other modalities, including individual treatment, may be appropriate under specialized circumstances or to achieve specified goals.
3. An intervention team composed of licensed mental health professionals, victim advocates and trained batterer education specialists is recommended.
  - a. See 2.0 and Appendix B for training recommendations for education specialists.
4. Groups should be gender specific.
  - a. Mixed gender groups are inappropriate.
  - b. Domestic violence abusers and domestic violence victims should not be mixed within the same group.

### **6.2 Length of Intervention:**<sup>78</sup>

1. The recommended length of intervention is a minimum of twenty-four (24) weeks up to one (1) year, depending on progress of the batterer.
2. The typical group should meet for ninety (90) minutes to one hundred twenty (120) minutes once per week.
3. Batterers who are identified as high risk may require more intensive services.

### **6.3 Inappropriate Methods of Intervention:**

The following approaches are not indicated in batterer intervention:

1. Intervention approaches that blame the victim or place the victim in danger are not appropriate.<sup>79</sup>
2. Batterers typically have poor impulse control and require interventions that strengthen impulse control or to manage anger.<sup>80, 81</sup>
3. Ventilation techniques are not appropriate or effective.
4. Fair fighting techniques, getting in touch with emotions or alternatives to violence.<sup>82</sup>

5. Addiction counseling models which identify the violence as an addiction and the victim and children as enabling or co-dependent in the violent drama.<sup>83</sup>
6. Systems theory approaches which treat the violence as a mutually circular process, blaming the victim.<sup>84</sup>

#### **6.4 Couples Therapy:**

1. “Experts almost unanimously recommend against *joint* counseling or family therapy in domestic violence situations due to the potential for danger which such circumstances pose to victims.”<sup>85</sup>
2. Couples and Family Therapy may be appropriate only after the batterer has made significant progress during the course of participating in a batterer intervention program conducted in accordance with these standards and has demonstrated successful non-violent behavior over an extended period of time.
3. Couples therapy is only appropriate when the safety of the victim can be assured, and each partner agrees to couple’s therapy without coercion from the other partner or other members of the intervention team.
4. Voluntary victim participation should be assured through at least one private session with each partner prior to the initiation of couple’s treatment.

#### **6.5 Emergency Services:**

1. Through the period of intervention, it is likely that a batterer will experience events that may trigger a relapse of battering behavior.
2. Emergency intervention services should be available 24 hours a day, seven days a week in order to interrupt potentially violent episodes.
3. Both telephone support and face-to-face intervention should be available.

#### **6.6 Treatment for Co-Occurring Disorders:**

As noted previously, many batterers have co-occurring disorders that may interfere with their ability to benefit from other interventions. These may include substance abuse disorders, depression, bi-polar disorder, and psychosis.

1. Once identified, it is essential that these disorders be addressed in the comprehensive intervention plan.
2. Concurrent treatment for co-occurring disorders is preferred. Treatment for the concurrent condition should be done in addition to the batterer program not in lieu of the program.<sup>86</sup>

3. However, in some instances, the co-occurring disorder will need to be stabilized prior to the initiation of interventions aimed at resolving battering.

## **Discharge and Aftercare**

### **7.0 Criteria and Process for Discharge:<sup>87</sup>**

Discharge from services is a joint decision of the intervention team or treatment program based on information from all available sources including clinical judgment.<sup>88</sup> Criteria for successful discharge may include, but is not limited to, that the batterer:

1. Complete all requirements on a batterer's individualized intervention plan and contract, including aftercare.
2. Has been free of all forms of violence from inception of treatment according to victim and abuser report.
3. Has accepted responsibility for violent behavior.
4. Has cooperated by actively participating in intervention.
5. Has low probability of continued violence based on ongoing risk assessments.
6. Has stabilized any co-occurring disorders, including substance use disorders.
7. Has met financial responsibilities of the re-education program.
8. Poses no expressed or identified safety concerns.
9. Has no obsessive thinking regarding jealousy, or blaming the victim for real or perceived injuries to self esteem, has no obsession with abandonment issues, or attempts to locate the victim, if separated.

### **7.1 Non-compliance discharge:**

1. Non-compliance discharge from the program should occur when there are:
  - a. Repeated or serious violations of the conditions of the batterer's contract or intervention plan;
  - b. Continued violent episodes;
  - c. Violations of protective orders or other judicial orders that pertain to the safety of the victim;<sup>89</sup>
  - d. Severe or repeated disruptive or threatening behaviors in groups;<sup>90</sup>
  - e. Excessive absences;<sup>91</sup>
  - f. Incidents of non-active participation;



## **Confidentiality**

Because effective intervention with batterers must be a coordinated response, issues of confidentiality for program facilitators can be challenging. If requested, each victim should be able to receive information regarding the batterer's intervention, because this information may be crucial to the victim's safety.<sup>97</sup>

### **8.0 Waivers of Confidentiality:**

1. It is essential that needed consents for the release of confidential information be acquired prior to the initiation of services so that essential information may flow freely among intervention team members as required to achieve the goals:
  - a. Maintaining the safety of the victim;<sup>98</sup>
  - b. Preserving the safety of the community;
  - c. Stopping an abuser's violent behavior;
  - d. Holding the offender accountable.
2. Mutual waivers of confidentiality may be executed in favor of the following agencies or individuals:
  - a. The program or its facilitator;
  - b. Law enforcement and/or the prosecutor's office;<sup>99</sup>
  - c. Local domestic violence/sexual assault program;
  - d. Other counselors or therapists;<sup>100</sup>
  - e. And the Court.

### **8.1 Understandings for Waiver of Confidentiality:**

1. Additional violence or threats of violence by the batterer are immediately reported to appropriate authorities in the criminal justice system, and victims' services program.
2. Allegations of child abuse or neglect by the batterer will be immediately reported to authorities pursuant to W.S. 14-3-205.
3. Program facilitators have a duty to warn potential victims, law enforcement, and the appropriate domestic violence program of imminent danger if it is believed the victim may be at risk due of threats made or behavior exhibited by the batterer.<sup>101</sup>

4. Program facilitators must report violations of the treatment contract provisions or court order immediately to probation and parole or if the Department of Corrections is not providing supervision services, to the prosecutor.

## **8.2 Confidentiality of Communications with Victims**

1. The program shall keep information provided by the victim(s) and current abused partner(s) confidential. Programs shall provide information and referral about available services but shall make it clear that the victims(s) and current partner(s) are not obligated to seek or participate in such services.<sup>102</sup>

## **Program Registration**

### **9.0 Registration Requirements**

Programs which meet these standards may register as “standards compliant” with the Governor’s Domestic Violence Elimination (DOVE) Council. The DOVE Council will regularly notify municipal, circuit and district courts in the State of Wyoming identifying programs that have registered as “standards compliant” and recommend referral of appropriate defendants to such programs. To be registered as “standards compliant” a batterer intervention program must meet the following requirements:

1. A memorandum of understanding exists between the batterer intervention program, the local domestic violence/sexual assault program<sup>103</sup>, community law enforcement agencies and other appropriate agencies (*e.g.*, the referring court(s) local prosecutors office, probation and parole, Department of Family Services, *etc.*).
2. The memorandum of understanding indicates compliance with the standards contained herein and provides for the creation of protocols between the agencies and the program that will implement these standards. A copy of that memorandum should be placed on file with referring courts together with a letter informing the court that the batterer intervention program. The memorandum of understanding shall be effective for a term not to exceed two (2) years and subject to renewal thereafter.
3. The program should demonstrate that the program is responsible and suitable to operate a batterer’s intervention program by compliance with all applicable state and federal laws, including, but not limited to Title III of the Americans with Disabilities Act.
4. Programs shall be certified based on geographic need and in a manner which avoids duplication of services. Exceptions or waivers for duplication of services may be granted at the intervention team’s discretion in the following instances:
  - a. Programs which meet the standards and demonstrate that the existing program lacks the capacity to serve all referrals in a proposed service area;
  - b. Programs which meet the standards for accountable and safe batterer intervention and which specialize in services to under-served ethnic, linguistic and racial minorities.
5. The program should submit a copy of the memorandum of understanding to the Dove Council at such address as the Council might direct.
6. The Dove Council shall be charged with amending these standards as research and other factors may dictate.

### **Suggested Reading List**

Brannen, S.J. & Rubin, A. (1996). Comparing the effectiveness of gender-specific and couples groups in a court-mandated spouse abuse treatment program. *Research on Social Work Practice*, 6, 405-424 .

Bullock K. (1997). Treatment programs for batterers. *Can Fam Physician*. 1997 Feb;43:307-11.

Edleson, J.L., & Syers, M. (1990). The relative effectiveness of group treatment for men who batter. *Social Work Research and Abstracts*, 26 (2) 10-17.

Gondolf, E.W. Characteristics of Batterers in a Multi-site Evaluation of Batterer Intervention Systems. Available at: <http://www.mincava.umn.edu/documents/gondolf/batchar.html>

Gondolf, E. W. (2002). *Batterer Intervention Systems: Issues, Outcomes and Recommendations*, Sage Publications, Thousand Oaks, California.

Gondolf E.W., Chang Y.F. (1999). Capture-recapture analysis of batterer reassaults: an epidemiological innovation for batterer program evaluation. *Violence Vict*. 1999 Summer;14(2):191-202.

Gondolf E.W. (1997). Patterns of reassault in batterer programs. *Violence Vict*. 1997 Winter;12(4):373-87.

Healey, Kerry, Smith, Christine & O'Sullivan, Chris. (1998). *Batterer Intervention: Program Approaches and Criminal Justice Strategies* . Washington, DC: US Department of Justice.

Sonkin, D. J. & Durphy, M. (1997). *Learning to live without violence: A handbook for men*. Volcano CA: Volcano Press.

Stordeur, R.A. & Stille, R. (1989). *Ending men's violence against their partners* . Newbury Park CA: Sage.

Stuart GL, Moore TM, Kahler CW, Ramsey SE (2003). Substance abuse and relationship violence among men court-referred to batterers' intervention programs. *Subst Abus*. 2003 Jun;24(2):107-22.

## **Appendix A**

### **Recommended Contents of Offender Contracts**

#### Responsibilities of the Batterer:

1. To be free of all forms of violence
2. To accept responsibility for previous violent behavior
3. To meet financial responsibilities for intervention.
4. To participate in all aspects of the intervention plan, including being free of alcohol and drugs during treatment, if applicable.
5. To sign consents to release information allowing intervention team members share relevant information.
6. To abide by city, state and federal laws, and all civil protection orders, restraining orders, and any civil orders addressing separation, visitation, child support or child custody.
7. To meet court-ordered family obligations.
8. To not purchase or possess firearms and ammunition during the course of the intervention.<sup>104</sup>

#### Responsibilities of Intervention Team Members:

1. To maintain the confidentiality of the batterer except as waived through appropriately executed consents to release information.
2. To fully disclose the costs of evaluation and treatment.
3. To follow the intervention plan to which they agreed.

## **Appendix B**

### **Recommended Qualifications for Batterer Educational Specialists**

It is recommended that persons providing batterer education meet the following qualifications.

1. Be violence free in their lives.
2. Be free of criminal convictions involving moral turpitude.
3. Not communicate or act in ways that perpetuate attitudes of sexism and victim blaming.
4. Not abuse drugs or alcohol.
5. Have a minimum of a bachelor's degree plus three years of full-time progressive experience in group education is recommended.
6. Non-degreed paraprofessionals may be utilized if a qualified person who meets the criteria in #5 above provides intense supervision, defined as the ability of the paraprofessional to immediate and direct access to the supervisor on a daily basis, as well as, one (1) hour per week direct supervision.
7. Prior to providing services, education providers, including non-degree paraprofessionals, participate in a 40-hour domestic violence victim advocate training and a minimum of 24 hours of domestic violence abuser's facilitation training including cross-cultural issues, sex role issues and substance abuse issues as they pertain to domestic violence is required.
8. All education providers including non-degreed paraprofessionals participate in a minimum of six (6) hours of continuing education in the field of domestic violence biannually.

## **Appendix C**

### **Elements of a BIP Memorandum of Understanding**

1. Essential Parties to MOU (and Intervention Team Members):
  - a. Law enforcement agencies
  - b. Local Domestic Violence- Sexual Assault program
  - c. BIP facilitator(s)
  - d. Prosecutor's office
  
2. Other Parties that may be included in MOU
  - a. Substance Abuse Treatment Programs
  - b. Mental Health programs
  - c. Department of Family Services
  - d. Court Appointed Special Advocate program
  - e. Courts
  - f. Probation and Parole
  - g. Others

#### Responsibilities of Individual MOU parties

1. Duties of program and program facilitator:
  - a. Conduct a primary assessment at the time of intake including the following:
    1. Conduct a risk assessment at the time of intake. (1.0)
    2. Conduct a mental health evaluation to determine the presence of co-occurring disorders (to be conducted by a licensed or certified mental health professional including, where appropriate, a substance abuse evaluation including the ASI/ASAM); (1.1)
    3. Obtain appropriate releases of information from the batterer to facilitate the mental health and substance evaluations.
    4. Pursuant to the releases of information, obtain information from collateral sources, including but not limited to, medical history, criminal history and investigative reports. (1.1)
  - b. Develop an individualized intervention plan and contract, including whenever possible, integrated treatment for co-occurring disorders. (1.2) (1.3) (5.0) (6.6)
  - c. If the batterer is on supervised probation, consult with the supervising probation officer. (1.2)
  - d. In consultation with the local domestic violence and sexual assault program, develop procedures to inform the victim and/or current partner of the requirements of the batterer's participation in the intervention program. (1.4)
  - e. Notify referring court and, if applicable, supervising probation officer, of reasonable efforts to inform victim and current partner of program requirements. (1.4)
  - f. Conduct ongoing and periodic assessments of the batterer. (1.5)
  - g. Develop, in cooperation with the local domestic violence and sexual assault program and law enforcement, protocols for alerting the victim in the event that the victim's safety becomes a concern. (1.5)

- h. Promptly report any non-compliance with program requirements or co-occurring disorder treatment to the prosecutor or referring court. (1.6)
- j. Provide domestic violence and sexual program, law enforcement, prosecutor, court and probation and parole with conditions of participation and attendance requirements<sup>105</sup>, including optimal program length and meeting frequency. (2.1) (6.1)
- k. Provide gender specific group intervention. Note: Occasionally female defendants may be referred by courts, if the number of female defendants do not allow for group intervention individual intervention is appropriate. (6.1)
- l. Promptly notify the prosecutor, probation officer (if applicable), victim, domestic violence sexual program and current partner of successful or unsuccessful discharge according to a protocol developed with such stakeholders. The victim or current partner may be excluded from notification if they so request. (7.0) (7.1) (7.2)
- m. Abide by confidentiality requirements. (8.0) (8.1) (8.2)
- n. Certify that the program does not discriminate against any batterer based on race, gender, class, age, physical disability, religion, educational attainment, ethnicity, national origin, or sexual orientation. (1.2)

Duties of domestic violence and sexual assault program:

1. Assist batterer intervention program in developing procedures to inform the victim and/or current partner of the requirements of the batterer's participation in the intervention program. (1.4)
2. Develop, in cooperation with the batterer intervention program and law enforcement, protocols for alerting the victim in the event that the victim's safety becomes a concern. (1.5)
3. Provide appropriate training to batterer intervention program facilitator(s) and staff as required. (2.0)
4. Report apparent program compliance as evidenced by this Memorandum of Understanding (should appear on a separate page of the MOU with a signature separate from the MOU) and provide copy to the Governor's Domestic Violence Elimination Council (hereinafter DoVE) for review and certification to courts of this State. (9.0)

Duties of law enforcement:

1. Develop, in cooperation with the batterer intervention program, protocols providing for the batterer intervention program alerting the victim in the event that the victim's safety becomes a concern. (1.5)
2. Provide appropriate training to batterer intervention program facilitator(s) and staff as required. (2.0)
3. Certify program compliance (should appear on a separate page of the MOU with a signature separate from the MOU) and provide copy to the court. (9.0)

Duties of prosecutor:

1. Provide appropriate training to batterer intervention program facilitator(s) and staff as required. (2.0)

2. Facilitate compliance with program requirements and court ordered referrals through the use of graduated sanctions for non-compliance with program requirements. (3.0)

Duties of the court:

1. Promptly notify the program of all court ordered referrals. (3.0)

Term of MOU:

The MOU should reflect that the memorandum shall be in effect not more than two (2) years.

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## Endnotes

<sup>1</sup> Santa Clara, *supra* note 9, at 2.

<sup>2</sup> *A review of Standards for Batterer Intervention Programs*, Austin, Dankwort; Applied Research Forum, National Electronic Network on Violence Against Women September 1997.

<sup>3</sup> U.S. DEPARTMENT OF JUSTICE, OFFICE OF JUSTICE PROGRAMS, NATIONAL INSTITUTE OF JUSTICE DO BATTERER INTERVENTION PROGRAMS WORK? TWO STUDIES. Research for Practice (2003). This study, however, only measures attitudinal change in the short term.

<sup>4</sup> *Do Batterer's Programs Work?*, Jeffrey Edleson, Minnesota Center Against Violence and Abuse (1995).

<sup>5</sup> Santa Clara, *supra* note 9, at 3.

<sup>6</sup> U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, Batterer Intervention Programs, Do They Work? Two Studies, Sept. 2003, available online at <http://www.ojp.usdoj.gov/nij>. (NIJ is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance, the Bureau of Justice Statistics, the Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime).

<sup>7</sup> Wyo. Const. Art. 1, §15.

<sup>8</sup> National Institute of Justice and Centers for Disease Control and Prevention, "Extent, Nature, and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey." July 2000.

<sup>9</sup> U.S. Department of Justice, Bureau of Justice Statistics, "Intimate Partner Violence and Age of Victim, 1993-1999." October 2001

<sup>10</sup> Wyoming Statistical Analysis Center, University of Wyoming, Vol. 2, Issue 2 pg. 6 (2003).

<sup>11</sup> *Id.* at 7.

<sup>12</sup> DONA PLAYTON, J.D., WYOMING DOMESTIC VIOLENCE BENCHMARK: A PRACTICAL AND COMPREHENSIVE SOURCE OF INFORMATION AND LAW, p. 1 (2004).

<sup>13</sup> *Id.*

<sup>14</sup> *Id.*

<sup>15</sup> *Id.*

<sup>16</sup> Standards for Batterers Programs and Certification, Santa Clara County Probation Department. Adopted March 1997. The Wyoming Domestic Violence Protection Order statute defines "domestic abuse" as: The occurrence of one (1) or more of the following acts by a household member but does not include acts of self defense: Physically abusing, threatening to physically abuse, attempting to cause or causing physical harm or acts which unreasonably restrain the personal liberty of any household member; Placing a household member in reasonable fear of imminent physical harm; or causing a household member to engage involuntarily in sexual activity by force, threat of force or duress. WYO. STAT. ANN. § 35-21-102(a)(iii).

<sup>17</sup> When such incidents do occur in public this is a significant lethality factor that points to the fact that the perpetrator is no longer concerned about his own protection or attempts by others to intervene.

<sup>18</sup> *Id.* at 2.

<sup>19</sup> *Id.*

<sup>20</sup> Babcock & LaTaillade, *Evaluating interventions for men who batter*, Domestic Violence: Guidelines for Research Informed Practice, Vincent & Jouriles, Eds., Philadelphia, Jessica Kingsley Publishers 2000

<sup>21</sup> The total cost of intimate partner rape, physical assault, and stalking exceeds \$5.8 billion each year. \$4.1 billion is spent annually on direct medical and mental health care services. Source: Center for Disease Control and Prevention, Costs of Intimate Partner Violence Against Women in the United States, March 2003.

<sup>22</sup> Standards for Batterers Programs and Certification, Santa Clara County Probation Department. Adopted March 1997.

<sup>23</sup> Children who witness domestic violence display emotional and behavioral disturbances such as withdrawal, low self esteem, nightmares, and aggression against family, peers and property. Peled, Inat, Jaffe, Edleson, Ending the Cycle of Violence: Community Responses to Children of Battered Women, Sage Publications (1995). Children who witness domestic violence are more likely to exhibit behavioral and physical health problems including depression, anxiety and violence toward peers. Jaffe & Suderman, *Child Witness of Women Abuse: Research and Community Response*, in Stith & Strauss, Understanding Partner Violence: Prevalence, Causes, Consequences and Solutions Families in Focus Services Vol. 2, (1995). Children who witness domestic violence are more likely to attempt suicide, abuse drugs and alcohol, runaway from home and engage in teenage prostitution. Wolfe, Wekerle, Reitzel &

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Gough, *Strategies to Address Violence in the Lives of High Risk Youths*, in Peled, Inat, Jaffe, Edelson, Ending the Cycle of Violence: Community Responses to Children of Battered Women, Sage Publications (1995). Studies have found that child abuse occurs in up to 70% of families that experience domestic violence. Bowker, Arbitell & McFerron, *On the Relationship between Wife-Beating and Child Abuse*, Feminist Perspectives on Wife Abuse, 158, 162 (1998). 40 to 60 % of men who batterer also abuse children. American Psychological Association, Violence and the Family: Report of the APA Presidential Task Force on Violence and the Family, 40 (1990). Children who witness domestic violence are more likely to perpetuate violence within their own relationships. Strauss, Gelles & Smith, *Physical Violence in American Families; Risk Factors and Adaptations to Violence*, Vol.8, page 145 Families, Transaction Publishers (1990). Men who witnessed domestic violence as a child are twice as to abuse their spouse, partner or children as adults. Strauss, Gelles & Smith, *id.* Children who witness domestic violence are more likely to commit sexual assaults as adults. Wolfe, Wekerle, Reitzel & Gough, *Strategies to Address Violence in the Lives of High Risk Youths*, in Peled, Inat, Jaffe, Edelson, Ending the Cycle of Violence: Community Responses to Children of Battered Women, Sage Publications (1995). Up to 40% of violent juvenile offenders witnessed domestic violence in the home. Famularo, *Child Maltreatment Histories Among Runaways and Delinquent Children*, Clinical Pediatrics, 29:12, 713-18 (1990).

<sup>24</sup> *Id.* at 4.

<sup>25</sup> Larry Bennett, Ph.D and Oliver Williams, Ph.D., Controversies and Recent Studies of Batterer Intervention Program Effectiveness, *available at*, [www.vaw.umn.edu](http://www.vaw.umn.edu).

<sup>26</sup> Bennett & Williams, Controversies and Recent Studies of Batterer Intervention Program Effectiveness, Applied Research Forum; National Electronic Network on Violence Against Women; [www.vaw.umn.edu/documents/vawnet/ar\\_bip/ar\\_bip.html](http://www.vaw.umn.edu/documents/vawnet/ar_bip/ar_bip.html).

<sup>27</sup> PLAYTON, *supra* note 5, at 3.

<sup>28</sup> *A review of Standards for Batterer Intervention Programs*, Austin, Dankwort; Applied Research Forum, National Electronic Network on Violence Against Women September 1997. 21% of batterers had new partners by 30 month follow-up (Gondolf, *The effect of batterer counseling on shelter outcome*, *Journal of Interpersonal Violence* 3, 275-289 1998).

<sup>29</sup> U.S. Department of Justice, Office of Justice *Do Batterer Intervention Programs Work? Two Studies*. September 2003.

<sup>30</sup> *A review of Standards for Batterer Intervention Programs*, Austin, Dankwort; Applied Research Forum, National Electronic Network on Violence Against Women September 1997.

<sup>31</sup> Gondolf 1988.

<sup>32</sup> "Controversies and Recent Studies of Batterer Intervention Program Effectiveness," Larry Bennett, Ph.D. and Oliver Williams, Ph.D.

<sup>33</sup> Larry Bennett & Neil Vincent, *Standards for Batterer Programs: A Formative Evaluation of the Illinois Protocol*, *available at* <http://tigger.uic.edu/~lwbenn/DVPEP/JnlAMT.htm>.

<sup>34</sup> Co-occurrence of domestic abuse with mental disorders, personality disorders and substance abuse has been amply documented. (Dutton & Starzomski, *Borderline Personality in perpetrators of psychological and physical abuse*, Violence and Victims 8:327-337, 1993) (Gondolf, *MCMI-III results for batterer program participants in four cities: Less pathological than expected*, *Journal of Family Violence*, 14:1-17, 1999) (Hastings & Hamberger, *Personality characteristics of spouse abusers: A controlled comparison*, Violence and Victims 3:31-48, 1988) (Holtzworth-Munroe & Stuart, 1994) (Leonard & Jacob, *Alcohol, Alcoholism and Family Violence*, Handbook of family violence, VanHasselt, Morrison, Bellack & Hersen (Eds.) 383-406, 1988) (Murphy, Meyer & O'Leary, *Family of origin violence and MCMI-II psychopathology among partner assaultive men*, Violence and Victims, 8:165-176, 1993).

<sup>35</sup> A recent comparison of men in four cognitive-behavioral batterer intervention programs found different types of abusive men to be equitably suitable for treatment (Gondolf 1999).

<sup>36</sup> W.R.Cr.P., Rule 39(b).

<sup>37</sup> Insert Samenow reference.

<sup>38</sup> Victim interviews as best reporters of current abuse and reliable predictors of future abuse (Weisz, Tolman & Saunders, *Assessing the risk of severe domestic violence: The Importance of Survivor's Predictions*, *Journal of Interpersonal Violence* 15, 75-90 2000).

<sup>39</sup> *Id.* at pg. 14.

<sup>40</sup> Kerry Healey, Christine Smith, with Chris O'Sullivan, BATTERER INVENTION: PROGRAM APPROACHES AND CRIMINAL JUSTICE STRATEGIES, *available at* <http://www.ncjrs.org/txtfiles/168638.txt>. February 1998.

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- <sup>41</sup> Batterer programs were never designed to be used as a substitute for probation supervision. Taylor, Davis, Maxwell, *The effects of group batterer treatment program in Brooklyn*, Justice Quarterly 18:170-201 2000.
- <sup>42</sup> Santa Clara, *supra* note 9, at 4.
- <sup>43</sup> LUNDY BANCROFT, WHY DOES HE DO THAT? INSIDE THE MINDS OF ANGRY AND CONTROLLING MEN, p. 200 (G.P. Putnam's Sons 2002).
- <sup>44</sup> Santa Clara, *supra* note 9, at 15.
- <sup>45</sup> THERESA M. ZUBRETSKY AND KARLA M. DIGIROLAMO, THE FALSE CONNECTION BETWEEN ADULT DOMESTIC VIOLENCE AND ALCOHOL, In Albert R. Roberts, ed., *Helping Battered Women*. New York: Oxford University Press, 1996.
- <sup>46</sup> "Controversies and Recent Studies of Batterer Intervention Program Effectiveness," Larry Bennett, Ph.D. and Oliver Williams, Ph.D.
- <sup>47</sup> Edward W. Gondolf, *A Comparison of Four Batterer Interventions Systems: Do Court Referral, Program Length and Services Matter?* Journal of Interpersonal Violence 14:41-61, 1999.
- <sup>48</sup> The ASAM/ASI are the preferred testing for substance abuse testing in the State particularly when coupled with criminal history information.
- <sup>49</sup> See, Leonard & Jacob, *Alcohol, Alcoholism and Family Violence*, Handbook of Family Violence, VanHasselt, Morrison, Bellack & Hersen (Eds.) 383-406, 1988.
- <sup>50</sup> See, Dutton & Starzomski, *Borderline Personality in Perpetrators of Psychological and Physical Abuse*, Violence and Victims 8:327-337, 1993.
- <sup>51</sup> *Id.* at 17.
- <sup>52</sup> Massachusetts Guidelines and Standards for the Certification of Batterer Intervention Programs. Adopted March 1995.
- <sup>53</sup> Santa Clara, *supra* note 9, at 17.
- <sup>54</sup> Massachusetts Guidelines, *supra* note 26, at 8.
- <sup>55</sup> Larry Bennett, Ph.D & Oliver Williams, Ph.D., *Controversies and Recent Studies of Batterer Intervention Program Effectiveness*, available at [http://www.vaw.umn.edu/documents/vawnet/ar\\_bip/ar\\_bip.html](http://www.vaw.umn.edu/documents/vawnet/ar_bip/ar_bip.html).
- <sup>56</sup> *Id.* at 5.
- <sup>57</sup> *Id.*
- <sup>58</sup> Possession of a firearm by an individual convicted of domestic violence, under bond for such offense or under a protection order is criminal violation under federal law. 18 USC 922(g).
- <sup>59</sup> *Id.* at 6
- <sup>60</sup> Santa Clara, *supra* note 9, at 8-9.
- <sup>61</sup> As a result of a lack of resources or for other reasons, a batterer intervention program may be an adjunct service offered by a domestic violence and sexual assault program. However a batterer intervention programs is not a service provided to victims of domestic violence and therefore is not within the primary mission of such programs. Administration of a batterer intervention group within a domestic violence and sexual assault agency may present a potential for conflict with the primary mission of such agencies. As a result domestic violence and sexual assault programs should refrain from attempting to provide these services where possible. If services must be provided within the same agency, they shall be in a separate location and conducted by staff or advocates who do not have contact with the victim (excluding contact in the context of safety checks or brief contact regarding the intervention plan of the victim's partner.) The safety and confidentiality of victims must be maintained at all times.
- <sup>62</sup> *A review of Standards for Batterer Intervention Programs*, Austin, Dankwort; Applied Research Forum, National Electronic Network on Violence Against Women September 1997.
- <sup>63</sup> Bennett, *supra* note 29.
- <sup>64</sup> Bennett & Williams, *Controversies and Recent Studies of Batterer Intervention Program Effectiveness*, Applied Research Forum; National Electronic Network on Violence Against Women; [www.vaw.umn.edu/documents/vawnet/ar\\_bip/ar\\_bip.html](http://www.vaw.umn.edu/documents/vawnet/ar_bip/ar_bip.html).
- <sup>65</sup> *Programs for Men Who Batter, Intervention and Prevention Strategies in a Diverse Society*, Etiony Aldarondo, Fernando Mederos, Civic Research Institute, 2002 p. 2-12.
- <sup>66</sup> *Id.*
- <sup>67</sup> Santa Clara, *supra* note 9, at 12-13.
- <sup>68</sup> W.R.Cr.P., Rule 39(b).
- <sup>69</sup> PLAYTON, *supra* note 5, at 4.
- <sup>70</sup> MIKE BRIGNER, J.D., *Supra note 12* at 83
- <sup>71</sup> *Id.*

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<sup>72</sup> *Id.*

<sup>73</sup> *A review of Standards for Batterer Intervention Programs*, Austin, Dankwort; Applied Research Forum, National Electronic Network on Violence Against Women September 1997.

<sup>74</sup> It is recommended that a sliding fee scale be employed to underwrite the costs of the batterer intervention program. Even where funding exists sufficient to underwrite all costs some nominal fee should be required of participants. A sliding fee scale permits all appropriate candidates to participate while at the same time requiring the batterer to invest in his own recovery and rehabilitation. In no event should otherwise appropriate candidates be prevented from participating in the program because of prohibitive costs.

<sup>75</sup> More structured programs appear slightly more effective than less structured programs. (Edelson & Syers, *The relative effectiveness of group treatment for men who batter*, *Social Work Research and Abstracts* 26(2):10-17 1990). Less structured groups appear more effective with dependent men while more structured groups were more effective with anti-social men.

The effect of structure of the program may have less to do with the program itself than with the structure of the system in which the programs operate. Coordinated community responses in which the BIP plays a necessary but not sufficient role in violence prevention are more effective than situation in which the batterers program is viewed as singular intervention. (Babcock & Steiner, *The relationship between treatment, incarceration, and recidivism of battering: A program evaluation of Seattle's coordinated community response to domestic violence*, *Journal of Family Psychology*, 13:46-59, 1999) (Frank, *Measuring the System, not Individuals*, Paper presented at the 6<sup>th</sup> International Family violence Research Conference, Durham, NH 1999) (Healey, Smith & O'Sullivan, *Batterer Intervention : Program Approaches and Criminal Justice Strategies*, Washington D.C., USDOJ 1998) (Murphy, Musser & Maton, *Coordinated Community Intervention for Domestic Abusers: Intervention System Involvement and Criminal Recidivism*, *Journal of Family Violence*, 13:263-284, 1998); (Syers & Edelson, *The combined effects of coordinated criminal justice intervention in woman abuse*, *Journal of Interpersonal Violence*, 7:490-502, 1992).

<sup>76</sup> Richard M. Tolman & Jeffrey L. Edleson, *Intervention for Men Who Batter: A Review of Research*, at <http://www.mincava.umn.edu/documents/toledl/toledl.html#id2633732>.

<sup>77</sup> *A review of Standards for Batterer Intervention Programs*, Austin, Dankwort; Applied Research Forum, National Electronic Network on Violence Against Women September 1997.

<sup>78</sup> WYO. STAT. ANN. §35-21-101 et. Seq. (Westlaw 2004). Under the Wyoming's Domestic Violence Protection Act the court may require the batterer to attend a BIP for up to 90 days. Under Wyoming Statute §6-2-501, an individual convicted of domestic battery may be placed on probation for up to one year.

<sup>79</sup> Karla Fisher et al., *The Culture of Battering and the Role of in Domestic Violence Cases*, 146 SMU L. Rev. 2117, 2119-33, 2136-41 (1993).

<sup>80</sup> Bancroft, *supra* note 36, at 38.

<sup>81</sup> Nevertheless for the vast majority of batterers anger control is not the issue and anger management, though appropriate as one component of a larger program, is not appropriate as the sole treatment modality. If anger management were an issue for batterers one would expect to find a history of assaultive behaviors directed at employers and co-workers. In point of fact this is the exception rather than the rule.

<sup>82</sup> Massachusetts Guidelines, *supra* note 26, at 11.

<sup>83</sup> *Id.*

<sup>84</sup> *Id.*

<sup>85</sup> MIKE BRIGNER, J.D., THE OHIO DOMESTIC VIOLENCE BENCHBOOK, A PRACTICAL GUIDE TO COMPETENCE FOR JUDGES & MAGISTRATES, p. 85 (2003), *citing to* David Adams, *Treatment Models for Men Who Batter: A Profeminist Analysis*, FEMINIST PERSPECTIVES ON WIFE ABUSE, 176-199 K. Yllo & M. Bograd, Eds. 1988, Sage, Newbury Park, CA.

<sup>86</sup> PLAYTON, *supra* note 5, at 121.

<sup>87</sup> Edward W. Gondolf, *Discharge Criteria for Batterer Programs*, available at <http://www.mincava.umn.edu/documents/gondolf/discharge/discharge.html#id2633389>.

<sup>88</sup> Clinical judgment typically plays a central role in discharge of patients from alcohol and mental health treatment. Batterer programs instead rely almost exclusively upon program attendance. Conclusion: There appear to be grounds for using clinically based discharge criteria in batterer programs. Gondolf, *Discharge Criteria for Batterer Programs*, Minnesota Center Against Violence and Abuse (1995)

[www.mincava.umn.edu/documents/gondolf/discharge/discharge.html](http://www.mincava.umn.edu/documents/gondolf/discharge/discharge.html) .

<sup>89</sup> Massachusetts Guidelines, *supra* note 26, at 12.

<sup>90</sup> *Id.*

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<sup>91</sup> Intermediate sanctions may be effective in reducing excessive absences without necessitating discharge. The policy regarding absences and the use of intermediate sanctions should be explained in full at the time of admission.

<sup>92</sup> *Id.*

<sup>93</sup> This should most appropriately be submitted to the prosecutor as the prosecutor is the individual who is charged with initiating a petition to revoke probation.

<sup>94</sup> If the victim resides outside the State of Wyoming the program should notify the domestic violence and sexual assault program nearest to the batterer intervention program.

<sup>95</sup> *Do Batterer's Programs Work?*, Jeffrey Edleson, Minnesota Center Against Violence and Abuse (1995).

<sup>96</sup> Massachusetts Guidelines on Victim Confidentiality

<sup>97</sup> Santa Clara, *supra* note 9, at 14.

<sup>98</sup> *Tarasoff v. Regents of the University of California*, 551 P.2d 334 (Cal. 1976)

<sup>99</sup> An appropriate waiver or release of information is necessary in order to obtain criminal history records information (W.S. § 7-19-101 *et seq.*) or relevant investigative reports for both the underlying offense or previous incidents.

<sup>100</sup> See the discussion of co-occurring disorders.

<sup>101</sup> *Tarasoff v. Regents of the University of California*, 551 P.2d 334 (Cal. 1976)

<sup>102</sup> Massachusetts Guidelines on Victim Confidentiality.

<sup>103</sup> As used throughout the term "local domestic violence/sexual assault program" means those programs in compliance with standards established through the Office of the Attorney General and certified by the Division of Victim Services to receive state funding.

<sup>104</sup> 18 U.S.C. §922(g).

<sup>105</sup> Research recommends follow through with sanctions designed to keep batterers in intervention programs. *Do Batterer's Programs Work?*, Jeffrey Edleson, Minnesota Center Against Violence and Abuse (1995).