Hawaii Batterers Intervention
Program Standards
for the Island of Oahu, Hawaii
2002

Developed & Revised by:

Child & Family Service
Domestic Violence Clearinghouse & Legal Hotline
Hawaii State Judiciary, First Judicial Circuit
Hawaii State Coalition Against Domestic Violence
Parents and Children Together

Oahu Domestic Violence Task Force
Domestic Violence Working Group
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The Oahu Domestic Violence Task Force is facilitated by the Domestic Violence Clearinghouse & Legal Hotline

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Introduction

The Hawaii Batterers Intervention Program Standards for the Island of Oahu, Hawaii, are written as a guideline for intervention with clients who commit acts of intimate partner violence (offenders). Programs that provide services to batterers who commit acts of intimate partner violence (IPV) are called Batterers Intervention Programs (BIPs). The services provided are called Domestic Violence Intervention (DVI).
1.1 DECLARATION OF PRINCIPLES

Domestic violence offenders are a category of violent offender requiring specialized intervention approaches. The goal of domestic violence intervention (DVI) is victim and community safety through the cessation of violence against intimate partners. Ending intimate partner violence requires a change in attitudes and belief systems on the part of the offender and the community. To this end the Oahu Domestic Violence Task Force and the Domestic Violence Working Group, in the state of Hawaii, subscribe to the following principles:

1.1.1 The absolute goal of DVI is victim safety and respect for victim rights.

We acknowledge that victims of domestic violence (and their children) undergo tremendous turmoil and fear as a result of the violence inflicted whether physical, sexual or psychological. Our respect for survivors stems from a fundamental belief in their resiliency and strength. Victims are not to be blamed for the abuse perpetrated against them.

1.1.2 Violence when used to control, intimidate and maintain power over another person is unacceptable and is criminal behavior. Offenders must be held accountable for their violence.

Offenders of domestic violence must experience the consequences of engaging in violent behavior including arrest, incarceration, probation, parole, fines, fees, restitution, DVI and other appropriate sanctions.

1.1.3 BIPs should strive for reasonable provisions for the individual differences and rights of offenders. Interventions may include services and/or linkages to other providers addressing issues such as mental health, substance abuse, race/ethnicity, language interpretation, homelessness, immigration status, differently-abled, etc. Staff composition and program settings should reflect the diversity of the populations being served.

1.4 The creation of appropriate DVI programs requires a comprehensive understanding of domestic violence dynamics, the impact of patriarchy on male/female behavior, proper alternatives to violence and civil and criminal justice systems. Domestic violence is the use of power and control tactics to coerce and/or force an intimate partner to act against her/his will. A key
component in DVI is offender assessment for risk of lethality and potential to inflict harm. Addressing patriarchy and oppression includes examining gender roles, stereotyping, socialization and the impact within communities.

1.5 DVI providers must be accountable to survivors of intimate partner violence. Survivor perspectives and input are central to program development, implementation and evaluation. DVI programs must work in partnership with victim support programs.

1.6 BIPs should actively collaborate and communicate with other entities such as victim advocates, victim shelter personnel, law enforcement, the courts, probation, and prosecutors. DVI providers must also proactively participate in the community at large through active involvement in coalitions, task forces and committees.

On-going interagency communication and cooperation is essential to assess the lethality of the offender and promote victim and community safety as well as program effectiveness.

1.7 BIPs have an obligation to heighten public understanding about the seriousness and criminal nature of intimate partner violence. DVI providers must work to challenge community norms that perpetuate intimate partner violence and help improved the communities response to victim safety and offender accountability.

1.8 State standards should undergo periodic review and revision consistent with experiences of new knowledge, skill, and methods. (Adopted from the American Correctional Association Principle IV).
2.0 PURPOSE FOR DOMESTIC VIOLENCE PROGRAM STANDARDS

The Oahu Program Standards for DVI were created to assure the following:

2.1 The purpose of DVI standards is to maintain ethical, consistent and quality services.

2.2 DVI standards provide recognition of appropriate and current domestic violence intervention methods consistent with best practices.

2.3 DVI standards establish responsibility of programs and providers, which permit evaluation of programs and provide a basis for future program development.

2.4 DVI standards help to ensure that only the highest level of ethics, competence and expertise will be accepted and encourage individual and program responsibility in reaching these standards.

2.5 DVI standards increase public confidence in the quality and consistency of interventions for offenders.

2.6 DVI standards require program evaluation and outcome measurements which will improve intervention methods.

2.7 DVI standards encourage collaboration and interaction among program providers and others within the community.
3.0 DEFINITION OF INTIMATE PARTNER VIOLENCE (DOMESTIC VIOLENCE)

For the purposes of this document, the definition of intimate partner is defined by Hawaii Revised Statues, Chapter 586-1 Domestic Abuse Protective Orders, is as follows:

“Domestic abuse” means:

(1) Physical harm, bodily injury, assault, or the threat of imminent physical harm, bodily injury, or assault, extreme psychological abuse or malicious property damage between family or household members.

The following serves as a definition of intimate partner violence (domestic violence).

3.1 Tactics of power and control are demonstrated through a pattern of behaviors. A singular act of aggression may not constitute battering.

1) Physical violence: aggressive behavior including but not limited to hitting, punching, strangling scratching, pinching, restraining, slapping, pulling, hitting with weapons or objects, shooting, stabbing, and damaging property or pets.

2) Sexual violence: use of coercion or physical force to make an individual perform any sexual act against her/his will. Other forms of sexual abuse include but are not limited to verbal attacks referring to the sexual parts of the person’s body, treating her/him as a sex object, forcing her/him to view pornographic materials and/or forcing her/him to engage in any other sexual activities to which they are unwilling.

3) Psychological violence: using the power gained through the threat or use of physical and sexual violence to control the actions and behavior of another person through the following types of abusive actions:

   a) threats of physical or sexual violence; taking away the person’s livelihood or the children; committing suicide and /or homicide; etc.

   b) acts of intimidation such as looks, gestures, tone of voice, destroying property, etc.

   c) isolation of the partner by controlling choices, activities, relationships and contacts, etc.
d) emotional abuse such as name-calling, belittling, degrading and psychological torture, etc.

e) economic abuse such as withholding access to financial resources, limiting title to property and possessions, limiting and/or controlling her/his employment choices, etc.

f) use of the children as a tool of control by threatening to harm the children, relaying messages through the children, harassing during visitation and interrogating the children, etc.

g) the use of privilege in patriarchal culture to claim entitlement of a superior status, treating the partner like a servant and presuming dominance in regard to decision making, etc.

h) Stalking, defined as “A course of conduct directed at a specific person that involves repeated visual or physical proximity; non-consensual communication; or verbal, written or implied threats; or a combination thereof that would cause a reasonable person fear” (National Center for Victims of Crime, Stalking Resource Center 2001)

Defining domestic violence in greater detail as done in the preceding paragraphs alerts the program providers to attend to all forms of violence and abusive behavior by offenders.

1.1 In addition to the above definitions, it should be noted that offenders of intimate partner violence may exhibit one or more of the following characteristics. The perpetrator may:

1) Be unwilling to accept responsibility through minimization, denial and blame;

2) Have little or no concern for the consequences of their behavior;

3) Have little or no empathy for the victim and other family members;

4) Objectify the victim;

5) Display a pattern of recurrent violence and abusive behavior that may escalate in frequency and severity;

6) Demonstrate expectations of patriarchal and hierarchical privilege.
7) Display an attitude of entitlement to special rights and privileges without accompanying reciprocal responsibilities, which s/he believes justifies his/her use of force.
4.0 ETHICAL STANDARDS

4.1 BIPs must maintain the following professional conduct:

4.1.1 Warn the victim if there is reason to believe that the victim is at risk or in danger from an offender because of threats made or behavior exhibited. Concerns about victim safety should not be addressed with offenders in any way that may jeopardize the victim’s or other’s safety.

4.1.2 Report offender’s violence or threats of violence to appropriate authorities in the criminal justice system.

4.1.3 Adhere to Hawaii Revised Statutes requiring mandatory reporting of suspected or confirmed child and elderly abuse and neglect.

4.1.4 Maintain open inter- and intra-agency communication by discussing disagreements, problems, and issues directly with personnel involved.

4.2 DVI providers must abide by drug- and smoke-free workplace standards.

4.3 DVI providers must be in compliance with state and federal laws and regulations.

4.4 DVI providers must perform their stated service and not misrepresent their experiences and capabilities.

4.5 DVI providers should design, implement and evaluate programs consistent with these standards. As experience and research expands the field of knowledge, philosophical and programmatic changes may be necessary to implement best practices.

4.6 Program staff must maintain the following personal conduct:

4.6.1 Be violence-free in their own lives. No program shall hire an individual who has been a perpetrator of domestic violence unless the program director is satisfied that the potential staff member has successfully completed a domestic violence intervention program and has remained violence free for a reasonable period of time as determined by the program.

4.6.2 Do not exhibit sexist, racist, homophobic, classist, or victim blaming attitudes and behaviors.

4.6.3 Do not convey or tolerate attitudes of sexism or other forms of oppression, including victim blaming. Any program provider who suggests the victim is responsible for the violence or in any way places the victim in a position of danger is in violation of the principles of these standards.
4.6.4 Do not abuse drugs or alcohol.

4.6.5 Model appropriate communication and conflict resolution behavior at all times.

4.6.6 Maintain a personal demeanor that is consistent with a professional appearance and attitude.
Confidentiality Issues

4.7 DVI program providers must adhere to statutory requirements relating to confidentiality. If a program must disclose victim safety concerns to appropriate authorities, it must make every possible effort to contact the victim about the information gained during the course of program interventions.
4.8 Program services shall not exist in isolation. Staff need to be aware of all available services and shall maintain cooperative working relationships with domestic violence shelters, other relevant programs and justice system entities in order to provide comprehensive services that include attention to victim safety.

4.9 DVI programs shall provide victim support groups or referrals to programs that provide victim support groups. Outreach and advocacy to victims are critical to victim safety. DVI programs and/or other domestic violence programs should provide referrals for advocacy and other services to victims.

4.10 Programs must have a plan in place to deal with conflict or aggressive behavior of participants to ensure safety for staff and program participants. Programs must develop procedures to address threats or potential for homicide or suicide, including contracts for clients in crisis.

4.11 Program providers must report any lack of response by a perpetrator to the referral agent three weeks following the initial referral. Oral or written reports will be made available to the referral agent upon their request.

4.12 Fees shall be on a sliding scale, enabling clients to afford services. All program providers shall accept perpetrators regardless of their ability to pay fees.

4.13 Program providers must provide information and referral to individuals who contact the program.

4.14 Program providers shall document violations of the perpetrator contract in writing. If termination is effected this documentation shall be provided to the proper referring agent upon request.

4.15 Individuals working with offenders of domestic violence must meet the standards of their profession as outlined by professional groups such as the American Psychological Association, National Association of Social Workers, American Association of Pastoral counselors, or the American Medical Association.
5.0 EDUCATIONAL AND TRAINING REQUIREMENTS

All staff members of Domestic Violence Intervention Programs must adhere to the following guidelines:

5.1 Staff must receive a minimum of 25 hours of basic training in domestic violence, which will include cross-cultural issues, oppression issues, mental health and substance abuse. They must complete an additional 25 hours of continuing education every two-years.

5.2 Skill building should include training in group dynamics, de-escalation of clients aggressive behavior, and suicide and crisis intervention.

5.3 Mandatory face-to-face supervision will be provided to DVI facilitators at a minimum of once a month, with contact on a weekly basis.

5.4 Supervisors must have at least two years of experience working in domestic violence or related areas.

5.5 Employee performance reviews shall be conducted at least once a year.

5.6 Case reviews of participants will be conducted quarterly.
6.0 INTERVENTION METHODOLOGY

The goals of DVI programs shall be to increase safety of the victims, children and the community through the reduction and elimination of coercive, dominating and violent behavior. Intervention programs will consist of psycho-educational group sessions, incorporating power and control theory, with emphasis on offender accountability.

6.1 Group Format

6.1.1 Composition of the groups shall be restricted to offenders of intimate partner abuse. Groups shall not be of mixed gender.

6.1.2 DVI programs will, at a minimum, conduct weekly group sessions at least 2 hours in length for a minimum duration of 20 sessions.

6.1.3 Group sessions shall include an opportunity for offenders to actively participate in discussions, demonstrate their skills and receive feedback.

6.1.4 The suggested maximum size of the groups is 15 participants.

6.2 Curriculum

The curriculum shall minimally include:

6.2.1 Identification, confrontation and skill building to reduce/eliminate abusive and controlling behaviors perpetrated against intimate partners. All forms of abuse as described on the “Power and Control Wheel” (source: Domestic Abuse Intervention Project, Duluth) shall be identified and offenders will be held accountable for those behaviors.

6.2.2 Identification and discussion of the effects of violence and abuse on victims, including children who witness abuse. The short and long term effects of violence on spouses and children shall be examined for the purpose of increasing awareness about the seriousness of exposure to violence by children. Offenders shall be expected to take responsibility for creating these consequences; the curriculum shall include empathy skill building-empathy.

6.2.3 A theme supporting the philosophical concept that abuse is a choice, and solely the responsibility of the offender. Excuses and justification for abuse will be confronted in group.
6.2.4 Identification and practice of cooperative and non-abusive forms of communication. Offenders are expected to re-learn communication skills which are non-abusive and respectful.

6.2.5 Exploration of cultural and social influences that contribute to abusive behavior.

6.3 Participation

Participation by the perpetrator in the program may extend beyond the perpetrator’s term of probation.

6.4 The program has the responsibility to impose any reasonable conditions on participation in intervention services that it deems appropriate.

6.5 Individual Counseling

It is recognized that a limited number of perpetrators may need individual counseling or Batterers Intervention. The objective of the individual counseling or intervention, provided by the BIP, shall be to focus on the violence or other abuse. Referrals outside of the BIP, for individual counseling, will be made only to credentialed counselors, knowledgeable in domestic violence.

6.6 Couples Counseling

Any form of couples counseling, marriage counseling, or marriage enhancement are inappropriate and may be appropriate only after the offender has successfully completed DVI, there has been complete cessation of violence and coercion and only when the victim requests such intervention and is not fearful of the perpetrator.

6.7 Inappropriate Methods

Even though the program emphasis shall be power and control there are other approaches and interventions that may be considered. The following methods are inappropriate and inadequate as the focus of curriculum, when working with offenders:

6.7.1 psychodynamic individual or group therapy which assumes the primary cause of the violence to be one or more of the following: stress, lack of impulse control, previous victimization or substance abuse

6.7.2 anger management techniques which lay primary causality on anger, communication problems or conflict
6.7.3 systems theory, addictions counseling, containment methods

6.7.4 methods which identify psychopathology and co-dependence on either parties’ part as a primary cause of violence
7.0 INTAKE AND EVALUATION

The standards which follow are the minimum to which a DVI must adhere to receive court-referred clients. The DVI provider shall make every effort to initiate services and evaluation within two weeks from the perpetrator’s contact with the provider. The program shall evaluate the appropriateness of each participant for drug/alcohol, mental health or other treatment services before or while the individual is a participant in the program.

7.1 Intake

7.1.1 At a minimum, the DVI shall obtain the following information from the perpetrator and/or other sources at intake:

a) Name, address of the perpetrator

b) Social security number

c) Medical insurance

d) Employer

e) Partner and/or victim’s name

f) Criminal history

g) History of substance abuse

h) History of any psychiatric illness including but not limited to threats or ideation of homicide or suicide, depression, paranoia, etc.

i) History of firearms, firearms registration, possession or use.

j) Tactics employed by abuser to exert power and control in the relationship.

1.1.1 A profile shall be developed for the purposes of understanding risk and lethality.

1.2 Program participant monitoring
1.2.1 These guidelines presuppose and mandate services for violent behavior. Treatment for substance abuse and other problems, may be deemed necessary but do not replace DVI for domestic violence.

a) The program must have linkages with other service providers, to which appropriate referrals can be made. Participation in these programs shall be evaluated as part of the intake process.

b) The program must evaluate the perpetrator’s level of danger and lethality, with a particular responsibility to warn victims deemed to be at high risk. All victims must be warned that any violence could be dangerous and/or lethal, and that risk and lethality or continued violence is impossible to accurately predict.

c) Participant monitoring is designed to concentrate on the perpetrator’s continuing suitability for the program. Information to be considered shall include:

1) attendance at sessions

2) compliance with program guidelines and requirements

3) participation

4) freedom from violence or abusive behavior

5) compliance with abstinence from alcohol or other drugs for a 24-hour period before and after sessions.

6) compliance with terms and any specific conditions of probation

d) Personal accountability as it relates to parenting, court orders, employment, program fees, child support, and nonviolence are expected of all program participants.
8.0 COMPLETION AND TERMINATION OF PARTICIPANTS

8.1 Participants will have fulfilled program requirements when:

8.1.1 attendance requirements are met
8.1.2 participant demonstrates use of curriculum skills and actively participated in program, completed assignments, submitted homework, etc.
8.1.3 program fees have been paid

8.2 Participants will face termination from the program when:
8.2.1 terms and conditions of probation have been violated
8.2.2 attendance and participation requirements are violated
8.2.3 abstinence requirements from drugs and/or alcohol are violated
8.2.4 violent and/or threatening behavior occurs
9.0 PROGRAM ADMINISTRATION

9.1 DVI Program Structure

9.1.1 Each BIP administering a DVI program shall be attached to an incorporated body with a governing board or have a board of its own.

9.1.2 Each intervention program shall maintain open, cooperative working relationships and communication with other agencies, particularly those providing services to battered women in the community.

9.1.3 Each intervention program shall establish a working relationship with the civil and criminal courts.

9.1.4 The program will require each client to sign a waiver of confidentiality upon entering the program. The waiver shall, at a minimum, allow the DVI program to notify the victim and the court of the perpetrator’s participation in the program.

9.1.5 Each intervention program shall have the responsibility to report to the court and/or the local police department continued acts or threats of violence reported by any offender who is court-referred into treatment. Domestic violence intervention programs have an obligation to warn the victim if the perpetrator of abuse poses an immediate and serious threat to the health and/or safety of the victim and children. Intervention providers shall inform the victim of options, and provide referrals to increase victim safety.

9.1.6 Programs shall clearly document efforts to report recurring violence.

9.1.7 Each program shall maintain the confidentiality of victims, unless it is specifically waived by the victim or there is reasonable cause to believe that the victim may be in imminent danger. Programs shall not coerce victims to waive their confidentiality and are expected to explain the limits to their confidentiality.

9.1.8 Files on victim partners of program participants should be maintained separately from the perpetrator’s files.

9.2 Fee Structure
Each DVI program must have a clearly defined payment policy including provisions for indigent clients. Perpetrators are expected to contribute to the cost of program. The payment of the fee may be made a condition of probation. The fee may be paid during the term of probation.

9.2.1 A fee for the intake and evaluation phase of the program may be charged separately from the fees for subsequent program participation.

9.2.2 Fees for group services may be based on a sliding scale, based on a perpetrator’s ability to pay.

9.2.3 Indigent clients may negotiate a deferred payment schedule, but shall pay a nominal fee for treatment at the discretion of the program.

9.3 Completion Practices

10.3.1 The program shall notify the referring court of the perpetrator’s attendance and history of abuse while in the program once all criteria have been met.

9.4 Unsuccessful Program Completion

9.3.1 A perpetrator shall be terminated from the program upon violation of DVI program requirements.

9.3.2 A perpetrator who exhibits imminent and substantial threat of physical harm to the victim, other clients, other persons, program personnel and/or property, shall be sanctioned up to and including termination from the program.

9.5 Program responsibilities upon termination of a perpetrator from the program prior to completion.

9.5.1 The sentencing court shall be notified of the violation of program requirements when it results in a further court action under c.209A §8.

9.5.2 If the referral of the perpetrator is under c.209A §3(I), the referring court (District, Circuit, Family or Superior Courts) must be notified.

9.5.3 The program shall have a written policy available to the court regarding the program’s responsibility for accepting perpetrators who have not completed a program or are reordered to the program.

9.6 Quality Assurance
9.6.1 Each program must have a clearly defined quality assurance protocol which includes:

· a list of program participants rights,
· a feedback mechanism (i.e. consumer satisfaction survey),
· a complaint/grievance process and procedures, and
· written notice regarding the Hawaii State Coalition Against Domestic Violence (HSCADV) Client Concerns procedures