Approaches to Batterer Intervention Work

The chart below exemplifies differences in practice between a batterer intervention program (BIP) that uses a primarily social historical approach that recognizes gender issues compared to one that uses a mental health approach. Many batterer intervention program reside in the purple between—a combination and compromise between these two approaches. There is a need for understanding and continued dialogue between the two approaches.

SOCIAL HISTORICAL APPROACH	MOST BIPs	MENTAL HEALTH APPROACH
Our social structure produces gendered domestic violence that promotes men's entitlement to dominate and control women in a way that parallels racism, heterosexism, ageism, etc.		Trauma for individuals in childhood, psychological problems, and other pathologies cause both male and female intimate partner violence.
Emphasizes changing the socialized beliefs men as a group learn in the culture that allow them to dominate and control women.		Emphasizes individual skill-building and change, focusing on each man's individual experience.
Viewing male entitlement as the primary cause of abuse results in a "one size fits most" programming. Orientation tends to "screen in" new participants even when mental health or other problems are evident.		Assessment and intake may involve the careful identification of mental health issues and the creation of a detailed treatment plan, sometimes requiring individual sessions and extra clinical input to meet the assessed individual needs of clients.
Batterer intervention programs are seen as one component of an interagency response focused on accountability of offenders for their violence, and agencies and practitioners for the effects of their intervention on victim safety.		Services and therapy, usually provided by stand-alone agencies, are seen as the main way to help victims and offenders recover and change their behavior.
The primary focus is victim safety, with a secondary hope for men's change.		Participants are seen as "clients" whose individual well-being and change is their primary focus.
Offender's violence and risk factors are shared with CCR agency partners, but personal sharing in class unrelated to risk is kept confidential.		Highly confidential practices limit sharing of offender information. Client confidentiality is primary.
Offer advocacy to partners of men in the program and encourage them to join educational groups		Partners may not be contacted, or may be offered assessment and therapy.
Select facilitators based on their commitment to anti-sexism, track record of non-violence, group leadership ability, cultural knowledge, and life experience.		Facilitators are selected based on their clinical skills and formal qualifications.
Supervision includes feedback from criminal justice agencies, victim advocates, and sometimes women who are battered.		Supervision is provided by a formally qualified clinician.
Success is defined by system and individual changes, for the purpose of victim safety and offender accountability		Success is defined as nonviolent changes in individuals who participate in programs.