



A Review of Standards for Batterer Intervention Programs

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The development of state standards for batterer intervention programs resulted largely from a range of concerns which arose in the mid-1980's as batterers' programs proliferated across the U.S. Amongst these was the professionalization of battering intervention with a focus on stress and pathology which distanced the problem from how political activists had defined it as one of many manifestations of the oppression of women. Moreover, the rapid expansion of social intervention (i.e. counseling or treatment) for male perpetrators raised apprehensions that the goals of offender intervention might result in rehabilitation overshadowing the safety issues for victims/survivors prioritized by battered women's advocates.

This report first provides an overview of which states and/or counties currently have standards, followed by a summary of the elements comprising these standards. It concludes with a discussion on the positive and negative aspects of this trend towards standardizing and regulating intervention with batterers. The document is based upon information obtained from written standards as well as telephone interviews with persons from various domestic violence organizations and government departments.

Existing Standards

Table 1 indicates standards¹ known to exist for batterer intervention programs as of February, 1997. Twenty-four states have developed county and/or state standards and 7 have standards in draft form. Thirteen states and the District of Columbia are currently in the process of developing standards, 4 have not yet begun to develop them, and informa-

tion for 2 states was unavailable.

Notably, though a state is listed as having standards in this document, what programs they apply to, whether they require compliance, and how compliance is exerted varies greatly from state to state. There are at least four major permutations of the standards reviewed:

'Voluntary' standards which are not widely in use at this point in time (e.g. Oregon). Often these standards were developed by state coalitions, and programs may choose to be in compliance with them in order to support the goals of the coalitions.

'Voluntary' standards which are in use and may even have an official application process for programs wishing to adhere to them. These have sometimes been developed by committees that were able to convince many in the criminal justice system in their jurisdiction to refer to those programs in compliance with the standards, and have often circulated lists identifying such programs (e.g. Illinois).

'Mandatory' standards without accompanying legislation. Often, these standards are obligatory for programs accepting court-ordered perpetrators (e.g. Maine), and/or those funded by a government department (e.g. Ohio).

'Mandatory' standards for which some form of legislation exists. In this scenario, the type of legislation also varies across states. For example, all batterer programs may be required to comply to standards (e.g. Utah). Alternatively, legislation may only target programs funded by a particular government department (e.g. Texas), or apply only to court-mandated offenders (e.g. Alaska).

Basic Elements of Standards

A Review of Standards for Batterer intervention Programs (1997 Rev. August 1998) A review of 31 sets of standards which currently exist in the U.S. reveal considerable variation in their detail resulting in documents ranging in length from a few pages up to 40 or 50. Many of the standards are remarkably similar, not surprisingly because standards developed in one state often served as examples for other states. What follows is a summary of the key elements of standards. It begins with a discussion of the underlying philosophy of standards and then outlines the basic elements which are either recommendations or requirements for batterer program implementation.

Philosophy of Standards

Abuse is defined in 74% of the standards and typically includes physical, sexual and psychological forms. Some standards additionally mention other manifestations of abuse such as economic abuse, social isolation, and stalking (e.g. Massachusetts). Battering is often conceptualized as a “pattern of coercive control.” Patriarchy is often cited causing and/or maintaining men’s violence against women. Most (77%) of the standards make clear statements that abuse is solely the responsibility of the perpetrator and victims should never be blamed for men’s abuse. Finally, 48% of the standards warn of the limitations of the program, that is, they cannot guarantee that men will cease their violence and such intervention is not intended to salvage relationships.

Program Protocol

Victim safety is explicitly stated in 84% of the standards to be the primary concern for batterers’ programs, and holding the batterer accountable for abusive behavior is indicated as a priority in 81% of them.

Sixty percent of standards state that batterers’ programs should undertake community education regarding domestic violence and its consequences.

Fifty-five percent state that programs must be evaluated periodically and 68% state that monitoring of programs should or will occur. It is often stated that battered women’s advocates should be involved

in the monitoring process.

A coordinated community response in ending domestic violence is stated as being necessary in 97% of the standards, and many specify that the batterers’ program must work closely with, and be accountable to, battered women’s advocates.

Eighty-four percent have a requirement to report batterers’ threats of violence to authorities (police, probation, etc.), and 61% state that new incidences of violence need to be reported to authorities as well. Several standards specify that the latter be done only after consulting the victim first (e.g. Illinois).

Victim Contact

The duty to warn the victim of threats of violence against her is required in 90% of standards. Seventy-seven percent of the standards outline additional contact that should occur with the victim but vary somewhat on their position regarding this. Many standards state that this further contact should only be provided if the victim wishes it. A common type of contact mentioned is informing the victim of the batterer’s commencement and completion dates with the program. Some say that the victim should also be informed of the batterer’s progress. Several standards discuss procedures for providing a check on the victim’s safety and/or in helping the victim develop a safety plan (e.g. Colorado & Delaware). A few programs advise that the victim should be contacted to give a history of the perpetrator’s abuse (e.g. Alaska). Indiana & New York discourage victim contact and suggest that to do so endangers the victim. It is suggested instead that victims’ advocates make the contact with the victim and the batterers’ program should limit its contact with the victim to sending her an information packet on the batterers program and to warn her of imminent danger.

Staff Ethics and Qualifications

Three common ethical requirements pertaining to program staff found in the standards are that: (a) they should be violence-free in their personal lives (65% of the standards), (b) must not abuse alcohol or drugs (45%), and (c) must seek to rid themselves of sexist attitudes (55%). Many of the standards make reference to how staff should be vigilant about their own

issues of power and control (e.g. Texas) and at least one state (Massachusetts) requires that new staff be asked about abusive and controlling behaviors they have used in their personal relationships. A few standards also delineate procedures for a staff person who becomes violent with their partner while affiliated with a batterers' intervention service (e.g. Pennsylvania). Occasionally, standards provide criteria for former batterers who wish to become facilitators. Typically they require that person to have attended a batterers' program and be violence-free for a number of years.

Qualifications for program staff are quite similar from state to state. Forty-two percent of standards indicate a preference for a professional degree and/or license, while only about half of these require a degree or license. It is often implied that such licensure does not necessarily qualify facilitators for batterer intervention work. Having received training and experience in domestic violence work is considered important, however, and is a stated requirement in 90% of standards. The length of training suggested ranges from 24 to 80 hours.

Fees

The three most common themes related to fees are: (a) that batterers should pay for their services as a way of being responsible for what they have done (71% of standards), (b) that a sliding scale should be provided (52%), and (c) that there should be a provision made for indigent clients (48 %).

Intake Procedures

Ninety percent of the standards require that the batterer complete a written contract before beginning the program. This contract includes elements such as: commitment to attend for the length of the program; to be on time; to be non-violent; sign a waiver of limited confidentiality to help ensure his partner's safety; and to not abuse alcohol or other drugs.

Three most common areas to be assessed by a program at intake according to the standards are: (a) history of violence (90% of standards); (b) mental health and alcohol/drug abuse (90%); and (c) lethality (84%). Other areas to be assessed include social/psychological/cultural history (e.g. Colorado), military service history (e.g. Ohio), and degree of the

offender's possessiveness (e.g. Hawaii). Some standards also specify the maximum time that may lapse between intake and intervention which typically ranges between one week to one month.

Issues Pertaining to Intervention

Group intervention is the preferred format cited in 90% of the standards. Frequently it is stated that groups should be co-facilitated and preferably by a male/female team. Some standards specify the maximum number of participants in a group and this ranges from 12 to 15 participants.

Individual intervention is regarded as inappropriate except in special circumstances by 65% of the standards.

Couples counseling is similarly seen as an inappropriate initial intervention in 81% of the standards. Often it is stated that batterers must have completed a batterer intervention program and be violence-free for a period of 6 months to a year before couples counseling is seen as acceptable.

The duration of intervention is specified in 87% of the standards and ranges from a minimum of 12 weeks (Arizona) to 52 weeks (San Diego County & Rhode Island) with most standards suggesting a minimum of 24 to 26 weeks.

In 74% of the standards an outline of the program curriculum is provided. Ninety percent of the standards indicate that power and control issues are to be included in program content. Other topics to be included in the curriculum are the socio-cultural basis for men's violence towards women, types of abuse, methods men use to have power and control over women, the effect of violence on women and children, attitudes and beliefs that support violence, and taking responsibility for one's abusive actions. Only a minority of standards include as components of the curriculum anger management techniques and working with batterers' feelings of guilt and shame.

Thirty-two percent of the standards discuss the need for follow-up services after the men have completed the program. For example, New Hampshire standards suggest the men attend a follow up support group and Oregon and Washington standards state that the men should have six months of group intervention and then participate in another 6 months of

face-to-face contact with an intervention provider.

Forty-two percent of standards indicate separate intervention for heterosexual women court-mandated to attend a batterers' program. Twenty-nine percent of the standards indicate that lesbians and gay men who batter should receive similar, segregated intervention from heterosexual batterers. One exception is the Delaware standards which state that gay men can be placed in the same groups as heterosexual men.

Discharge Criteria

Fifty-five percent of the standards include criteria for terminating men from the program for non-compliance to the client contract. As grounds for such action, these criteria typically mention repeated physical violence, poor attendance, lack of participation and non-payment of fees. Program completion requirements usually entail at least completion of the program. However, 39% of the standards require the client to have been free of violence for a specified period of time -- often for 6 months (e.g. Lancaster County). Other criteria may include that the perpetrator must take responsibility for his abuse, feel remorse, and that there be an absence of fear on the part of the victim.

Positive and Negative Aspects Of Standards

Positive Aspects

1. Standards invite a process by which those with varying interests and particular mandates can work together to reach common objectives to end domestic violence while prioritizing victim safety and batterer accountability. Most were developed and continue to be reviewed by committees comprised of individuals from various disciplines and different organizations who have expertise in the area of batterers and battered women's services. This is exemplified in Pennsylvania where that Committee meets quarterly to discuss emerging issues — identified as the “Continuing Conversation” — and to participate in domestic violence training (Joanne Hessmiller-Trego, Pennsylvania Coalition Against Domestic Violence).

2. Standards promote consistency amongst programs and help hold them accountable to the community —

especially to battered women and their advocates (Elaine Gibbs, Colorado Coalition Against Domestic Violence & Joanne Hessmiller-Trego). They also provide a kind of “consumer education” by outlining the contents of batterer programs, including their limitations which can aid victims in making decisions about their lives (Gondolf, 1992).

3. Expertise from victims' advocates is acknowledged in most standards within a context of encouraging coordinated, community responses to stopping domestic violence. Most standards also serve to highlight the social dimension of domestic violence in their commentary on the need for community education to stop the violence.

4. Standards can be effective in educating or influencing a heterogeneous cluster of intervenors. In some states (e.g. Pennsylvania), standards appear to be effective in influencing existing batterers' programs, shaping the evolution of new programs, while facilitating the development of standards for other states (Joanne Hessmiller-Trego).

5. Standards help to legitimate the need for specialized knowledge, training and intervention approaches in relation to work with batterers (Tony Switzer, Texas Council on Family Violence).

Negative Aspects

1. Standards have been strongly criticized by some professionals in the mental health community (see Geffner, 1995a; Geffner, 1995b; Goldman, 1991; Rosenbaum & Stewart, 1994) who view them as an infringement on their right to practice according to their professional training. For example, they believe that restrictions should not be placed on counseling formats nor upon theoretical orientations which underlie clinical practice. Moreover, they argue that circumscribing practice in the absence of empirical evidence to support particular interventions is unfounded and indefensible (Goldman, 1991; Geffner, 1995a). The effect of these and other criticisms have added another issue to existing polarizations within the field of batterer intervention. This new arena of controversy may distract from the primary goal of standards, (i.e., promoting victim safety) if constructive

dialogue is not actively and openly pursued by all interested parties.

2. Standards that are mandatory may turn into a form of unwanted control if access to revise or modify them is lobbied away from grass-roots interests. Historically, regulations have been used in the helping professions (as elsewhere) by the status quo as a means to gain ascribed power and to secure the consumer market in addition to their stated purpose of monitoring for sound ethical practices to protect clients (Johnson, 1972).

3. The issue of compliance is complex and may be problematic. For example, mandating standards into force may in some cases simply invite superficial acquiescence without a real commitment on the part of practitioners to implement their underlying purpose. On the other hand, if guidelines are not mandated it may be difficult to entice programs to abide by them especially since important referral sources such as the courts sometimes ignore them. Judges are often not obliged to refer to programs even when there is legislation in place (Mary Pontarolo, Washington State Coalition Against Domestic Violence). Finally, if government funding eligibility is to serve as compliance inducement, but little or no funds are available to batterers' programs, that incentive becomes negligible.

4. Monitoring of programs is infrequent and funds are often not allocated to monitor compliance. Most states do not have official boards or individuals who have the specific task of monitoring adherence to the standards even when they are mandatory.

Conclusion and Future Directions for Standards

Standards can contribute to the effectiveness of how a community responds to domestic violence if they are developed with a meaningful process which is inclusive of key players in the domestic violence field and if they prioritize the intervention goals of victim safety and batterer accountability. Current limitations within standards can likely be corrected as the field of battering intervention evolves and standards

are revised accordingly.

Major issues on the horizon which call for consideration include (a) deciding whether and how to develop standards for women mandated to treatment; (b) intervening with lesbian, gay and young offenders; (c) intervening with ethnic, racial and religious minority groups; (d) finding ways to encourage the justice system (police, probation, courts, etc.) to function in a more congruent manner with standards; (e) the need for additional research on a wide range of issues regarding batterer intervention including program outcomes, types of curriculum, intervention protocols as well as the effectiveness and impact of standards themselves; and (f) finding solutions to some of the current, divisive controversies surrounding batterers intervention standards.

Whatever direction standards take in the future, it is imperative that they be considered in the context of victim safety as well as batterer and program accountability (e.g. Bennett & Piet, 1997). In addition, standards should include a development and revision process which fully takes into account the expertise of the battered women's movement.

Endnotes

- 1 The term "standards" is most often used, but some states use the terms "guidelines" (e.g. Texas) or "protocols" (e.g. Illinois). Variations in terminology have no evident relationship to whether standards are voluntary or mandatory, with, or without, accompanying legislation.
- 2 Statewide legislation exists for standards but each county implements its own standards.
- 3 For short-term pre-trial programs only.
- 4 Mandatory for perpetrators under protective orders only who have not been charged for domestic violence assault.
- 5 The Maryland Attorney General's and Lt. Governor's Family Violence Council have established basic Operational Guidelines and have set up a research task force to develop "empirically based standards."
- 6 State standards are in development.
- 7 The collaboration of individuals interviewed for this part of the document is gratefully acknowledged. Their names and affiliated organizations are referenced within the text.

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In Brief:

A Review of Standards for Batterer Intervention Programs

Current Status of Standards (as of February 1997)

- 24 states have developed county and/or state standards. Seven states have standards in draft form.
- Standards are being developed in at least 13 additional states and in the District of Columbia.
- Standards vary in terms of what programs they apply to, whether compliance is obligatory, and how compliance is exerted. They may be voluntary or mandatory, with, or without, accompanying legislation.

Common Elements of Standards

- Abuse is conceptualized as the use of coercive control over another, socially reinforced through sexist attitudes.
- Programs are to prioritize victim safety and batterer accountability, favor coordinated community responses to abuse, conduct program evaluations, and make themselves accountable to battered women's advocates.
- Program facilitators must be violence-free, not abuse alcohol and drugs, must seek to rid themselves of sexist attitudes, and should have had training in domestic violence. This is considered to be more important than being a licensed professional.
- Program protocol usually includes partner contacts—informing a batterer's partner of program commencement and termination dates as well as a duty to warn the victim of any imminent danger by the batterer.
- Batterers should pay a fee for service, but provisions are to be made for those who are indigent.
- Intake procedures should assess lethality risk, histories of violence, mental health and substance abuse.
- Programs should have written contracts with clients that set out requirements for attendance/participation, limitations on confidentiality, and protocol around partner safety checks.
- Programs should focus on power and control issues and taking responsibility for one's behavior.
- Group intervention is the preferred format. Program duration ranges from 12-52 weeks; most standards suggest 24-26 weeks. Women, gay men and lesbians should receive separate intervention. Couples



counseling is seen as being potentially dangerous for victims and therefore inappropriate as an initial intervention approach.

- Program completion must include at least satisfactory participation, with some standards additionally requiring clients to be violence free.

Positive Aspects of Standards

- The development of standards invite a process whereby those with varying interests can come together and work towards the common objective of stopping domestic violence while prioritizing victim safety and batterer accountability.
- Standards promote consistency amongst programs and help hold programs accountable to the battered women's movement and others within the community.
- Standards call for a multi-level community response to domestic violence while acknowledging the expertise of victims' advocates.
- Standards appear to influence existing batterers' programs, shape the evolution of new programs, and facilitate the development of standards in other states.
- Standards help to legitimate the need for specialized knowledge, training, and intervention approaches in domestic violence work.

Negative Aspects of Standards

- Standards are regarded by some professionals as delimiting intervention possibilities with little empirical support.
- Since activists initiated the development of standards, some mental health professionals challenge their validity, pointing to a lack of professional expertise in their creation, especially as this pertains to clinical intervention.
- Standards that are mandated may turn into a form of unwanted control if access to revise them is lobbied away from grass-roots interests.
- Standards requiring program compliance may simply invite superficial conformity if real commitment to their objectives is lacking. Further, monitoring compliance may be costly and difficult. On the other hand, guidelines which do not require compliance may lack any incentives for programs to abide by them, especially if client referral sources ignore them.