



The comprehensive resource on domestic violence

# Ohio Domestic Violence Network

## *STANDARDS FOR BATTERERS INTERVENTION*

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## **Batterers Intervention Committee**

The Batterers Intervention Committee (BIC), an existing committee of the Ohio Domestic Violence Network (ODVN), understands that accountability toward the statewide network of shelters involves following the process of committees defined by ODVN. This ensures that decisions, recommendations and policies will not proceed with any changes without the expressed agreement between BIC and ODVN.

Individual members agree to participate as supporting members of ODVN and/or members of Action Ohio. Members of the committee also agree to seek out and be accountable to the needs of local communities while maintaining their accountability to victims, batterers, victim advocacy groups and other community agencies working in the field of domestic violence. The local battered women's shelters and other battered women's assistance programs should design the method for accountability.

The process of hearing and considering all points of view of these bodies and negotiating to an outcome that is acceptable to each group, assures an arduous but satisfying process and ultimately a solid common ground from which to pursue our respective goals of ending domestic violence.

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# ODVN

## STANDARDS FOR BATTERERS INTERVENTION

### MISSION STATEMENT:

While the Ohio Domestic Violence Network (ODVN) Committee on Standards for Batterers Intervention Offense Specific Intervention (OSI) Programs acknowledges that violence can be directed against anyone, this committee and its program focus on violence within the family. The mission of batterers intervention is to eliminate violence in relationships, and to this end, these standards propose that any programming be:

1. Accountable to the prior and potential victims with regard to their safety.
2. Confrontive of the batterer's aggressive behavior.
3. Supportive of the batterer's process of change.
4. Accountable to the local domestic violence shelter(s) as well as the local and state domestic violence networks.
5. Coordinated with the community agencies that address domestic violence.

## INTRODUCTION

The purpose of this document is to define standards for the provision of intervention to abusive men in coordination with victim concerns. It is also the purpose to provide a basis for evaluation of batterers intervention programs. It is the expectation that any such program have a program guide that includes written philosophy, policies, procedures and protocol.

It is anticipated that all clientele are those persons who inflict violence in intimate relationships. Violence is seen as a pattern of behavior that may include physical, emotional, verbal, sexual and/or environmental abuse(s) that exerts power and control over another in a relationship. It is recognized that some individuals may be excluded from a Batterer Intervention Offense Specific Intervention OSI Program because of a mental or physical disorder that would be more appropriately treated by some other method.

The victims are those harmed by the violence in their relationships. This includes abusive behaviors and attitudes by which they experience loss of power, control and self-esteem. These patterns of violence become persistent and do regenerate, so that victimization is indeed broader, traumatizing children and harming communities. Since a batterer's continued use of violence often reflects societal attitudes, a community response is appropriate. Batterer Intervention OSI Programs have a responsibility to help shape this response.

In some battering relationships, identified victims may engage in aggressive behaviors (including verbal and/or physical acts) in self-defense of immediate or prolonged abuse directed toward them. As has been widely noted in the literature, many battered women self-defend on a delayed basis, creating the potential for their mis-identification as batterers or dual batterers. It is therefore imperative that a primary offender and primary victim be identified before appropriate interventions can be applied.

A feminist perspective is useful to avoid revictimizing and mis-identifying victims as batterers or dual batterers. This perspective will assist clinicians and intake workers in making distinctions between primary victims and primary offenders. Thus, Batterer Intervention OSI Programs should be informed by a feminist perspective, which acknowledges:

1. The vast differences in power between men and women in our society.
2. The distinction between self-defense and the more obscure phenomenon of dual battering, as defined by the Joint Committee on Domestic Violence Standards of ODVN and Action Ohio.
3. That primary victims may engage in violent behaviors in self-defense.

4. That dogmatic definitions of battering which assert that any form of violence constitutes battering are to be avoided.

These definitions used in intervention should be specific and available to consumers. It is appropriate to establish standards to coordinate the involvement of victim, perpetrator and the community. It is important that these include, but not be limited to providing victims and victim-oriented services with:

1. An understanding of the program content and process.
2. Communication between program personnel to monitor the ongoing situation.
3. Assistance in continued safety planning.

Batterer Intervention OSI Programs should refer primary victims to victim programs and refrain from attempting to also work with these clients (excluding contact in the context of safety checks or brief contact regarding the intervention plan of the victim's partner).

Batterer Intervention OSI Programs should recognize the gender differences between male and female offenders and treat them separately. The treatment of female offenders is most effectively provided by an agency or individual primarily serving victims. Thus, a batterer intervention program should be able to make an appropriate referral in a coordinated effort to provide the most effective service to female offenders.

Batterer intervention programs should recognize the clinical and cultural differences between lesbian batterers, gay batterers and male heterosexual batterers and treat them separately.

Group sessions are the preferred method for changing abusive behaviors in perpetrators. Supplementation, and/or replacement of group sessions by individual sessions may be necessary as assessed in individual cases. Abusive behavior is an individual problem within a relationship rather than a problem with the relationship. Intervention therefore, needs to focus on the individual's responsibility for change. Couple and/or family systems counseling deviates from this focus, tending to confuse the goal for the perpetrator while increasing risk to victims and are inappropriate interventions. Thus, marital, relationship and family therapies are inappropriate modalities to treat domestic violence (physical, psychological and sexual abuse). Further, it is recognized that what may be clinically helpful to the client/offender may be psychologically or physically dangerous or injurious to other family members who are engaged in their own process of healing from the abuse.

Batterer intervention programs are the ideal programs to treat batterers. Other agencies or private practices that do not primarily do domestic violence intervention should avoid doing this work.

## **ACCOUNTABILITY**

Batterer Intervention OSI Programs shall remain accountable to the victim programs in their area. The accountable relationship with local victim programs should be documented in the form of letters of support or other materials written by the victim agency. Further, the Batterer Intervention OSI Programs shall have documentation of an accountable relationship with the Joint Committee on Domestic Violence Standards of ODVN and Action Ohio.

Batterer Intervention OSI Programs shall be accountable to the criminal justice system by actively communicating with probation officers, judges and other court personnel as appropriate regarding the prognosis for or actual change in the mandated batterer. Probation violations should be immediately reported to probation or court personnel.

Intervention programs should engage in regular empirical self-evaluation, which includes follow-up contacts with law enforcement and criminal justice personnel, victims' programs and batterers themselves. Intervention programs should track all mandated batterers to assess impact and recidivism rates through court records.

## **OVERSIGHT AND MONITORING**

The model developed by Barbara Hart for the monitoring relationship between victim programs and batterer programs should be followed.

Battered women/advocates must participate in the design and implementation of any program working with men to end violence against women through oversight and monitoring activities.

Oversight activities include program design, administration, curriculum development and planning for program modification.

Monitoring activities include evaluation of the match between program philosophy,

goals, practice, outcomes and safety of battered partners through intervention observation. The batterer program budget should include appropriate costs associated with oversight and monitoring activities. Monitors must be compensated.

- ◆ The monitor must be a person from a domestic violence program or a domestic violence organization independent or separate from the subject (program) of the monitoring. In service areas where the shelter itself runs the batterer intervention services, and no other domestic violence entity exists, that shelter can be designated as the monitoring agent. The monitor must also be from the community where the batterer intervention services are being implemented.
- ◆ In communities where there are more than one domestic violence program, the monitoring structure would be agreed upon by a collaboration of all domestic violence programs that serve that community.
- ◆ The monitor must be included in a training plan to acquaint batterer intervention workers with shelter services, legal relief for battered women and an understanding of violence against women. This must be accomplished before teaching batterers intervention workers intervention and education techniques for work with batterers.
- ◆ The monitor is imbued with the authority to observe fully, to meaningfully critique the program and to collaborate in designing alternative practices.

Monitoring systems must:

1. Be designed from the perspective of advocacy for battered women: to end violence against women and to safeguard battered women throughout these endeavors.
2. Be designed to maximize both the safety of the monitor and the receptivity of the monitored.
3. Have a formalized structure for communicating issues monitors determine are critical for examination to battered women and (to some extent) the members of the general community.

Batterers intervention programs should be accountable to the victims by assisting in periodic safety checks as sanctioned by local victim service programs as well as ensuring appropriate referrals to victim agencies. Further, intervention programs should adopt and inform clients of any additional limits on their confidentiality that includes notification to the victim of potential harm.

## **VICTIM SAFETY:**

- ◆ A program will complete a lethality assessment on first contact, and update as deemed appropriate during the intervention process.
- ◆ A program will establish a format approved by local victims' programs for communicating safety-related information to victims and potential victims.
- ◆ A program that operates under these standards will not enter into any arrangements that compromise victim safety defined by local victims' programs.

## **EDUCATIONAL MODALITIES (Category A)**

Batterer Intervention OSI Programs can be done in an educational program incorporating certain criteria. (It is important to note that the short-term educational component is not meant to fully address the complex issues surrounding problems of power and control.) The following criteria are considered necessary in implementation of an educational component:

1. Educational (lecture/presentation style).
2. Didactic in nature.
3. Limited discussion/directed by facilitator.
4. Maintained topical focus.
5. Assessment of clients.
6. Contracted for specific number of sessions.
7. Written/structured program curriculum for the process.

## **PSYCHO-EDUCATIONAL AND THERAPEUTIC MODALITIES (Category B)**

The most effective staffing in this context is co-facilitation: ideally, male-female teams that can model egalitarian and mutually empowering roles in a psycho-educational model. The expectation is that the teams, at a minimum, possess the appropriate professional credentials, and at the optimum, reflect the cultural/ethnic diversity of the community and population served. Because of the complexity of the issue, the threat to victims and the impact on communities, programs operating under these standards should endeavor to maintain an appropriate level of accountability with victims and the criminal justice system. Recognizing the complexity of problems this population presents, arrangements should be made for information to be shared among all agencies/individuals concerned.

A program's "intervention" in this context is an activity which is not defined under these standards except to note that it should comply with the regulations of the Ohio Counselor and Social Worker Board, the Ohio Psychology Board or the Ohio Medical Board. (Thus, "intervention" as described in these standards will constitute the practice of education counseling, social work, psychology or medicine as these activities are described or controlled under Ohio Revised Code.)

In recognition of the dangers and liabilities inherent in batterers intervention, it is important that a program's staff who engage in such intervention are subject to the standards required by license which permits the activity and should further seek specialized training and continuing education opportunities.

## **GRIEVANCE POLICY**

Programs need to have a local grievance policy. A program should refer client grievances to their local grievance process and the board that issued the license under which any clinical activities take place.

## **INTAKE POLICIES AND PROCEDURES**

A program should admit a client based on an intake procedure that results in the conclusion that the intervention required can be appropriately provided by the program.

A program should maintain a client record that contains the source of any referrals. A program's intake process should address certain issues with the client and this process should be documented. These issues should include:

1. The nature and goals of the intervention program.
2. The hours during which services are available.
3. The treatment costs to be borne by the client, if any.
4. The rights and responsibilities of the client, including the rules governing clients' conduct and the types of infractions that can result in disciplinary action or discharge from the program.

A program should collect sufficient information during the intake process to develop a preliminary intervention plan.

## **ASSESSMENT**

A program is responsible for conducting and documenting a complete assessment of each client. (Clinical consideration of the client's needs must be assessed under Category B.) A program will complete and enter into the client record an emotional and behavioral assessment of each client which includes, but is not limited to the following:

1. A history of previous emotional, behavioral and substance abuse problems and treatment.
2. The client's current emotional and behavioral functioning.
3. When indicated, a mental status examination that is appropriate to the age of the client (Category B only).
4. When indicated, ancillary mental health services will be arranged for.
5. When indicated, assess and refer for additional needed services.

A program will complete and enter into the client record a social assessment of each client, which includes but is not limited to:

1. Environment and home.
2. Religion/culture.
3. Childhood history.
4. Military service history.
5. Financial status/employment history and educational background.

A program will complete and enter into the client record a legal assessment of the client, which includes but is not limited to the following:

1. A criminal history.
2. Current legal status.

A program will complete and enter into the client record an offense-specific assessment of the client, which includes but is not limited to:

1. An offense history including frequency, duration, and degree of aggression.
2. An assessment of dangerousness to self or others.
3. An assessment of other addictive and abusive behaviors.
4. An assessment of risk of re-offense and potential response to intervention.
5. An assessment of current access to victims and potential victims.

## **TREATMENT PLANS (Applies only to Category B)**

A program should develop a written treatment plan for each client that is based on assessment of the client's abusive behavior and identified treatment needs.

Development of the treatment plan should be timely, as information becomes available.

- ◆ Upon admission, a preliminary treatment plan may be formulated on the basis of the intake assessment.
- ◆ Appropriate therapeutic efforts may begin immediately following the development of a preliminary treatment plan, and pending the development of a comprehensive plan.

The treatment plan should be based on an assessment of the client's abusive behavior, mental health status, legal status, and any prominent indicators of risk to either the client or others.

The treatment plan should be utilized to review and revise initial treatment objectives. Periodic reviews would be appropriate at the following points:

1. At the time of referral to outside agencies or services.
2. At the time of discharge.
3. Following any major change in the client's condition or circumstances.
4. Following completion of any contracted course of treatment, prior to any re-contracting with the client.
5. On a regular schedule as established by the program format.

The treatment plan should include specific goals to be attained by the client, which are based on assessments of the client's level of functioning. The client shall participate in the development of the treatment plan, with such participation documented in the case record.

The treatment plan should contain objectives that relate to the goals, are written in measurable terms, and include expected length of intervention.

The treatment plan should describe the services planned including methods and frequency prescribed for the client.

The treatment plan should include referrals for needed services that are not provided directly by the program.

## **CONFIDENTIALITY**

The ethical guidelines developed by the fields of counseling, social work and psychology on confidentiality were intended to protect clients as individuals against the willful and careless release of personal information. The guidelines were not created to assist perpetrators of violence and abuse in continuing their abuse without sanction from the community. Nor were the guidelines intended to serve as a method of developing a "conspiracy of secrecy between clients and facilitators in a group setting." Perpetrators do not, however, operate in a vacuum void of inflicting considerable damage to another person's right to self-determination. The guidelines were written to allow professionals the ability to protect prior and potential victims from further victimization.

Within these guidelines, programs should share information with advocates of the shelters and victim advocacy agencies—information crucial for assessing survivor safety. A survivor's safety is a "compelling professional reason" for sharing information.

Battered women's advocates are the most appropriately qualified professionals for consultation regarding the dangerousness of the batterer as well as the appropriateness of the batterer's participation in the program. The expert knowledge of battered women's advocates is necessary if the trauma of abuse is to be discontinued.

Recognizing that the issue of confidentiality is a relative rather than absolute concept and that realistic confidentiality includes disclosure of certain information to certain parties, the policies around the process of sharing such information are to be carefully developed and periodically reviewed. Programs should have procedures for consulting with battered women's advocates on any issue that may compromise the safety of survivors. The information to be shared will only include that which is necessary to assess the threat of lethal violence, and the likelihood of continued abusive behavior.

A program should have a written policy regarding confidentiality and disclosure which addresses these limits of confidentiality that are required in order to ensure the safety of potential victims.

A program should provide at the point of intake, a written description of contractually arranged, or policy driven disclosure of confidential information.

## **DISCHARGE PLANNING**

A program should have a discharge format, which specifies the following:

1. A list of subjective and objective criteria for discharge from the program.
2. A time frame for the completion of discharge planning and associate documentation.
3. A policy for informing client, potential victims and involved elements of the criminal justice system of discharge planning.
4. A policy for uniform documentation of discharge planning.

## **CODE OF ETHICS**

Professionals who engage in treating batterers must be respectful of victims' right to self-determination. To this end, professionals must:

1. Not knowingly keep information from battered women that may provide them protection.
2. Not reinforce false notions about violence against women.
3. Work to change the balance of power between the perpetrator and victim in order to enhance her power individually and in the relationship.
4. Avoid developing a collusive and victim blaming environment in group sessions, community networking, policy development and public awareness/training.
5. Examine their own perspective and thinking patterns so that they do not lose the objectivity necessary for working with batterers.
6. Not engage in activities that support the misconception that batterers are also victims of domestic violence. (Batterers may have been victimized at times in their lives, and this can be appropriately addressed after their battering behavior has been first and completely addressed.)

Professionals who work with batterers must remain accountable to battered women. Accountability is defined as a process by which people plan for and execute responsible conduct both individually and in interaction with significant others. An accountable person is one who periodically gives a detailed explanation of their conduct to others to whom they are responsible. An accounting must outline strategies to assure responsible conduct and to avoid problematic conduct. An accounting is a reckoning of problematic conduct. To this end, professionals engaged in providing services for batterers must:

1. Not give any information about a battered woman to her batterer or to any third party.
2. Be willing to intervene personally to assure the safety and well being of battered women.
3. Recognize that decisions about whether the batterers program should have direct contact with partners of the clients or whether only advocates should communicate with battered women is a matter of local shelter/domestic violence advocacy program discretion.
4. Be able to articulate an analysis of woman battering that identifies violence as one of the many tools used by men to subordinate and control women. (They must also be able to explain how the institution of sexism gives men permission both to control women and to inflict violence in that effort.).
5. Be educated by battered women about the violence and abuse inflicted by batterers and learn to empathize with battered women.
6. Be forthright about their own history of violence and control of women. They must be able to describe how they are confronting their own attempts to control women, especially their partners.
7. Work for social change to end violence against women.
8. View treatment as an intervention process, which results as a consequence of abusive behavior.
9. Interact in an open, caring, self-critical and non-defensive way.