

2007 Male Batterers Treatment Standards for Wisconsin Batterers Treatment Provider Association Certified Domestic Abuse Batterers Treatment

The Wisconsin Batterers Treatment Provider Association (WBTPA), a project of the Wisconsin Coalition Against Domestic Violence (WCADV), is the formally recognized organization responsible for the certification, implementation, and monitoring of male batterer treatment in Wisconsin.

These standards have been developed in collaboration with the membership of WBTPA and the Wisconsin Department of Corrections, and have been endorsed by the Wisconsin Governor's Council on Domestic Abuse.

These standards address primary treatment approaches and practices currently recognized as the most appropriate treatment for male domestic violence abusers. These standards do not address secondary treatment or therapy which a batterer may choose to participate in after treatment (e.g., individual, couples or family therapy). Nor do they address women who may be referred for primary treatment of domestic violence.

I. Primary Batterers Treatment Services Objectives

- A. to focus on batterers' responsibility to recognize and stop their physically violent and other abusive and controlling behavior.
- B. To provide batterers treatment services in a manner which promotes partner and child safety.
- C. To participate in community activities which promote consistent monitoring of offenders, improve protection of victims and children, and improve the understanding of, and local response to domestic violence.

II. Definitions

Domestic Abuse: Domestic abuse is defined as physical assaults, sexual assaults, emotional abuse, verbal abuse, isolation, economic abuse, threats, stalking and intimidation. These behaviors are used by one partner in a current or previous intimate or dating relationship, typically to control the behavior of the other partner and often others in the family as well. Domestic abuse is also referred to as domestic violence, partner violence, intimate partner violence, etc.

Domestic Abuse Program: A domestic abuse program is an organization which provides safety for battered women and their children in a shelter facility or safehouse network, and/or provides, at a minimum, nonresidential services (such as crisis counseling and advocacy, 24-hour crisis phone services, and support groups for battered women).

Batterers Treatment Program: A program providing primary treatment (education or counseling services, or a combination of both) for men who have committed acts of domestic violence

Monitoring Program: Program which provides case management, monitoring, or supervision of alleged or convicted offenders participating in a program for batterers.

Partner: Individual who is or has been involved in a marital, intimate, or dating relationship with the batterer and/or who has a child in common with the batterer.

WBTPA Certification:

New Applications

Step 1: Applicant receives an application from WCADV and demonstrates, through responses to the items, that the applicant program meets the minimum state standards.

Step 2: Applicant sends the completed application to WCADV, together with supporting materials, including treatment program curriculum.

Step 3: Application materials and a copy of the complete curriculum are submitted to the WBTPA Membership Committee for review.

Step 4: If the application is found to meet state standards, it is accepted and the individual and/or treatment program is certified.

Step 5: Programs that do not meet state standards are given specific feedback and the opportunity to address the deficiencies and re-apply for certification.

Annual Renewal Process

All certified programs and providers must submit an annual renewal form for certification.

III. Eligibility

A. To be eligible for WBTPA certification, providers must:

1. Be a domestic abuse program, a monitoring program, or a batterers treatment program as defined in Section II.
2. Meet all of the requirements in Section IV.
3. Providers must not treat men and women perpetrators in the same group.

B. The following conditions make a program ineligible for WBTPA certification:

1. Programs that do not offer batterer groups as the primary treatment method. Exceptions may be considered on a case-by-case basis for batterers to be seen individually if the batterer is considered ineligible for group, or if the participant volume is sufficiently low as to preclude developing a meaningful group in a timely manner.
2. Programs that use couples counseling or family therapy as a primary treatment method OR use couples counseling before a batterer has demonstrated attitudinal and behavioral change as a result of participating in a batterers treatment program. A couples orientation session, defined as one meeting with a couple together to give the partner information, not counseling, is not considered couples counseling. This restriction does not imply that couples or family therapy/counseling should be discouraged after the batterer has successfully completed primary batterers treatment. However, providers are cautioned to ensure that the partner wishes to participate and is not being coerced.

3. Programs that require psychological tests for battered partners and/or their children or mandate partners to participate in any way in the treatment of the batterer.
4. Anger management programs which do not focus on the ongoing pattern of abuse to a partner and do not hold the batterer accountable.
5. Programs that use group approaches which focus only on the past and do not hold batterers accountable for present behavior.
6. Programs that support substituting AODA treatment for batterers treatment.

IV. Program Requirements

As stated by Yllo (1993), violence is a means of social control of women that is at once personal and institutional, symbolic and material. Holding abusers accountable for their behaviors is critical in our community as we work collaboratively to eliminate domestic violence in the lives of our citizens.

As the Governor's Council on Domestic Abuse ad hoc committee developed the original state-wide abuser standards, and continued the work with these revisions, much effort was made to stay true to the pro-feminist socio-political analysis that had been instrumental in guiding the work with abusers. We adopted the pro-feminist analysis as forming the foundation of abuser treatment programs and as a critical element in treatment standards.

The essential element of a socio-political analysis for abuser standards consists of specific attention and programming that directly addresses male oppression of women, male entitlement, and privilege. It is this socio-political analysis, well grounded in the battered women's movement, which cautions against treating individual abusers in a solitary way and redefines men's relationship violence as a broader, community issue. This approach is also consistent with recent research that has shown that the primary motivation of most abusive men is to control, dominate or punish their partners.

Any method of abuser treatment that reduces the issue of treating individual abusers to the specification and application a particular technology devoid of the social and political context of violence against women is problematic. Programs devoid of this analysis run the risk of isolating from the community and from important contact with the battered women's movement and the voice of battered women and formerly battered women. The danger of this occurrence is that programs often, unintentionally, begin to collude with batterers against the very people they have victimized.

We also acknowledge that as research on the behavioral and psychological characteristics of men who batter their intimate partners has evolved, our understanding of the treatment needs, appropriate treatment targets, and variable treatment approaches has also increased. Therefore, while the standards do not mandate the use of a specific treatment model for treating abusive men, they do require that certified treatment programs integrate profeminist analysis of gender-based power and control into the treatment process. We believe that such analysis and integration maintains focus on the larger objectives and incorporates more conventional treatment into social change objectives of the battered women's movement, leading to transformation rather than the creation of "better batterers."

A. Philosophical Issues

1. The primary goal of the batterers treatment program is to end domestic violence, including but not limited to physical, emotional, verbal, sexual, and economic abuse, as well as threats, intimidation, stalking, and social isolation of a partner.

2. Programs must address the impact of partner violence on children.
3. Providers must clearly define domestic violence as a crime and hold batterers accountable for their criminal actions and other forms of abuse.
4. In order to avoid collusion with batterers and to decrease victim isolation, programs must acknowledge that partner contact is an extremely important and sensitive part of assessment, monitoring and treatment. Information shared by partners can be a valuable asset in monitoring a batterer's progress. Confrontation of batterers using direct information from partners may pose serious safety risks. Therefore, extreme care must be used in working with battered partners to decide who that information is used in treatment. Any dialogue shared by a partner about a batterer's progress must be accompanied by a discussion of safety risks for that partner and family. Partners must also be informed of the limitations of confidentiality, offering no guarantees that the offender or criminal justice agencies will not be able to access information shared.
5. Providers must inform batterers that their partners or ex-partners will be contacted if available. To the extent that partners/ex-partners are available, providers must inform partners that treatment may not be effective and that abuse may continue or even escalate. Providers should assist partners, or acquire assistance for partners, in development of a safety plan, and provide appropriate referrals. Providers must inform the partner about what the batterer will learn in group.
6. Providers must acknowledge that victims are not to blame for domestic violence and must confront any victim-blaming which occurs in group.
7. Providers must acknowledge that male batterer group sessions are a potentially sympathetic environment for batterers to reinforce each others' oppressive attitudes, behaviors, and actions against women. Providers must acknowledge that this may be a dangerous side effect occurring in batterers treatment and have written policies advising facilitators on how to address it.

B. Program Administrative Issues

1. Batterers are expected to contribute to the cost of services provided. A batterer's contribution will be decided by the program. In the event the batterer is unable to contribute to the cost, the provider must make every effort to assist the batterer in obtaining suitable services.
2. Providers must provide the batterer with a written statement of their rights and responsibilities, and a treatment contract.
3. Providers must develop, comply with, and inform batterers of written policies concerning involuntary termination from the treatment program due to non-attendance, non-participation in group, recurrence of violence or threats of violence, and other violations of the treatment contract.
4. Batterers must sign confidentiality waivers allowing providers to contact criminal justice agencies and partners to report if the batterer has been absent or dropped from the program, or if there has been a recurrence of domestic abuse, as defined in Section II.
5. Providers must report confirmed knowledge of any recurrence(s) of violence, threats of violence or other violations of a court-ordered batterers treatment contract to the criminal justice system. In cases where confirmed knowledge

originates from the victim, the following actions should be taken whenever possible:

- a) Discussion with the victim of risks and benefits of disclosing information
 - b) Make every effort to protect the source of the information
 - c) Discussion about the advisability of the victim making her own report
 - d) Develop a safety plan, and refer to the local domestic abuse program
6. Programs must address the unique needs of diverse populations (people of color, limited literacy, differently abled, linguistically challenged, same sex partners, elderly persons, etc.) by providing culturally competent services, or refer to appropriate services.

C. Assessment Issues

1. The following components must be part of any assessment of male batterers prior to treatment.
 - Partner/children collateral contact (only with partner's consent)
 - Assessment of risk/dangerousness
 - Responsibility/remorse/justification
 - Perception of control over actions, behaviors, emotions as being internally or externally controlled
 - History of abuse
 - Childhood
 - Current relationship: first, worst, most recent
 - Generalized violence history
 - Woman Abuse Scale or equivalent violence survey
 - Frequency
 - Severity
 - Arrest record/police contacts
 - Reports of child abuse/neglect within family
 - Pending legal activity in family, civil, or criminal courts
 - Current social network/social connectedness vs. isolation
 - Relationship dependency assessment
 - Chemical use history
 - Relationship to violent behavior
 - Availability of weapons
 - Suicide/homicide ideation
 - Family history
 - Mental health history
 - Financial history
 - Educational history
 - History of conflict with employer, neighbors, children, adults
 - Criminal or municipal forfeiture history
 - Cruelty to animals
2. Providers must screen or obtain an assessment of the batterer's need for AODA services. If needed, the batterer's compliant participation in or successful completion (e.g., report from the AODA treatment provider) of AODA treatment should occur before beginning batterers treatment whenever possible.

- a) Providers must assess the relationship between the batterer's use of drugs or alcohol and use of violence. If a relationship is determined, the provider should require abstinence during the time of batterer treatment.
 - b) Program policies should have a rule which prohibits use of alcohol or drugs (nonprescription) prior to any appointment with the program.
 - c) Program policies must require total compliance with AODA treatment if recommended, and abstinence from alcohol or drug use (nonprescription) for the duration of batterer treatment.
3. Although the primary goal of batterers programs is to stop violence, it is recognized that certain mental health problems can impede the treatment process and progress. When such problems become evident, appropriate referral should be made and compliance with recommended treatment required.

D. Program Staff

Batterer program providers must possess the required skills to ensure the quality and effectiveness of interventions. Providers must receive training and education to maintain quality services.

1. Staff to offender ratio

- a) Groups are encouraged to be run by two facilitators
- b) It is preferred that there be no more than 15 participants in offender groups with two facilitators, and a maximum of 12 offenders in a group with one facilitator.

2. Staff qualifications

Facilitators must have met all qualifications to lead or co-facilitate a group as follows:

a) General staff requirements

- Facilitators must have a minimum of 40 hours didactic training on domestic violence and perpetrator services training.
- Be violence free in their own lives, e.g., no convictions for domestic violence related incidents
- No program shall hire an individual who has been a perpetrator of violence unless the program director has verified and documented that the potential staff member has (a) successfully completed a certified batterers treatment program and (b) remained violence free for at least two consecutive years.
- Be free from abuse of drugs and alcohol.
- Conduct their lives in a manner that reflects respect for the dignity of all human beings (e.g., not communicate or act in ways that perpetuate attitudes of sexism and victim blaming).
- Facilitators must be able to demonstrate knowledge and understanding of the effects of violence and victimization by an intimate partner, as would be acquired by regular contact with battered women and/or formerly battered women (e.g., volunteering at the battered women's program).

- Must demonstrate ability to provide services in a culturally competent manner.
 - b) Facilitator training and experience
 - Facilitators who wish to lead a group alone must have supervised experience of group facilitation for one year and concurrent supervision during the first year of facilitating the batterers treatment groups.
 - Lead facilitators/supervisors must hold a valid certificate in the Wisconsin Batterers Treatment Providers Association and have three years experience in providing batterers treatment services.
 - c) Verification of staff qualifications may include formal background checks, contact with current or past partners, and information provided by batterers treatment providers.
- 3. Continuing Education Requirements
 - a) A minimum of 12 hours of continuing education per year in the area of domestic violence, of which 2 hours must be in the area of cultural competence.
- 4. Education
 - b) To qualify to be certified to provide batterer treatment groups the possession or attainment of a formal degree or formal education is viewed as neither necessary nor sufficient for educational qualifications to facilitate batterers treatment groups. Experience and training as defined in Section IV-D constitute the training requirements for certification.

E. Program Components

*1. Treatment curriculum must include information about

- a) Male power and control issues
- b) Socio-cultural basis of male violence
- c) Issues of sexism and gender role stereotyping
- d) Personal responsibility
 - development of plans to eliminate violent, abusive behaviors and prevent relapse
 - identifying personal needs and develop appropriate self-advocacy skills to meet those needs
 - eliminating violent and abusive behaviors with intimate partners and children
- e) Educational components on domestic violence
 - domestic violence laws and consequences
 - identification of abusive, controlling, violent behaviors
 - drug and alcohol awareness
 - effects of violence on children, families and the community

- f) Educational components on batterers as parents
 - information on the damage a batterer's behavior has on children
 - information on how batterers undermine the parenting authority of the child's mother
 - safety and respect for the child's mother
 - development of nonabusive, egalitarian parenting behaviors

- g) Self-awareness components
 - identification of arousal cues
 - patterns of abusive behavior:
 - verbal
 - behavioral

- h) Personal change strategies
 - systematic methods for restructuring self-defeating thought patterns
 - conflict resolution
 - communication
 - empathy
 - feeling expression
 - decision-making and problem solving
 - development and use of support systems
 - relaxation for arousal control

2. Programs should attempt to work in conjunction with children's groups for children of batterers.
3. Programs should encourage batterers to do volunteer work for social change as part of successfully completing the program.
4. Programs are encouraged to sponsor or work with aftercare groups facilitated by qualified facilitators.

F. Services for Victims

Batterers treatment providers are strongly encouraged to coordinate services, or make arrangements with a local battered women's program, formerly battered women, or victim advocate to:

1. Review program curriculum and routinely monitor groups
2. Facilitate single session orientation groups or individual sessions for voluntary partners to:
 - a) provide basic domestic violence information
 - b) make the partner aware that the batterer may continue to be abusive during or after treatment
 - c) develop safety plans

- d) provide information about what the batterer will learn in group
- e) provide legal information and referrals
- f) inform partners of the limitations of confidentiality offering no guarantees that the offender or criminal justice system will not be able to access information shared.
- g) Provide referral to other local agencies, including battered women's programs
- h) Provide information about procedures that will be used to inform the partner and justice system of treatment contract violations

3. Conduct follow-up contacts with partners

4. Providers must:

- a) be aware of obstacles (such as safety, child care needs, and transportation) to providing information and services to partners
- b) develop creative strategies for communication with victims which reflect attempts at overcoming obstacles and barriers.

G. Improvement of Community Coordination and Responsiveness

Batterers treatment programs must:

- 1. Develop or continue linkages with local battered women's programs, alcohol and other drug abuse (AODA) programs, child protective services (CPS), community-based parenting programs, law enforcement, community corrections, criminal justice, and other agencies that work with batterers and victims.
- 2. Participate in regular meetings with representatives of batterers treatment programs, battered women's programs, law enforcement, criminal justice and other agencies that work with batterers and victims.
- 3. Provide documentation of treatment contract violations to appropriate criminal justice agencies
- 4. Increase public awareness through community education

H. Record Keeping and Evaluation

Batterers treatment programs are required to:

- 1. Conduct assessment as outlined in Section IV-C (1).
- 2. Maintain signed contracts with batterers, pursuant to the provisions of Section IV-B
- 3. Document and monitor batterers' progress
- 4. Maintain written discharge evaluation of the batterers' behavioral or attitudinal changes
- 5. Provide progress notes and discharge summaries to monitoring programs responsible for managing, monitoring, or supervising batterers.
- 6. Programs must develop mechanisms for evaluating the effectiveness of the program.