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AGAINST DOMESTIC VIOLENCE

## **Batterer's Intervention: What Every Victim Advocate Needs to Know**

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**For the Washington State Coalition Against Domestic Violence**

**Reprinted July 2008**

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This article was originally published in the A-Files, Vol. 2, No. 2, June 2000 by the Washington State Coalition Against Domestic Violence. It was reviewed, updated, and reprinted July 2008.

This publication was supported by funding from the Washington State Department of Social and Health Services, Children's Administration, Division of Program and Policy. The points of view presented in this document are those of the author and do not necessarily represent the official position or policies of the Washington State Department of Social and Health Services.

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## **Introduction**

The only reason I started working with domestic violence perpetrators in 1979 was that I did the math. I had been working with women and children who were seeking mental health services; but what was really bothering them was domestic violence. Even with my minimal math skills, I could calculate that I would never see the end of victims, because the perpetrators would just find more victims.

I had to figure out how to get to the perpetrators. Unfortunately, many in the mental health industry were mistaken about what domestic violence was all about. In the 70's, many thought that anger was the cause and that anger management would be the solution. Moreover, people were looking for psychiatric explanations: domestic violence as a 'symptom' of a disorder such as depression. A task force of representatives from victim services, criminal justice system, and perpetrator intervention experts met to develop batterers' intervention program standards, which would promote victim safety and batterer accountability.

In 1991, the Washington legislature passed RCW 26.50.150 to set the stage for certification of intervention programs for domestic violence perpetrators. Then in 1993, the Washington Administrative Code (WAC 399-60) was put in place to outline the specifics and requirements of intervention programs. These programs are designed to work in conjunction with the criminal justice system as a tool to ensure perpetrator accountability, accountability to victims and community.

Intervention programs for domestic violence perpetrators were never meant to stand alone as a solution or as a substitute for the criminal justice system response to violent crime. Much controversy surrounds not only whether batterers should be offered 'intervention' as a sentencing option, but also whether it is even effective. Since the late 1970's, intervention providers, in some cases in collaboration with victim's services, have developed interventions in an effort to end domestic violence.

The following is an exploration of the significant features of domestic violence and of the perpetrator that must be considered in thinking reasonably about intervention. It also discusses what is a good intervention program, when an intervention program is appropriate, who is appropriate for intervention, special considerations when referring, and how to evaluate program efficacy. Guidelines for locating the best and safest programs in your community are discussed toward end of the article.

## **Who Are Perpetrators?**

Before discussing domestic violence intervention programs, we need to examine the varied characteristics of perpetrators. As most (95%) perpetrators of domestic violence are male, this discussion is limited primarily to males who assault their female partners. Although there is no 'perpetrator profile' or demographic or other characteristics, there are certain features, which are often associated with an abuser. An abuser is likely to: <sup>1</sup>

- Be of any race, educational level, cultural background, socio-economic level, occupational group, and religious group or from any geographic region.

- Have a belief system that supports the use of violence or abusive behavior to achieve control over a partner.
- Be “invisible” due to exemplary behavior on the job, and in his social role.
- Deny problems.
- Blame others, especially the victim.
- Gain sympathy by sharing convincing stories about his difficult partner, about how miserable he is, how hard it is for him.
- Show “defensive injuries”, such as scratch marks, bite marks.
- Seem so reasonable.
- Have witnessed his mother being abused by his father.
- Abuse his children.
- Have good qualities, too.

### **Domestic Violence is: <sup>2</sup>**

- Learned.
- A variety of tactics and behaviors used to control a partner.
- Intentional behavior.
- Not an anger problem.<sup>3</sup>
- Not caused by drugs or alcohol.
- Supported for millennia by social and cultural institutions.
- Durable because it works.
- Successful best in silence and isolation.

Thoughtful domestic violence intervention programs incorporate these facts about perpetrators and domestic violence dynamics in their ‘treatment’ approach.

### **What is Good Intervention?**

Without question, the wrong intervention is worse than no intervention at all. Because of mistaken ideas about the causes of domestic violence, many have mistaken ideas about what constitutes appropriate intervention. It is simply a matter of education; a well-informed police officer, prosecutor, victim, domestic violence advocate, judge and jury will understand why the state needs to respond the way it does.

There are no easy, quick interventions. For durable change, a one-year program is merely the beginning. Intervention must be looked at as rehabilitation, not punishment or in lieu of punishment. Some offenders are inappropriate for intervention, and alternatives and concurrent sanctions need to be available. Any such options must meet standards for victim safety and offender accountability. Standards are important in any profession where public health and safety are an issue. Domestic violence intervention with the perpetrator is a relatively new area of practice about two decades at most.

To some entrepreneurs, this 'captive population' has been an enticement for "intervention mills" with superficial assessments, anger or stress management approaches, large groups, mixed gender groups, and individual therapy for perpetrators.

The WACs establish a minimum of what we should expect from a batterers intervention program. As a domestic violence advocate, you have the right to ask for information and provide comment – and make sure the providers are meeting these WAC requirements at a minimum.

### **Components Of Good Batterers Intervention Programs, As Defined By WAC 388-60:<sup>4 5</sup>**

Domestic violence intervention is not anger management, couples counseling, individual psychotherapy, family therapy, pastoral counseling or any other technique. These modalities are not a substitute for specialized domestic violence intervention. They have been known to exacerbate the risk to the victim and help the perpetrator develop more sophisticated ways to control and manipulate.

The following are characteristics to look for in a good intervention program.

- Focus is on violence as the problem, not a "symptom."
- Thorough initial assessment, including review of criminal history, violence history, and records from other intervention programs, is required. The program has the right to decline admission to an individual who does not meet its entry requirements.
- The client is screened for mental health, substance abuse, learning disabilities and numerous other issues that may pose a barrier to successful intervention. A client with problems that could interfere with successful intervention will be required, as a condition of intervention, to participate successfully in adjunct services.
- When substance abuse co-exists with domestic violence, the client will be required to successfully participate in appropriate substance abuse intervention as a condition of involvement in batterer's intervention. Except for initial inpatient detox, the safest approach is to require concurrent participation, as batterers in substance abuse programs often use that as yet another way to exert control over their partner.
- Specific topics related to domestic violence are covered, its causes, effects, and impact on children and ways to obtain the belief system changes which underlie behavior changes.
- Perpetrators alone are held accountable for the abusive behavior.

- Perpetrator alone are held responsible for changing the abusive behavior.
- Strong policies and procedures that promote victim safety and autonomy are followed.
- There are clear intervention contracts outlining program expectations.
- Voluntary and court-ordered clients are held to identical standards.
- Victims are contacted to insure referral to an appropriate domestic violence advocate, shelter or other services; to provide information about the batterers program; to invite confidential input to provider regarding perpetrator; and to notify victim of safety concerns.
- Programs should provide the victim with the pamphlet “What You Should Know About Your Abusive Partner” (modeled after one published by EMERGE<sup>6</sup>), available through the Domestic Violence Certification Program Manager, 360-902-7901, DSHS, P.O. Box 45710, Olympia, WA 98504-5710.
- The program runs single-gender groups only.
- Groups are no larger than twelve participants. Ideally facilitated by a male and female team.
- Minimum length of program is one year.
- Completion is based on accomplishment of clear goals and meeting the exit criteria, not just attendance for a specified time.
- A minimum of thirty hours of training in domestic violence is undertaken from an established victim services and advocacy program and a state certified perpetrator intervention services program.

To maintain certification, the treatment program must have references from the local domestic violence victim services agency and community task force and documentation of these references to DSHS Domestic Violence Certification office (see above).

### **How Can the Community Strengthen Batterers Intervention Programs?**

Without every part of criminal justice and social service systems involved and sending a consistent message of victim safety and batterer accountability, intervention with the batterer is unlikely to be effective.

Community response elements should include:

- Support and advocacy for domestic violence victims and their children.
- Effective prosecution.
- Appropriate sentencing.
- Court review process.

- Probation.
- The larger community sending a consistent, clear and strong message to victims and batterers.

Some examples of social interventions that seek to promote anti-violence messages:

- Billboards as part of a public education campaign.<sup>7</sup>
- “Refuse to Abuse” campaign by the Seattle Mariners baseball team and the Washington State Coalition Against Domestic Violence.
- Domestic violence in the workplace campaigns.<sup>8</sup>

### **Accessibility and Culturally Relevant Batterers Programming**

In any community response plan, it should be a matter of policy to consider the needs of special populations. Batterers’ intervention programs must be accessible and culturally appropriate. As just one example, homophobia plays out in the dynamics of domestic violence and the community’s response to gay and lesbian clients. Effective batterers intervention programs address homophobia and have special curricula available to serve LGBT clients.<sup>9</sup> Batterers intervention programs rooted in these diverse communities have created relevant and innovative programming that meets the needs of their community members. Examples of accessible and culturally relevant programming:

- For those who do not speak English, or who have developmental delays or speech or hearing problems, curriculum and format must be adapted.
- Groups are being done with ASL (American Sign Language) and other language interpreters, and by native speakers who are trained in domestic violence intervention.<sup>10</sup>
- American Indian traditions have been blended with psycho-educational materials by the Duluth Domestic Abuse Intervention Program and Ina Maka Family Program (Seattle).<sup>11 12</sup>
- Rural areas are challenged by the fact that many on the community response team could well be close friends or relatives of the batterer.<sup>13</sup>

### **When Is an Intervention Program Appropriate?**

Figuring out if intervention is appropriate requires good critical thinking skills. Among the important questions to ask:<sup>14</sup>

- Would the victim be endangered by court ordering the perpetrator to a batterer’s intervention program?
- Is the victim afraid of re-assault? Is there an ongoing safety planning process? Are appropriate orders for protection in place?
- Has the perpetrator disregarded court orders in the past?

- Has the perpetrator been unsuccessful in a batterers program in the past?
- Is appropriate intervention available?
- If substance abuse or psychosis is present, are adjunct services available? A batterer with substance abuse or mental health problems needs both domestic violence intervention and adjunct services.
- Is adequate monitoring by the court or probation available?
- Is there a commitment by the judicial system that, should a re-offense occur or the offender fail to comply with intervention appropriately, court proceedings will take place?

The victim must never be required to participate in the perpetrator's intervention program — or be mandated into an intervention program as part of the perpetrator's intervention plan. Victim defendants (e.g., women who are victims of domestic violence who have been criminally charged with the use of violence) should never be court ordered to batterers intervention programs.

Certain batterers are less likely to be successful in an intervention program. This kind of batterer:

- Threatens the victim that if the police or courts were involved, he would retaliate.
- Threatens the victim that if he were ordered to treatment he would retaliate.
- Disregarded court orders in the past and displays contempt for courts and judicial processes.
- Failed to complete a treatment program in the past.
- Expresses unwillingness to participate in drug treatment or mental health treatment along with perpetrator treatment.
- Insists on the victim participating with him.

Many of you know that this is a typical profile of a batterer who is court ordered to a program. This has real consequences for women's safety. As a domestic violence advocate, this information may provide an opportunity for education with your local judge, prosecutor and batterers treatment program.

### **Who Is a Good Candidate For a Batterers Treatment Program?<sup>15</sup>**

Someone who:

- Acknowledges responsibility for abusive behavior.
- Shows motivation to change.
- Has no or minimal prior domestic violence history.
- Has language and intellectual capacity to make appropriate use of the program.
- Has no severe psychiatric diagnosis (e.g., psychosis).



- Has no severe substance abuse problem.

Not all batterers are appropriate for intervention services and until we have developed an array of alternative programs, many perpetrators will have to use the existing criminal justice remedies such as jail, work release, probation and court ordered intervention programs.

## **Does It Work?**

Here is what we know:

- “Batterers programs appear frequently successful in ending violence and the most threatening behaviors among the majority of participants who complete prescribed programs. A review of intervention program outcome data over the past 20 years shows a range of successful outcomes from 53%- 85%.”<sup>16</sup>
- Programs in four cities (840 subjects) are being compared. At 30 month follow-up, some tentative findings emerge:<sup>17</sup>
- “All programs were associated with short term cessation of assault and improvements overall in the women’s quality of life.
- The majority of dropouts occurred early in the programs.
- 42-47% of the men re-assaulted during the 30-month follow-up. Nearly half of the re-assaults occurred in the first 6 months of the program. Controlling, verbally abusive behaviors decreased by victim report progressively at each of the 3-month follow-up intervals.
- 66% of the victims reported overall a ‘better’ quality of life, with 12% reporting they were ‘worse off,’ with the most problems being financial. 83% reported feeling ‘very safe ‘ over the course of the 12-month follow-up.
- Those dropping out in the first 3 months were more likely (50% vs. 38%) to be re-arrested for domestic violence than those who had completed at least 3 months or more of a program.
- Being drunk once a month prior to intake, positive score on the antisocial subscale of the MCMI and positive score on major depression, thought disorder, paranoia, or borderline personality subscales on MCMI were significantly more likely to re-assaults during 30-month follow-up.”

Cumulative effects in reducing recidivism were found when the perpetrator was subject to: a successful prosecution; probation monitoring; receiving a court order to a batterer’s intervention program; attending the program’s intake; and completion of the program. Individuals with involvement in this coordinated intervention system had lower recidivism rates.<sup>18</sup>

In Seattle, completing batterer’s intervention is related to a reduction in domestic violence and other arrests during a follow-up 2 years after the initial incident. In this study, more sessions attended correlated with less domestic violence arrests at follow-up. The same cannot be said of chemical dependency and alternative interventions (e.g., anger management, and couples counseling) for domestic violence.<sup>19</sup>

## **Finding and Evaluating Local Programs**

A domestic violence advocate's responsibility is to understand the basic rules of the system, be able to explain these rules to women whose abusive partners are using the system and know how to strategically advocate for improvement of batterers programs.

- Review RCW 26.50.150 and WAC 388-60 and participate in keeping them current and effective by giving feedback to the Washington State Coalition Against Domestic Violence and DSHS Domestic Violence Certification Program (see below).
- Is there monitoring of intervention programs or a process for quality control in your community? Find out. Report concerns to: Roy Carson, Domestic Violence Certification Program Manager, (360) 902-7602, DSHS, P.O. Box 45710, Olympia, WA 98504-5710.
- Connect with local victim services, and domestic violence advocacy and shelter services. Their names are available from Washington State Coalition Against Domestic Violence [www.wscadv.org](http://www.wscadv.org)
- Form alliances with domestic violence advocacy programs for references on programs that work collaboratively and offer safe, responsible intervention.
- Form alliances with probation. They are also good quality control experts.
- Ask batterers program providers to give presentations to your program. Review their philosophy and how they work with clients, victims and the court system.
- Join or develop task forces or coordinating councils to encourage specialized probation, prosecution and law enforcement divisions.

## **Victim Contact**

Victim contact is a challenging requirement for perpetrator intervention programs. The program is required by WAC to make a confidential contact with the victim to introduce the program, inform the victim about the services, and notify the victim of any compliance problems or other issues that may pose a safety risk.

Unless the victim signs permission, no information can be shared. The point of the contact is to offer information, notify the victim of services available and to offer an opportunity for input only if the victim is comfortable. It is not to offer "counseling," therapy, or to engage the victim's participation in any way with the perpetrator. Often victims complain that the program has not dealt with them respectfully. For example, they may ask her to come in for "counseling." Some victims are never contacted. Others are told that they cannot learn about their abuser's participation or behavior in the program because of "confidentiality." Confidentiality applies only to the victim. Because abuse flourishes in an environment of secrecy and privacy, an effective treatment program should not offer a perpetrator confidentiality.

## **Victims' Services: Why Get Involved?**

Only through awareness of the practices of the batterer intervention programs in our communities can we be assured that perpetrators are getting appropriate services that will support victim safety. Women receiving domestic violence advocacy services can be helped to understand realistic possibilities and how to maintain their safety. When domestic violence advocates understand what good batterer intervention is, they can assist their clients wisely and know when to take action to hold providers accountable.

The safest victims are those who have information; the more they know about what to expect from intervention programs, the better they are able to make safe decisions. The more our communities know about batterers intervention programs, the better able we are to hold all facets of the coordinated community response accountable. The math works only if all of us hold each other accountable! Remember, even the best batterer intervention programs cannot keep victims safe. In your education strategies, reinforce that batterers intervention is not the answer to ending domestic violence – it is just one part of the solution.

## **Actions for Advocates**

- Know all you can about the batterers' intervention service providers in your community.
- Understand the WACs and the elements of an effective batterers intervention program.
- Meet the batterer's intervention providers.
- Expect them to follow the WACs, as a minimum standard.
- If the intervention program is not following the WACs – and, if the opportunity and resources exist -- consider approaching the batterers program to address your concerns.
- If collaboration fails, talk to Maureen Kelly, Domestic Violence Certification Program Manager, 360-902-7901, DSHS, P.O. Box 45710, Olympia, WA 98504-5710. The WAC provides a complaint procedure if you have concerns about victim safety and confidentiality, and non-compliance to WAC requirements.
- Educate your community, your domestic violence task force and criminal justice system representatives (e.g., judges, prosecutors, court clerks and administrators, law enforcement, public defenders and probation) about the limits and potential benefits of effective batterers intervention programs.
- Advocate with judges and prosecutors to recommend only state-certified batterers intervention programs. Educate them about the difference between state certified and non-certified programs and the consequences for victim safety.

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