

LOUISIANA COALITION AGAINST DOMESTIC VIOLENCE

FINDINGS AND RECOMMENDATIONS
RELATIVE TO THE STATUS OF
DOMESTIC ABUSE INTERVENTION
PROGRAMMING IN LOUISIANA

REPORT PREPARED IN RESPONSE TO HCR 86
OF THE 2011 REGULAR SESSION

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EXECUTIVE SUMMARY

House Concurrent Resolution (HCR) 86 of the 2011 Regular Session, authored by Representative Nita Hutter, charges the Louisiana Coalition Against Domestic Violence (LCADV) with creating a task force to evaluate existing court-approved domestic abuse intervention programming across the state, to study similar programs in other states to determine responsible, evidence-based best practices in the field of domestic abuse intervention programming, and to report on its findings and recommendations relative to the development of minimum standards for domestic abuse intervention programming to the House Committee on the Administration of Criminal Justice and the Senate Committee on Judiciary B.

The Task Force submits the following findings and recommendations in response to House Concurrent Resolution (HCR) 86.

A NOTE ON LANGUAGE: The Task Force uses the term **domestic abuse intervention programming** throughout this report to refer to specialized programming for persons who have committed intimate partner or family violence. **Intervention programs** focus on services and supports for victims and perpetrators of domestic violence in an effort to prevent domestic violence from reoccurring, unlike **prevention programs** that seek to identify and address factors that perpetuate and increase the risk of domestic violence in an effort to prevent domestic violence from occurring.

NATIONAL TRENDS IN DOMESTIC ABUSE INTERVENTION PROGRAMMING

- As of January 2008, 43 states have adopted some form of standards for domestic abuse intervention programming¹
- More than half of the states employ mandatory standards and most are required by statute²
- Most standards identify victim safety and offender accountability as primary concerns for Domestic Abuse Intervention Programs³
- A coordinated community response to domestic violence is stated as being necessary in nearly all standards⁴
- Most standards cite group intervention as the preferred format for Domestic Abuse Intervention Programs; individual counseling, couples counseling, and anger management techniques are not endorsed⁵

¹ See *infra* note 12.

² See *infra* note 13.

³ *Id.*

⁴ *Id.*

⁵ *Id.*

- The duration of intervention is specified in most standards with a minimum of 24 – 26 weeks of programming required by most states⁶
- While standards for Domestic Abuse Intervention Programs exist in most states, it is much more difficult to identify evidence-based best practices in the field of domestic abuse intervention programming⁷
- A few key research findings have influenced promising practices in the field of domestic abuse intervention programming and leading experts have identified key elements of a model Domestic Abuse Intervention Programs to include:
 - Partnering with other individuals and organizations to enhance accountability and offer a range of services;
 - Working closely with court and probation to monitor court-ordered referrals;
 - Creating a solid program infrastructure, which includes ongoing training and supervision of staff and implementing policies that are consistent with best practices;
 - Moving beyond legal sanctions in coordinated community response;
 - Shaping interventions and programs based on input from adult survivors and children;
 - Using risk assessment and risk management; and
 - Engaging men early in their roles as parents and partners.⁸

STATUS OF DOMESTIC ABUSE INTERVENTION PROGRAMMING IN LOUISIANA

- No central organization exists to bring Domestic Abuse Intervention Programs together, define best practices, and monitor program quality
- No mandatory minimum standards for Domestic Abuse Intervention Programs required; however permissive standards were developed by the LCADV Research Consortium in 1997
- No data existed on the current status of programs for domestic violence perpetrators
- In an effort to collect data, current providers of services to perpetrators of domestic violence and those agencies within the civil, criminal, and juvenile justice systems that serve as referral sources for service providers were asked to complete brief survey questionnaires designed to assess the status of programs for domestic violence perpetrators

⁶ *Id.*

⁷ *See infra* note 9.

⁸ *Id.*

- Survey responses submitted by service providers identified the following promising practices:
 - Utilizing Curricula Developed by Nationally Recognized Domestic Abuse Intervention Programs
 - Promoting the Use of 26-Week Domestic Abuse Intervention Programs
 - Communicating Regularly with Referral Sources Regarding Participant Progress
- Survey responses submitted by service providers identified the following potentially harmful practices:
 - Utilizing Anger Management and Other Inappropriate Interventions
 - Including Male and Female Participants in the Same Group
- Survey responses submitted by referral sources identified the following promising practices:
 - Rejecting Couples and Family Counseling
 - Promoting the Use of 26-Week Domestic Abuse Intervention Programs
 - Monitoring the Progress of Perpetrators in Court-Ordered Programming
- Survey responses submitted by referral sources identified the following potentially harmful practices:
 - Utilizing Anger Management Programs More Frequently than Domestic Abuse Intervention Programs
 - Failing to Adopt Policies that Ensure that Perpetrators Are Referred to Appropriate and Competent Service Providers

RECOMMENDATIONS FOR THE DEVELOPMENT OF DOMESTIC ABUSE INTERVENTION PROGRAMMING

- Recommendations for Domestic Abuse Intervention Program Association
 - Develop a Domestic Abuse Intervention Program Association
 - Revise Minimum Standards for Domestic Abuse Intervention Programs
 - Develop Approved Referral Process
 - Create Standardized Forms
 - Conduct Research on the Use and Effectiveness of Domestic Abuse Intervention Programs

- Recommendations for Domestic Abuse Intervention Programs
 - Develop Certification Process for Domestic Abuse Intervention Programs
 - Mandate Nationally Recognized Outcome-Based Intervention Models
 - Require Initial Training and Continuing Education for Domestic Abuse Intervention Program Providers
 - Involve Victim Service Providers
 - Require Ongoing Communication with Referral Sources
 - Utilize Sliding Fee Scales
- Recommendations for Courts and Other Referral Sources
 - Domestic Abuse Intervention Programming Education for Referral Sources
 - Develop Monitoring and Oversight Procedures for Perpetrators
 - Avoid the Use of Ineffective Interventions
 - Require Perpetrators to Pay Fees to Domestic Abuse Intervention Program Provider
- Recommendations for the Legislature
 - Codify State Standards for Domestic Abuse Intervention Programs and Mandate Compliance
 - Develop Statewide Review System of Domestic Abuse Intervention Programming
 - Conduct Technical Revisions of Domestic Violence Statutes
- Additional Promising Practices
 - Follow the Duluth Model
 - Develop Coordinated Community Response Teams

INTRODUCTION

House Concurrent Resolution (HCR) 86 of the 2011 Regular Session, authored by Representative Nita Hutter, charges the Louisiana Coalition Against Domestic Violence (LCADV) with creating a task force to evaluate existing court-approved domestic abuse intervention programming across the state, to study similar programs in other states to determine responsible, evidence-based best practices in the field of domestic abuse intervention programming, and to report on its findings and recommendations relative to the development of minimum standards for domestic abuse intervention programming to the House Committee on the Administration of Criminal Justice and the Senate Committee on Judiciary B.

A copy of HCR 86 is provided in *Appendix A* of this report. A roster of Task Force members is also provided in *Appendix B* of this report.

The Task Force scheduled and successfully conducted three meetings with the assistance of LCADV staff. The first meeting was held on September 28, 2011 at the Louisiana Archives Building. This meeting was dedicated to conducting introductions and a general orientation of the Task Force's purpose, developing a time line for Task Force activities, and making committee assignments. The Task Force also received an overview of domestic abuse intervention programming by Beth Meeks, LCADV Executive Director.

Following the first meeting of the Task Force, committees met via conference call to complete several tasks. The Criminal Justice Committee developed a survey instrument to be distributed to those criminal justice agencies that refer perpetrators to domestic abuse intervention programming. The Current Providers Committee developed a survey instrument to be distributed to programs throughout the state that provide services to domestic violence perpetrators. The Standards and Practices committee reviewed recommended standards for domestic abuse intervention programs operating in Louisiana developed by LCADV as well as minimum standards recently adopted in other states.

The second meeting of the Task Force was held on November 17, 2011 at the Old State Capitol. This meeting included a review of committee activities and an overview of preliminary survey findings. The Task Force also developed initial findings and recommendations during a strategic planning session facilitated by Beth Meeks, LCADV Executive Director.

The final meeting of the Task Force was held on February 7, 2012 at LCADV. This meeting included a discussion to finalize findings and recommendations to be included in a written report to the Louisiana Legislature. Task Force members also discussed next steps for implementing Task Force recommendations.

FINDINGS AND RECOMMENDATIONS

The Task Force submits the following findings and recommendations in response to House Concurrent Resolution (HCR) 86. As requested, the Task Force has evaluated existing Domestic Abuse Intervention Programs (DAIPs) across the state, studied similar programs in other states to determine responsible, evidence-based best practices in the field of domestic abuse intervention programming, and developed findings and recommendations relative to the development of minimum standards for DAIPs in Louisiana.

A NOTE ON LANGUAGE: The Task Force uses the term **domestic abuse intervention programming** throughout this report to refer to specialized programming for persons who have committed intimate partner or family violence. **Intervention programs** focus on services and supports for victims and perpetrators of domestic violence in an effort to prevent domestic violence from reoccurring, unlike **prevention programs** that seek to identify and address factors that perpetuate and increase the risk of domestic violence in an effort to prevent domestic violence from occurring.

NATIONAL TRENDS IN DOMESTIC ABUSE INTERVENTION PROGRAMMING

Domestic abuse intervention programming is specialized programming for persons who have committed intimate partner or family violence. Most commonly referred to as Domestic Abuse Intervention Programs (DAIPs) or Batterer Intervention Programs (BIPs), these programs typically employ group education or intervention models to achieve the goals of victim safety and offender accountability. DAIPs also serve as a key component of a coordinated community response to domestic violence.

The first programs for domestic violence perpetrators were founded in the 1970s in partnership with advocates for domestic violence victims.⁹ Current estimates indicate that between 1,500 and 2,500 DAIPs operate throughout the nation.¹⁰

As the number of DAIPs grew in the 1980s, many states began to develop standards for DAIPs.¹¹ As of January 2008, 43 states have adopted some form of standards for domestic abuse intervention programming.¹² More than half of the states employ mandatory standards—most are required by statute—either for all

⁹ Carter, L. S. (2010). Batterer intervention: Doing the work and measuring the progress: A report on the December 2009 experts roundtable. San Francisco: Family Violence Prevention Fund/National Institute of Justice.

¹⁰ *Id.*

¹¹ *Id.*

¹² Batterer Intervention Services Coalition of Michigan. (2011, December 27). *BISCMi - Other State's Standards*. Retrieved January 30, 2012, from http://www.biscmi.org/other_resources/state_standards.html

providers, those receiving state funding, or those providing services to court-ordered perpetrators.¹³

A review of state standards conducted by in 1997 found that many of the standards are remarkably similar. Most standards identify victim safety and offender accountability as primary concerns for DAIPs, with 84% explicitly stating that victim safety is the primary concern of DAIPs and 81% indicating that holding the offender accountable for abusive behavior is a priority.¹⁴ Most standards (77%) make clear statements that abuse is solely the responsibility of the perpetrator and that the victim should never be blamed or seen as provoking the perpetrator.¹⁵ Additionally, a coordinated community response to domestic violence is stated as being necessary in 97% of standards.¹⁶

Most standards (90%) cite group intervention as the preferred format for DAIPs. Individual counseling and couples counseling are both identified as inappropriate interventions in the majority of standards.¹⁷ Program curriculum is outlined in 74% of the standards.¹⁸ The vast majority of standards (90%) indicate that power and control issues are to be included in program content.¹⁹ Most standards do not endorse the use of anger management techniques in program curriculum or a focus on the perpetrator's feelings of guilt and shame during programming.²⁰

The duration of intervention is specified in 87% of standards with most states requiring a minimum of 24 – 26 weeks of programming.²¹ Some states have moved to require one-year programs, while others still require a minimum of 26 weeks of programming but express a preference for 52-week programs. As some recent evidence suggests that domestic violence perpetrators who reoffend typically do so in the first six months of treatment, it is prudent for perpetrators to participate in a minimum of 26 weeks of programming.²²

While standards for DAIPs exist in most states, it is much more difficult to identify evidence-based best practices in the field of domestic abuse intervention programming. There is no central organization to bring programs together, define best practices, monitor program quality, build a constituency of allies and supporters, and shape arguments on behalf of DAIPs; additionally, research findings on the effectiveness of DAIPs have been inconsistent.²³

¹³ Austin, J., & Dankwort, J. (1998, August). *A review of standards for batterer intervention programs*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved January 30, 2012, from: http://www.vawnet.org/Assoc_Files_VAWnet/AR_standards.pdf

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ *Id.*

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ *Id.*

²¹ *Id.*

²² Aldarondo, E., & Castro-Fernandez, M. (2008). Intimate partner violence and recidivism following intervention with men who batterer: Cultural and empirical considerations. In R. Carrillo, & J. Tello (Eds.), *Family violence and men of color: Healing the wounded spirit*. New York: Springer Publishing Co.

²³ See *supra* note 9.

A few key research findings, however, have influenced promising practices in the field of domestic abuse intervention programming. Multiple studies have found that the only consistently effective DAIPs are embedded in a coordinated community response.²⁴ Research has shown that domestic violence perpetrators who complete DAIPs are less likely to reabuse than those who fail to attend and that court monitoring increases attendance rates.²⁵ Taking these research findings into account, leading experts have identified key elements of a model DAIP to include:

- Partnering with other individuals and organizations to enhance accountability and offer a range of services;
- Working closely with court and probation to monitor court-ordered referrals;
- Creating a solid program infrastructure, which includes ongoing training and supervision of staff and implementing policies that are consistent with best practices;
- Moving beyond legal sanctions in coordinated community response;
- Shaping interventions and programs based on input from adult survivors and children;
- Using risk assessment and risk management; and
- Engaging men early in their roles as parents and partners.²⁶

Informed by research findings on the effectiveness of DAIPs and by minimum standards for DAIPs adopted in other states, the Task Force assessed the status of domestic abuse intervention programming across the state.

²⁴ See *supra* note 22.

²⁵ Klein, A. R. (2009). *Practical implications of current domestic violence research: For law enforcement, prosecutors and judges*. Washington, DC: U.S. Department of Justice, National Institute of Justice.

²⁶ *Id.*

STATUS OF DOMESTIC ABUSE INTERVENTION PROGRAMMING IN LOUISIANA

In Louisiana—as in most other states—no central organization exists to bring Domestic Abuse Intervention Programs (DAIPs) together, define best practices, and monitor program quality. Unlike most other states, however, Louisiana does not employ mandatory minimum standards for DAIPs. The LCADV Research Consortium developed minimum standards for DAIPs in 1997; however, these standards are merely permissive and have not been widely publicized or distributed. A copy of the Minimum Standards for Batterer Intervention Programs developed by the LCADV Research Consortium is provided in *Appendix C* of this report.

To evaluate existing DAIPs across the state, the Task Force first had to identify programs and individuals that currently provide services to perpetrators of domestic violence. The Task Force also identified those agencies within the civil, criminal, and juvenile justice systems that have the potential to interact with domestic violence perpetrators and, as a result, serve as referral sources for those providing services to perpetrators.

After defining the populations to be surveyed, the Task Force developed brief survey questionnaires to assess the current status of programs for domestic violence perpetrators. All identified members of the target populations were contacted via mail and provided with a survey questionnaire, which respondents could complete via a web-based survey tool or via mail. Follow-up with service providers was conducted via phone and follow-up with referral sources was conducted via email.

Participation in the survey was voluntary and the Task Force recognizes the possible effects of self-selection—specifically that those who responded likely had an interest in the topic of domestic abuse intervention programming—and non-response. Because it is unlikely that responses are truly representative of the larger populations targeted, no attempts have been made to generalize beyond the respondents. While acknowledging the limitations of the survey results, the Task Force notes that survey responses highlighted practices currently employed by service providers and referral sources—both promising and potentially harmful—which have the potential to inform future work on domestic abuse intervention programming in Louisiana.

Survey responses submitted by service providers identified the following promising and potentially harmful practices.

PROMISING: UTILIZING CURRICULA DEVELOPED BY NATIONALLY RECOGNIZED DOMESTIC ABUSE INTERVENTION PROGRAMS

Nearly all respondents reported utilizing key elements of nationally recognized domestic abuse intervention programs (i.e., Duluth – Domestic Abuse Intervention Project, EMERGE, AMEND), including the use of educational

groups that address the nature and effects of domestic violence and are designed to change the participant's attitude and reduce the participant's abusive behavior.

POTENTIALLY HARMFUL: UTILIZING ANGER MANAGEMENT AND OTHER INAPPROPRIATE INTERVENTIONS

Nearly half of respondents reported that services provided to domestic violence perpetrators included anger management and individual counseling; approximately 25% of respondents reported that they provided couples and family counseling.

PROMISING: PROMOTING THE USE OF 26-WEEK DOMESTIC ABUSE INTERVENTION PROGRAMS

Nearly all respondents required domestic violence perpetrators to spend a minimum length of time in programming. Minimum lengths ranged from 2 to 27 weeks, although 26 weeks was the most common length reported.

POTENTIALLY HARMFUL: INCLUDING MALE AND FEMALE PARTICIPANTS IN THE SAME GROUP

Nearly all respondents reported that they used a group format for domestic violence programming and 40% of those respondents conduct groups that include both female and male participants.

PROMISING: COMMUNICATING REGULARLY WITH REFERRAL SOURCES REGARDING PARTICIPANT PROGRESS

Nearly all respondents reported that they communicated with referring child protective services, correctional offices, and courts periodically during the program on an "as needed" basis, in response to a participant's repeated non-compliance with program requirements, upon termination of participant from program, upon program completion, and upon request of the court or probation officer. Additionally, more than half of respondents reported that they communicated with referring child protective services, correctional offices, and courts in response to a participant's first non-compliance with program requirements.

Survey responses submitted by referral sources identified the following promising and potentially harmful practices.

PROMISING: REJECTING COUPLES AND FAMILY COUNSELING

A majority of respondents indicated that they never recommended or ordered couples or family counseling. Respondents that described their agency as child protective services, however, were least likely to outright reject these potentially harmful interventions.

POTENTIALLY HARMFUL: UTILIZING ANGER MANAGEMENT PROGRAMS MORE FREQUENTLY THAN DOMESTIC ABUSE INTERVENTION PROGRAMS

Respondents recommended or ordered perpetrators to participate in anger management programs at a slightly higher rate than they recommended or ordered participation in Domestic Abuse Intervention Programs (DAIPs). Respondents that described their agency as a court or prosecutor's office, however, were slightly more likely to refer perpetrators to DAIPs than anger management.

PROMISING: PROMOTING THE USE OF 26-WEEK DOMESTIC ABUSE INTERVENTION PROGRAMS

A slim majority of respondents that described their agency as a correctional office, court, or prosecutor's office, required domestic violence perpetrators court-ordered to programming to spend a minimum length of time in programming. Minimum lengths ranged from 2 to 52 weeks, although 26 weeks was the most common length reported.

POTENTIALLY HARMFUL: FAILING TO ADOPT POLICIES THAT ENSURE THAT PERPETRATORS ARE REFERRED TO APPROPRIATE AND COMPETENT SERVICE PROVIDERS

Nearly 80% of respondents reported that their agency did not have specific policies addressing minimum standards or criteria for service providers to which domestic violence perpetrators were referred. The most common reason for failing to require service providers to meet certain standards or criteria before receiving referrals was lack of awareness of standards or criteria on programming for perpetrators, followed by lack of awareness of programs providing services to perpetrators. Additionally, nearly half of respondents that described their agency as a correctional office, court, or prosecutor's office reported that they did not maintain a list of court-approved programs providing services to domestic violence perpetrators; only 15% of respondents that described their agency as child protective services maintained a list of court-approved service providers.

PROMISING: MONITORING THE PROGRESS OF PERPETRATORS IN COURT-ORDERED PROGRAMMING

A majority of respondents formally or systematically monitored the progress of those domestic violence perpetrators court-ordered to programming and nearly half of those respondents conducted monthly monitoring.

Informed by the minimum standards previously developed by LCADV and the survey responses of current providers and referral sources, the Task Force identified several strategies aimed at improving the delivery and coordination of domestic abuse intervention programming throughout the state.

RECOMMENDATIONS FOR THE DEVELOPMENT OF DOMESTIC ABUSE INTERVENTION PROGRAMMING

Taking into account the national trends in domestic abuse intervention programming and the status of Domestic Abuse Intervention Programs (DAIPs) in Louisiana, the Task Force has developed the following recommendations regarding the development and successful, system-wide implementation of minimum standards for DAIPs in Louisiana.

RECOMMENDATIONS FOR DOMESTIC ABUSE INTERVENTION PROGRAM ASSOCIATION

At present, there is no central organization to bring Domestic Abuse Intervention Programs (DAIPs) together, define best practices, and monitor program quality. A DAIP Association would provide professionals with a forum to effectively address the need for consistency in program quality throughout the state.

- **Develop a Domestic Abuse Intervention Program Association.** The Task Force recommends that a DAIP Association, consisting of providers of domestic abuse intervention programming and other stakeholders, be developed and embedded within the Louisiana Coalition Against Domestic Violence—the federally-designated state domestic violence coalition tasked with working in collaboration with service providers and other professionals to encourage the development of appropriate and comprehensive responses domestic violence.
- **Revise Minimum Standards for Domestic Abuse Intervention Programs.** Once developed, the Task Force recommends that the DAIP Association be assigned the task of revising the state standards for DAIPs.
- **Develop Approved Referral Process.** The Task Force recommends that the DAIP Association work to develop a uniform referral process for use by courts and other referral sources.
- **Create Standardized Forms.** The Task Force recommends that the DAIP Association work to create standardized forms for use by DAIPs.
- **Conduct Research on the Use and Effectiveness of Domestic Abuse Intervention Programs.** The Task Force also recommends the use of evidenced-based interventions, while acknowledging that such models are currently lacking in the field of domestic abuse intervention programming; as such, the Task Force recommends that the DAIP Association conducts research on the use and effectiveness of DAIPs in Louisiana to better inform interventions.

RECOMMENDATIONS FOR DOMESTIC ABUSE INTERVENTION PROGRAMS

Along with the state standards for Domestic Abuse Intervention Programs (DAIPs) to be developed by the DAIP Association, DAIPs should be required to comply with several quality assurance measures.

- **Develop Certification Process for Domestic Abuse Intervention Programs.** In order to ensure that the quality of programming for domestic violence perpetrators is uniform throughout the state, the Task Force recommends that a certification process be developed for DAIPs.
- **Utilize Nationally Recognized Outcome-Based Intervention Models.** The Task Force recommends that DAIPs be required to adhere to an outcome-based intervention model developed by a nationally recognized domestic abuse intervention program (i.e., Duluth – Domestic Abuse Intervention Project, EMERGE, AMEND).
- **Require Initial Training and Continuing Education for Domestic Abuse Intervention Program Providers.** The Task Force recommends that DAIP program staff be required to complete a minimum of 40 hours initial training and 20 hours continuing education annually.
- **Involve Victim Service Providers.** Additionally, the Task Force recommends that DAIPs be required to demonstrate ongoing coordination with victim service providers—preferably within the context of a coordinated community response to domestic violence.
- **Require Ongoing Communication with Referral Sources.** To ensure proper monitoring and oversight of perpetrators by courts, corrections officers, and prosecutors, the Task Force recommends that DAIPs be required to maintain ongoing communication with the referral source regarding an offender’s participation in and completion of domestic abuse intervention programming.
- **Utilize Sliding Fee Scales.** While the Task Force acknowledges that perpetrators should be responsible for the payment of fees to DAIPs, perpetrators should not be denied services based upon their inability to pay. DAIPs should be required to utilize sliding fee scales that consider a perpetrator’s ability to pay.

RECOMMENDATIONS FOR COURTS AND OTHER REFERRAL SOURCES

Another method to ensure that the quality of programming for domestic violence perpetrators is uniform throughout the state is to educate courts and other referral sources about Domestic Abuse Intervention Programs (DAIPs) and provide them with the tools needed to make appropriate referrals.

- **Domestic Abuse Intervention Programming Education for Referral Sources.** The Task Force recommends that training be developed for courts, corrections officers, and prosecutors that includes information regarding the effectiveness of domestic abuse intervention programming when combined with continued offender monitoring by the justice system, the ineffectiveness of other interventions (i.e., anger management, individual counseling, couples counseling), and the need to refer perpetrators to outcome-based interventions.
- **Develop Monitoring and Oversight Procedures for Perpetrators.** In addition to training, the Task Force recommends that courts, corrections officers, and prosecutors monitor perpetrators for compliance with court orders—including participation in and completion of domestic abuse intervention programming. To achieve this goal, the Task Force recommends establishing ongoing communication between the referral source and the DAIP provider. Courts, corrections officers, and prosecutors should respond to feedback from DAIP providers and non-compliance should result in appropriate sanctions.
- **Avoid the Use of Ineffective Interventions.** The Task Force strongly discourages the referral of domestic violence perpetrators to anger management programs, individual counseling, couples counseling, or other ineffective interventions. The Task Force recommends that courts, corrections officers, and prosecutors refer perpetrators to programs that utilize an outcome-based intervention model developed by a nationally recognized domestic abuse intervention program (i.e., Duluth – Domestic Abuse Intervention Project, EMERGE, AMEND).
- **Require Perpetrators to Pay Fees to Domestic Abuse Intervention Program Provider.** Finally, the Task Force recommends that agencies refrain from referring perpetrators to DAIP providers that accept insurance as a form of payment, as individual counseling and couples counseling have been identified as inappropriate interventions for domestic violence perpetrators; rather, it is recommended that referral sources require perpetrators to pay fees directly to DAIP providers. While the Task Force acknowledges that perpetrators should be responsible for the payment of fees to DAIPs, perpetrators should not be denied services based upon their inability to pay. DAIPs should be required to utilize sliding fee scales that consider a perpetrator’s ability to pay.

RECOMMENDATIONS FOR THE LEGISLATURE

A commonly utilized method to ensure that the quality of programming for domestic violence perpetrators is uniform throughout the state is to statutorily require Domestic Abuse Intervention Programs (DAIPs) to comply with state standards and participate in a certification process.

- **Codify State Standards for Domestic Abuse Intervention Programs and Mandate Compliance.** The Task Force recommends that Louisiana follow the example of other states by enacting legislation that codifies minimum standards for DAIPs and require DAIPs to comply with state standards.
- **Develop Statewide Review System of Domestic Abuse Intervention Programing.** To determine compliance with state standards, the Task Force recommends that the DAIPs participate in a statewide review system for all DAIP providers or, at a minimum, for those providing services to court-ordered perpetrators.
- **Conduct Technical Revisions of Domestic Violence Statutes.** The Task Force also recommends that existing domestic violence statutes be reviewed to identify any technical revisions required to ensure the use of uniform language as it relates to services for domestic violence perpetrators.

ADDITIONAL PROMISING PRACTICES

Multiple studies have found that the only consistently effective Domestic Abuse Intervention Programs (DAIPs) are embedded in a coordinated community response.

- **Follow the Duluth Model.** Often mischaracterized as a model for domestic abuse intervention programming, the Duluth Model is a model for coordinated response by community institutions that aims to hold perpetrators accountable for their behavior while ensuring that victims are protected from ongoing violence. The Task Force recommends that communities utilize the Duluth Model for interagency response. The Duluth Model anticipates swift consequences for perpetrators, interveners that do not collude, meaningful sanctions for perpetrators, consequences for further acts of violence, victim empowerment, interventions that focus on stopping violence and changing beliefs, and community-wide expectation of accountability. The Task Force also recommends the use the Duluth Model's domestic abuse intervention curriculum (*Creating a Process of Change for Men Who Batter*) with the qualification that the curriculum was designed to operate within—and is most effective when embedded in—a Duluth Model coordinated community response.

- **Develop Coordinated Community Response Teams.** The Task Force recommends the development of coordinated community response teams (CCRTs)—also known as task forces, coordinating councils, or multi-disciplinary response teams—in communities throughout the state. Much like DAIPs, the primary concerns of a CCRT are victim safety and offender accountability, which are achieved by utilizing written policies that centralize victim safety and offender accountability, practices that link intervening practitioners and agencies together, interagency processes that bring practitioners together to dialogue and resolve problems, and an entity that tracks and monitors cases and assesses data. The most effective CCRTs adhere to a shared philosophy about domestic violence—one that values a system that shifts responsibility for victim safety from the victim to the system and includes a central role for domestic violence service providers and victims of domestic violence in the process—that supports the goal of victim safety and offender accountability.

**APPENDIX A: HOUSE CONCURRENT RESOLUTION 86 OF
THE 2011 REGULAR SESSION**

Regular Session, 2011

HOUSE CONCURRENT RESOLUTION NO. 86

BY REPRESENTATIVE HUTTER

A CONCURRENT RESOLUTION

To urge and request the Louisiana Coalition Against Domestic Abuse to appoint and convene a task force to evaluate existing court-approved domestic abuse intervention programs across the state, to study similar programs in other states to determine responsible, evidence-based best practices in the field of domestic abuse intervention, and to report to the Louisiana Legislature its findings and recommendations relative to the development of minimum standards for domestic abuse intervention programs in this state.

WHEREAS, the Louisiana Legislature has long recognized the need to protect the health, safety, and welfare of the citizens of this state; and

WHEREAS, the Louisiana Legislature recognizes the need of Louisiana citizens to feel safe in their own homes and recognizes that too often Louisiana residents are abused by the people with whom they are most closely associated; and

WHEREAS, in June of 2010, Louisiana had the highest rate of domestic violence related homicides in the nation; and

WHEREAS, from 1997 through 2009, eight hundred ninety-two people died in domestic violence incidents and ninety percent of those homicides were committed by someone the victim was familiar with, and, in fact, the majority of the murders were committed by the victim's current intimate partner or spouse; and

WHEREAS, in research conducted by the Center for Disease Control and Prevention, it was estimated that health-related costs of domestic violence exceed eight billion three hundred million dollars annually; and

WHEREAS, according to a study by the United States Department of Labor, spouses and intimate partners lose eight million work days to domestic violence every year, which is equivalent to cutting thirty-two thousand one hundred fourteen jobs from the economy; and

WHEREAS, it has been estimated by the Bureau of National Affairs that domestic violence costs employers over five billion dollars annually in the form of increased health care costs, absenteeism, reduced productivity, and related security costs; and

WHEREAS, the Louisiana Legislature recognizes the need to assist victims of domestic abuse battery, and in order to prevent future incidents of domestic violence, to provide assistance to the offender as well; and

WHEREAS, Louisiana law currently requires a domestic abuse battery offender to participate in a court-approved domestic abuse intervention program; and

WHEREAS, the Louisiana Legislature recognizes the importance of ensuring that these programs utilize responsible intervention methods and employ proven methods and evidence-based best practices used in this state and other states to reduce the incidents of domestic violence; and

WHEREAS, the Louisiana Legislature recognizes the necessity of providing effective domestic abuse intervention programs which directly address the issues and needs of the offender while maintaining a focus on the violent behavior of the offender and the safety of the victim; and

WHEREAS, the Louisiana Legislature recognizes the need for the development of minimum standards and qualifications for court-approved domestic abuse intervention programs in this state which will help to define the program structure, format, content, and techniques, to aid practitioners in designing new programs or adapting changes to existing programs, and to act as a guide for court systems when deciding which programs are appropriate for court referral; and

WHEREAS, in developing these standards, it is necessary that the Louisiana Coalition Against Domestic Abuse evaluate the existing court-approved domestic abuse intervention programs across the state, and to study similar programs in other states to help determine responsible, evidence-based best practices in the field of domestic abuse intervention.

THEREFORE, BE IT RESOLVED that the Legislature of Louisiana does hereby urge and request the Louisiana Coalition Against Domestic Violence to appoint and convene a task force, to be known as the "Louisiana Coalition Against Domestic Violence Task Force", to evaluate existing court-approved domestic abuse intervention programs across the

state, to study similar programs in other states to determine responsible, evidence-based best practices in the field of domestic abuse intervention, and to report to the Committee on the Administration of Criminal Justice of the Louisiana House of Representatives and the Committee on Judiciary B of the Senate its findings and recommendations relative to the development of minimum standards for domestic abuse intervention programs in this state.

BE IT FURTHER RESOLVED that the Louisiana Coalition Against Domestic Abuse Task Force shall include representation of the following entities: the Department of Children and Family Services; the Department of Health and Hospitals, office of public health; the Department of Public Safety and Corrections; the Department of Public Safety and Corrections, office of juvenile justice; the Louisiana District Attorneys Association; the Louisiana Public Defender Board; the Louisiana Sheriffs' Association; the Louisiana Association of Chiefs of Police; the Louisiana Commission on Marriage and Family; the Women's Policy and Research Commission; the District Judges Association; and any other agency or entities which the department deems appropriate.

BE IT FURTHER RESOLVED that the Louisiana Coalition Against Domestic Abuse Task Force report its findings and recommendations to the Committee on the Administration of Criminal Justice of the Louisiana House of Representatives and the Committee on Judiciary B of the Senate prior to the convening of the 2012 Regular Session of the Legislature of Louisiana.

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the Louisiana Coalition Against Domestic Abuse.

SPEAKER OF THE HOUSE OF REPRESENTATIVES

PRESIDENT OF THE SENATE

APPENDIX B: TASK FORCE MEMBERSHIP ROSTER

Organization	Task Force Representative
Louisiana Department of Child and Family Services	Adena Boris, Director, Crisis Intervention Section
Louisiana Association of Chiefs of Police	Chief Tommy Clark, LACP Domestic Violence Committee
Louisiana District Judges Association	Honorable Jules D. Edwards, III, LDJA Treasurer
Office of the Attorney General	Tracy Dahmer Farris, Domestic Violence Coordinator
4 th JDC Batterer Intervention Program (BIP Service Provider)	Robert D. Hanser, Ph.D., Lead Facilitator
Louisiana Public Defender Board	Jack Harrison, Juvenile Justice Compliance Officer Lynette Roberson, Juvenile Division Development Assistant
Louisiana Department of Public Safety and Corrections, Office of Juvenile Justice	Angela Jacobs-Bridgewater, Program Manager/Community Based Services
Safe Harbor (Victims Service Provider)	Kim Kirby, Executive Director
Louisiana Department of Health and Hospitals	Brian Knight, Adult Protective Services Supervisor
Louisiana Coalition Against Domestic Violence	Beth Meeks, Executive Director
Louisiana District Attorney Association	Melissa W. Moreau, IV-D Coordinator Kristi Garcia Spinosa, Juvenile Justice Project Coordinator
Louisiana Department of Public Safety and Corrections	Lt. Kevin Rhodes, State Coordinator, Child Exploitation Unit
Chez Hope (BIP Service Provider)	Sami Riley, Executive Director
Metropolitan Center for Women and Children (Victims Service Provider)	Dale Standifer, Executive Director
Louisiana Protective Order Registry	Patsy Taylor, Director

**APPENDIX C: MINIMUM STANDARDS FOR BATTERER
INTERVENTION PROGRAMS,
LCADV RESEARCH CONSORTIUM
(SEPTEMBER 1997)**

LCADV RESEARCH CONSORTIUM

A PROJECT OF THE LOUISIANA COALITION AGAINST DOMESTIC VIOLENCE

Minimum Standards for Batterer Intervention Programs

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Purpose of this Document

The development of minimum standards for batterer intervention programs was undertaken by the LCADV Research Consortium in order to define and describe the recommended program structure, format, content and techniques used by programs that target perpetrators of domestic violence. These standards are intended for use by practitioners when designing new programs or adapting existing programs, and as a guide for use by court systems when deciding which intervention programs are appropriate for court referral.

As intervention with batterers is an evolving and specialized field of practice, the Consortium's work included as the basis for this document an extensive survey of current research, examination of existing standards and proven models used in other states, and distillation of the professional expertise of the Consortium members.

History of this Document

This document was developed by the LCADV Research Consortium, a project of the Louisiana Coalition Against Domestic Violence. The consortium was initiated in January 1995, in order to bring together advocates, clinicians, and scholars to identify, evaluate, and publicize responsible intervention methods in the field of domestic violence.

The Louisiana Coalition Against Domestic Violence is a network of battered women's programs, other organizations, and individuals who share the common goal of ending violence against women and their children in Louisiana. The Coalition arose out of the desire of those working with battered women and their children to meet on a regular basis to share ideas and information, obtain training relevant to their work, jointly study and respond to proposed government policies and procedures, and enhance their individual efforts to effect social change.

The standards outlined in this document have been reviewed and approved by the member programs of the Louisiana Coalition Against Domestic Violence.

Guiding Principles for Batterer Intervention Programs

The primary purpose of any batterer intervention program is to stop domestic violence. The safety of individual victims and potential victims of domestic violence should supersede all other intervention program policies.

All batterer intervention programs must, through all phases of development, implementation and evaluation:

- hold batterers accountable for their violent and controlling behavior, disallow collusion and victim blaming by batterers and others, and teach new skills that will facilitate changes in their behavior. The intervention methods should not focus on the relationship, or the actions of the battered partner but maintain a focus on the batterer's violent behavior and the safety of the battered partner.
- continually assess the lethality of all program participants, and take appropriate action to protect partners, minor children, and others from known dangers posed by the program participants.
- work collaboratively with battered women's service providers to assure that battered partners are provided access to advocacy and other assistance while the abusers are participating in the intervention program. Batterer intervention services should compliment, not compete with, battered women's services for resources such as staff or funding. Batterer intervention programs should be part of a coordinated community response to domestic violence.
- report compliance and noncompliance to the courts or other referral sources.
- challenge myths about domestic violence and promote "zero tolerance" of violent behavior.

Batterer Intervention and The Court System

Intervention service providers should maintain familiarity with the federal, state, and local laws on domestic violence, and with the operation of the criminal justice system. In particular, intervention service providers should be familiar with laws pertaining to crimes against persons, with their duty to warn individuals who may be in danger, and with the legal mandate to report child abuse and neglect, as well as abuse of the elderly.

The Exchange of Information

Each intervention program should establish and maintain an ongoing exchange of information with the court system (e.g., attorneys, judges, and probation/parole officers), with the batterers who are applicants or participants in the intervention program, and with the battered partners or other potential victims of these batterers. The activities involved in this information exchange will vary depending on whether or not the batterer intervention program is providing services that are court-mandated.

We strongly recommend that each intervention program establish some formal agreement (e.g., a memorandum of understanding) with the court system that specifies the exchange of information. The following list outlines some important items that should be covered in such an agreement:

- the method of exchange of information between the intervention program and the court, including:
 - how the intervention program is to obtain pertinent court records, (e.g., protection orders, arrest records, bail conditions, and probation/parole conditions), as well as prior treatment records; and
 - how any further incidents of violence or violations of any court orders will be documented and reported to the court; and
 - how the intervention program will comply with court requirements to provide participant evaluations to the court or designated agency. These could include attendance, participation, progress, and recommendations for further intervention.
- the intervention program's authority over intake and screening, case management, duration of services, and the parameters of confidentiality.
- the acceptance criteria of the intervention program.
- the fees or financial costs of the intervention program.
- the consequences for a participant who violates the intervention program's policies.
- the consequences for a participant who is discharged before the completion of the program, and the role of the program's staff in hearings on the participant's failure to comply with the intervention mandate.
- the responsibility of the intervention program to inform law enforcement and any appropriate agency, as well as the battered partner, of any known risk of violent behavior posed by the program participant that may result in serious bodily injury or death to the battered partner or any other person.
- the responsibility of the intervention program to protect the confidentiality of all communications and records pertaining to the partners of batterers who are applicants or participants in the intervention program.
- the responsibility of the intervention program to refuse to accept any battered partner who has been mandated to participate in a batterer intervention program.

Intervention Program Procedures

Intake

All batterer intervention programs must conduct an initial screening intake interview with the applicant to assess whether or not the applicant would benefit from the program's services. The program may refuse to enroll an applicant if the program determines that the applicant would not benefit from the program, or that the applicant's presence would present an unacceptable disruption or risk to the program or the other participants. The intervention program should develop and utilize criteria for the acceptance or rejection of applicants to the program.

Each intervention program has the responsibility to evaluate whether or not any client should be required to engage in drug and alcohol counseling, individual psychotherapy, or other treatment prior to or during their participation in the batterer intervention program.

All batterer intervention programs should obtain at least the following information during the intake procedure:

History of abuse: During intake, the intervention program should collect information about the applicant's history of abusive behavior, including:

- abusive behavior, battering, and control of partners in the present and previous relationships.
- other incidents of violence.
- experience as a target or witness of abuse.

Ongoing assessment of lethality: During intake, and throughout intervention, the intervention program should assess the potential lethality of the participant.¹ This must include the assessment of each of the following:²

- threats of homicide or suicide.
- fantasies of homicide or suicide.
- possession of, access to, or a history of using weapons.
- the degree of possessiveness in relation to the battered partner.
- the degree of obsessiveness about, and dependency on, the battered partner.

¹ Most of these items were adapted from Assessing Whether Batterers Will Kill, Pennsylvania Coalition Against Domestic Violence, 1990

² Many of the forms used to collect information from or to form a contract with participants are provided by several of the nationally-recognized training programs (e.g., the Duluth model).

- symptoms of depression or other psychological disorders.
- level of access to the battered partner or other family members.
- legal and illegal drug or alcohol use.
- sexual abuse of the battered partner or others.
- the battered woman's assessment of the battering partner's lethality.

At the time of intake, the intervention program should provide the applicant with a complete and current description of the program curriculum.

If a court-mandated applicant is not accepted, the intervention program should inform the court as to why the applicant was not accepted, and make specific recommendations for action (e.g., treatment for substance abuse).

Collecting collateral information. During the intake process, the intervention program should, if possible, collect information from relevant sources such as police reports, "rap sheets," prior treatment, previous partners, family members, or probation officers.

The relationship between the intervention program and the batterer's victim(s). During or after intake, the batterer intervention program should, if possible, attempt to gain information about the batterer directly from the battered partner (perhaps through a phone interview.) In addition, the intervention program should, if possible, notify the battered partner of the applicant's acceptance or rejection for intervention services, and any conditions that have been imposed on acceptance into intervention.

The program should encourage battered partners to make plans to protect themselves and their children, and should inform battered partners of the availability of any local service providers for battered partners.

The battered partner or other partners have the right to refuse to cooperate with the batterer intervention program. The battered partner or other partners should be assured that while her/his input is helpful to the intervention facilitator, it is not required as a condition of the perpetrator's involvement in the intervention program.

All information obtained from the victim/partner is confidential and cannot be disclosed without a signed release.

Contract

At the time of intake, the program must require the applicant to enter into a written, uniform contract with the intervention program that includes at least:

- an agreement to comply with the rules of the program.
- an agreement to stop violent, threatening, and controlling behaviors.
- an agreement to comply with all court orders.
- an agreement to execute all necessary documents for the release of information from and to battered partners, law enforcement agencies, the court, and other appropriate agencies and authorities.
- waivers of confidentiality by the participant so that the intervention program can:
 - inform the battered partner about service providers and the participant's status in the intervention program.
 - warn battered partners, law enforcement agencies, and other appropriate agencies about any known risk of serious harm posed by the participant.
 - provide the court with any required reports.
- notification of the participant's limited right to confidentiality, and the requirement that participants protect the confidentiality of other participants.
- an agreement that the agency will not disclose any information about the battered partner.
- an agreement that the participant will provide documents related to prior violence, and prior or concurrent intervention services.
- a statement of:
 - intervention philosophy.
 - length of the program.
 - attendance policies, and the expectation of participation.
 - how fees will be handled.
 - the program's drug and alcohol policy, including the requirement that the participant attend all sessions free of non-prescribed drugs and alcohol.
 - criteria for noncompliance and completion discharge.
 - consequences of noncompliance.

Discharge Criteria and Process

Every batterer intervention program should establish criteria for both noncompliance (i.e., administrative) and completion (i.e., contractual) discharge, which should include the following considerations:

The evaluation for a noncompliance discharge should be initiated when there exists:

- continued use of threatening, controlling, or violent behavior.
- failure to maintain regular attendance.
- failure to comply with the intervention conditions or provisions which are part of the participant's contract (e.g., attendance while under the influence of drugs or alcohol).
- failure to pay fees.
- violations of relevant court orders.
- behavior that is disruptive or detrimental to the group process.

The program should establish criteria for a completion discharge of the participant that should include, but not be limited to, the following:

- consistent attendance and completion of any homework, logs, or assignments.
- cooperation with group rules.
- absence of abusive, violent, controlling, or threatening behavior while in intervention.
- compliance with court orders and other provisions and conditions of participation in intervention.

Every program should have an established procedure for notifying the battered partners, the court, and other appropriate agencies of the noncompliance and completion discharges of the participants.

Program Content

Format

The preferred format for batterer intervention programs is ongoing, same-sex groups, facilitated by a leader or two co-leaders (a female and a male). Group size may vary, but should not exceed 15 individuals per group. The length of group meetings should be at least 1½ to 2 hours, and participants should attend weekly group sessions for at least 26 weeks.

Educational Content of Batterer Intervention

All batterer intervention programs should acknowledge that violence against women is a learned behavior, and that violence is used by batterers to maintain control over their partners. Thus, intervention should focus on learning nonviolence and the appropriate sharing of power and communications within relationships. The goals of the educational sessions should include at least the following:

- To identify, confront, and change all forms of abusive and controlling behaviors. This discussion should include how the use of violence and coercion achieves the goals of controlling behavior.
- To identify and discuss the destructive impact that violence has on the batterer's victims.
- To confront the denial and minimizing of abuse, the blaming of the victim, and other excuses for abuse. The program must emphasize that the batterer is solely responsible for the abuse and that abuse is a willful choice that is never justified.
- To identify cultural and social sources of attitudes toward women that contribute to abusive behavior.
- To confront attitudes and beliefs that promote the use of abusive behavior, such as:
 - Belief in one's entitlement to control the activities of another person.
 - Belief in rigid sex-role stereotypes.
 - Belief in gender superiority and privilege.
 - Belief that aggression can be legitimately used to enforce privilege and authority.
- To promote attitudes and beliefs that contribute to nonviolent, non abusive relationships, such as:
 - Respect for equal rights and shared power in relationships.
 - Belief in nonviolent approaches to resolving disagreements or conflicts.

- To identify and practice cooperative and non abusive forms of interpersonal behavior. This portion of the intervention should focus on the development of interpersonal behaviors that are an alternative to violent/abusive behaviors. These behaviors should promote equality between partners in the relationship, and should not provide the batterer with other means of abusing or exerting control over his partner.

Couples, Conjoint, and Marriage Mediation

Because of the presence of violent and controlling behavior in the relationship, traditional methods of couples counseling may expose a battered partner to a heightened risk of abuse. Batterers sometimes use the therapeutic environment to extend their control of the battered partner. In addition, batterers sometimes retaliate with violence against their partners immediately following a counseling session, in response to information the partner disclosed during the session.

Thus, any form of couples or conjoint counseling, or marriage mediation or enhancement, is inappropriate and should never be considered a component of batterer intervention services.

Battered partners shall never be compelled to participate in couples counseling.

Couples counseling might serve a role in improving the quality of a relationship after the successful completion of batterer intervention. Couples counseling should be considered only if:

- the violence and coercion have ceased completely,
- the battered partner is no longer fearful of the perpetrator, and
- both partners desire to engage in some form of couples counseling to improve the quality of their relationship.

Inappropriate Intervention Methods and Techniques

- Any theory or method of intervention that in any way attributes responsibility for the abusive behavior to the battered partner, or that diminishes the individual batterer's responsibility for the abusive behavior, is inappropriate.
- Any theory or method that treats the violence as a mutual process within the relationship is inappropriate. The intervention method must attribute responsibility for the abusive behavior to the batterer.
- Any theory or method that identifies poor impulse control as the primary cause of the abusive behavior is inappropriate. The intervention method should emphasize desire for control as the primary cause of abusive behavior.

- Any approach that accepts a gradual reduction in violence is inappropriate. The intervention method must demand an immediate stop to all violent behavior.
- Any technique that features any form of “ventilation” or “release,” such as punching pillows or other objects, should never be used as part of an intervention program for domestic batterers. Researchers have found that these approaches actually condone and promote the violent expression of emotions.³
- Psycho dynamic therapy, or any other individual or group therapy which focuses primarily on past relationships, events, or uncontrollable factors, as the cause of the abusive behavior is inappropriate. The intervention method should emphasize that the abuser willfully and purposefully chooses to exhibit his abusive behavior.
- Non-directive therapies (e.g., Humanistic or Client-Centered Therapy) are inappropriate. The intervention method must actively challenge and modify inappropriate behavior and attitudes.

Minimum Qualifications for Facilitators

It can be very difficult to assess the qualifications of batterer service providers. It is possible for an individual to hold an advanced degree and a license in the mental health services and to lack expertise in batterer intervention services. On the other hand, it is possible for an unlicensed individual to have a wealth of training and experience in providing batterer intervention services.

Thus, when assessing the qualifications of batterer intervention providers, one should assess the educational background, license or certification, and the training and experience that an individual has in providing batterer intervention services.

In almost all cases, the following requirements should be met:

- One facilitator must be a licensed or certified mental health service provider.
- Each facilitator must have completed at least 20 hours of victim-centered training which may include training offered by victim services provider programs, providing advocacy for battered women and their children, conducting women’s and children’s groups, or attending panels or presentations at which victims discuss their experiences of domestic violence.
- Each facilitator must have training and experience at facilitating psycho-educational groups (ideally, groups of resistant men).
- Each facilitator must have completed a nationally-recognized training program in providing batterer intervention services (e.g., the Duluth Model or EMERGE), which specifically addresses the dynamics of domestic violence within the context of power and control, the effects of domestic violence on victims and their children, the historical

³For a summary of this research, see *Anger, the Misunderstood Emotion*, by Carol Tavris (1989).

nature of domestic violence, the role of the facilitator, lethality assessment, teaching alternatives to violent and controlling behavior, and avoidance of facilitator collusion with batterers.

- Each facilitator should have substance abuse training specific to domestic violence.
- Facilitators must be committed to nonviolence.
- Facilitators must be committed to the ongoing development and monitoring of the methods and techniques used in the batterer intervention program.

Maintenance of Minimum Standards

- Batterer intervention service providers should complete approximately 10 hours per year of continuing training. This training might take on a number of different forms, depending on the needs of the individual program. However, the following educational experiences are especially useful in maintaining the effectiveness of service providers:
 - workshops, seminars, or conferences on domestic violence, batterer intervention services, laws concerning domestic violence, child abuse, or substance abuse.
 - supplemental experiences such as court attendance at domestic violence hearings, police ride-alongs, or supervised work at a victim services program.
- Service providers should develop a regular process for staffing case studies and processing major issues on an ongoing basis.
- Service providers should engage in regular and ongoing assessment that would be subject to review based on these standards by a monitoring and evaluation team.
- Service providers should be willing to participate in any local coordinating councils or task forces that are designed to develop, facilitate and/or monitor a collaborative community response to domestic violence.

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