

# PROPOSED MINIMUM STANDARDS FOR

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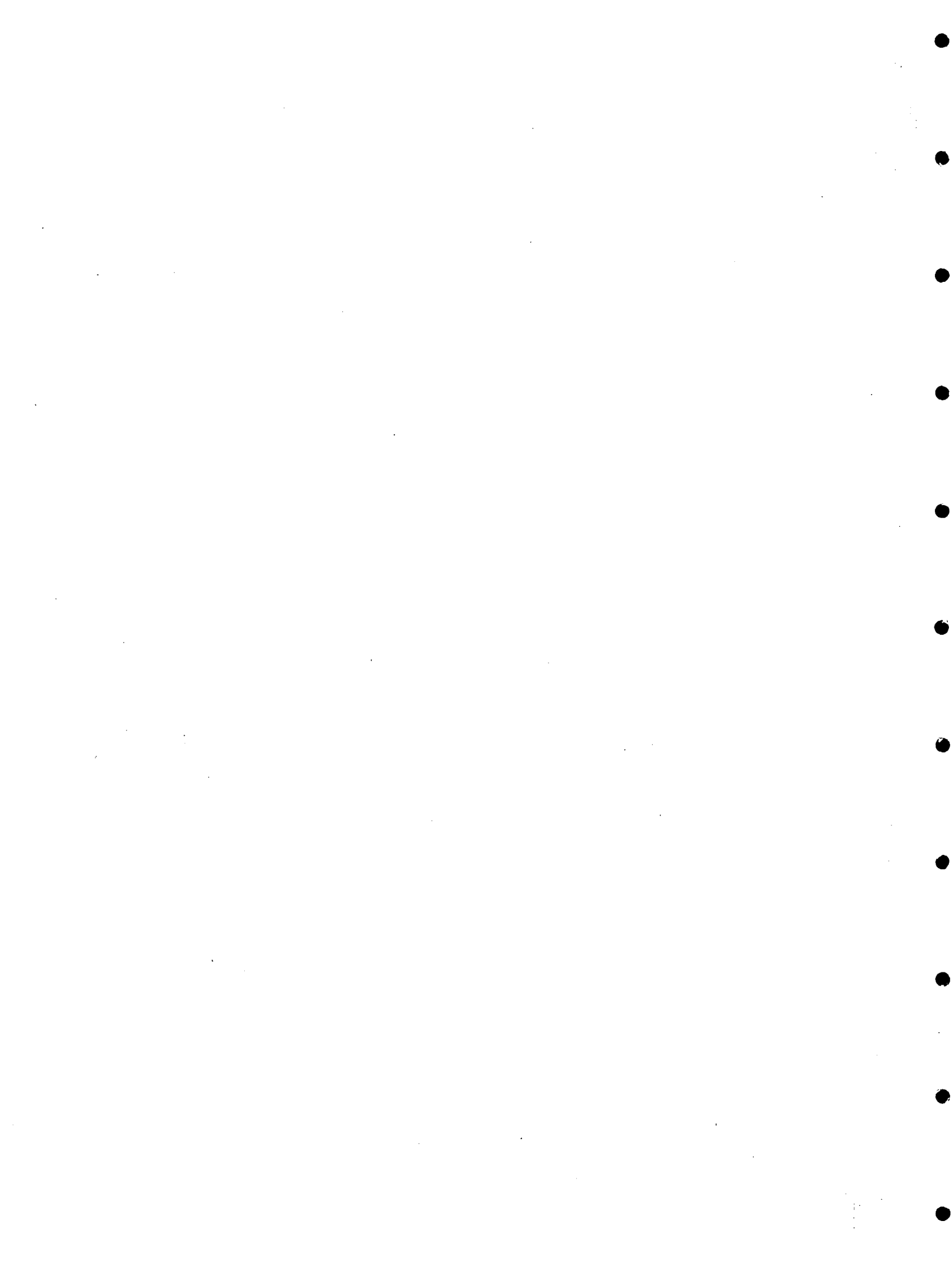
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# BATTERERS' TREATMENT IN FLORIDA

**Commission on Minimum Standards for Batterers' Treatment**

Submitted to  
Lawton Chiles, Governor  
December 31, 1994



**COMMISSION ON**



**BATTERERS' TREATMENT**

The Capitol  
Tallahassee, Florida 32399-0001

156991

December 31, 1994

The Honorable Lawton Chiles  
Governor of Florida  
The Capitol  
Tallahassee, Florida 32399-0001

DEC 31 1994

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ASSOCIATIONS

Dear Governor Chiles:

The Commission on Minimum Standards for BATTERERS' Treatment hereby submits its recommendations for your consideration. We are concurrently submitting copies of these standards to the Chief Justice of the Supreme Court, President of the Senate and Speaker of the House.

The 1994 Legislature created this Commission in response to a recommendation from the Governor's Task Force on Domestic Violence. The basis for both the Task Force recommendation and the Legislature's action is the belief that intervention with batterers is critical to stopping the cycle of violence in the home and preventing its recurrence, now and in future generations.

This Commission was comprised of victim advocates, batterers' intervention program providers, representatives of the criminal justice system and the military. We held numerous public meetings and received a great deal of important information from those giving testimony. We also consulted with various national experts and considered what other states have done in this area.

The primary focus of these standards is victim safety, and the safety of affected children. A secondary focus is that violence is a choice made by the perpetrator. As such, we must hold those who are violent accountable for their actions. These standards do this as they propose guidelines for programs on teaching batterers how to change or "unlearn" violent behavior.

These standards propose that the state certify the programs and personnel who provide intervention services to batterers. We believe that the Department of Corrections is the appropriate agency to carry out this certification and monitoring, as the vast majority of batterer program participants will be court-ordered probationers and already under supervision. Further, the Department of Corrections has experience in the area of administering standards for intervention and treatment programs, similar to those proposed here.

We are asking that the 1995 Legislature consider the adoption of these standards, and direct the Department of Corrections to develop necessary administrative rules. We propose that current programs in Florida have until July 1, 1996 to come into compliance with these standards. This will give them a sufficient opportunity to adapt and it will allow time for discussion of and education on the standards to take place in the communities of our state.

These standards are key to ending the cycle of violence. We thank you for the opportunity to work in this area and to serve the citizens of Florida. If we can assist further, please do not hesitate to call on us.

Sincerely,

Rita K. DeYoung, Chair  
Commission on Minimum Standards for BATTERERS' Treatment

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## EXECUTIVE SUMMARY

This report contains the Proposed Standards for Batterers' Treatment in Florida. In addition, the Commission makes specific proposals to the Legislature, suggests recommendations regarding itself and its future composition and duties, proposes transition time for those who are currently operating programs in Florida to come into compliance with standards, and provides a general background and introduction to the Commission and its work.

The batterers' intervention programs proposed here are designed to intervene in, and so stop, domestic violence. This proposal is to be accomplished through an intense focus on the batterer, his behavior, and the importance of the batterer taking responsibility for the violence and abuse. As this occurs, victims can be protected, recidivism can be reduced and justice system time and resources can be saved.

The proposed program is a minimum of 29 weeks in length and includes 24 weeks of mandatory group intervention led by trained facilitators. Programs and personnel are required to be certified by the state under these proposed standards. Both education and experience can count toward certification of facilitators and supervisors. Batterers are required to bear the costs of the programs, but each area is permitted to set fees on a sliding scale, and so gear payment toward the ability of the batterer to pay.

**Legislative recommendations** of the Commission focus on the establishment of a state program to certify minimum standards for batterers programs in Florida. The Commission has proposed that the Department of Corrections (the "Department") be the state certifying agency. The agency with certification responsibility must be one that deals regularly with offender-based programs, the courts, minimum standard compliance and is familiar with the criminal justice system as a whole. The Department of Corrections, and its Probation and Parole Services Program Office in particular, meets these requirements. For fiscal year 1995-96 it is estimated that the Department will require two staff positions and authority to begin certification program development and commence rulemaking. The Commission proposes that certification begin on July 1, 1996 and that the Legislature design this program so that it is entirely user-fee funded by the batterers and by fees collected from those seeking to become certified.

There are other aspects of the proposed standards which merit legislative consideration, including mandatory sentencing of offenders to probation and to batterers' intervention programs, making victim records confidential under Chapter 119, and making certain that juveniles who are tried as adults are not sent to batterers' programs that are designed for adult males. This may require amendment to Chapter 39, Florida Statutes.

The Proposed Standards are divided into fifteen sections. They are as follows:

**Section I, "Declaration of Purpose,"** states that the purpose of the standards is to establish minimum standards for batterers' intervention programs, the primary goal of which is victim safety. Purposes for both the specific curriculum for intervention and the program are outlined.

**Section II, "Definitions,"** provides definitions of key terms.

**Section III, "Declaration of Policies,"** sets overall policy direction for providers in the key areas of: safety for victims and their children, accountability of the batterer to the victim and community, the importance of a coordinated system response, specific procedures, program fees and funding.

**Section IV, "When Intervention is Appropriate,"** states that the standards are proposed for male battering of females and that for the other instances of abuse, such as female battering of males, battering in same gender couples and other intra-familial abuse, courts should look to other kinds of programming to deter and prevent violence. The Commission proposes (with some specific exceptions) that the court order batterers' intervention in all cases where it finds that domestic violence has taken place, whether in a civil context when it enters a permanent injunction for protection against domestic violence or in a criminal context when it finds that a person has committed an act of domestic violence.

**Section V, "Standards of Care,"** describes the critical aspect of system cooperation and accountability of the batterer to the court once the court enters its order. Victim safety is at great risk if the system does not act quickly when the batterer fails to comply. Therefore, notifications to the court and system-wide coordination are critical.

**Section VI, "Intervention Approaches,"** is a guide to what can work and what should be put in place to change a batterers' violent and abusive behavior. This section defines the psycho-educational model. This is a group intervention and accountability model that forces responsibility on the batterer for violence and abusive behavior while at the same time offering methods of "unlearning" violent behavior. The small minority of sentenced or referred offenders will not be appropriate for this group intervention on account of severe substance abuse, mental illness or mental capacity. They are described, and the standards propose to exclude such persons or make allowance for concurrent batterers' intervention and other treatment.

**Section VII, "Inappropriate Intervention Approaches,"** describes and disallows approaches that are not effective to change violent and abusive behavior. Programs that blame the victim or mandate victim participation in programs are dangerous, ineffective and send the wrong message that the victim is to blame for the abuse. Similarly, since the focus is on the batterer's behavior, the standards propose that couples, marriage or family therapy are inappropriate until the batterer has completed the full intervention program.

**Section VIII, "System Procedures and Flow,"** sets out the process for one who is court-ordered, HRS-referred or a volunteer to attend a batterers' intervention program. Since most participants will be court ordered, this process begins with that court order, is followed by an intake or enrollment, an assessment and an orientation. The assessment and orientation may occur in either order, but must be completed before the batterer enters the group intervention program. Procedures are outlined for failure to comply with the program. (The flow chart at Appendix B illustrates the overall system procedures and flow.)

**Section IX, "Conflicts of Interest,"** protects against conflicts of interest or the appearance of conflicts by providers, those performing the assessments and those carrying out treatment.

**Section X, "Assessment,"** shows the importance of a thorough assessment of the batterer prior to the beginning of the intervention program. Only those who are certified under these standards and who hold certain licenses under Florida law can perform these assessments. The purpose of the assessment is to provide valuable feedback to the court and to screen out of the batterers' intervention programs any person who is not physically or mentally able to attend the program.

**Section XI, "Program Specifics,"** describes 29 weeks of programming which includes 24 weeks of group interventions, with the remaining time allowing for administrative activities such as enrollment, intake, assessment and orientation. The groups must be at least 1 hour, 45 minutes long and no larger than 20 per two facilitators. Steps for intake, enrollment and



discharge are outlined. Attendance policies prohibit more than three successive, or a total of four, absences over the 24 week sessions. Follow-up is recommended, but not mandated, and follow-up procedures are proposed.

**Section XII, "Program Content,"** describes the basic 24 week psycho-educational intervention model. Tactics batterers use to control and abuse victims such as using threats, intimidation, emotional abuse, children, male privilege and isolation are mandatory aspects of programs. Specific program content for the groups is also outlined and length of time to cover these tactics is prescribed.

**Section XIII, "Qualifications for Batterers' Intervention Providers,"** sets out what program providers must do to be certified and assure the public of the quality of these programs. Prerequisites include proper knowledge of domestic violence and state law, maintenance of program records, overall compliance with standards relating to content and procedures, financial record submissions, personnel records and the development of internal rules and regulations.

**Section XIV, "Credentials for Batterers' Program Personnel,"** sets out what an individual must do in order to become certified as a supervisor or facilitator or to be a trainee. In setting these credentials, the Commission recognized that persons can be qualified to do this work based on education, work experience or both. Hence, basic requirements for a facilitator are a bachelor's degree to include at least six months of direct work with victims and batterers. In lieu of a bachelor's degree, two years of equivalent experience working with batterers and victims is allowed. Certification as a supervisor requires a master's degree, plus one year experience; a bachelor's degree plus two years of experience or three years experience in lieu of any degree. All supervisors must have had one year of management or supervisory experience prior to becoming certified. Trainees are also described and continuing education requirements are detailed.

**Section XV, "Program Monitoring and Evaluation Requirements,"** are critical to assuring that certified programs are complying with the law governing their operation. This section lists program requirements and gives instruction to the Department of Corrections as to how monitoring must be carried out. Providers and personnel are to be monitored on such items as program content, compliance with group dynamics, facilities, file maintenance, personnel, personnel policies and accountability to the community.



## **LEGISLATIVE RECOMMENDATIONS**

The Commission proposes that the 1995 Florida Legislature establish a process in Florida to certify and monitor programs providing intervention services to batterers, or those who commit acts of domestic violence, as defined. The elements of this program are described in the proposed standards which follow. The Commission requests that the Legislature consider the following:

1. Establishing of the batterers' intervention certification program in the Department of Corrections to govern: purpose, policies, standards of care, appropriate intervention approaches, conflicts of interest, assessment, program content and specifics, qualifications of providers and credentials for facilitators, supervisors and trainees.
2. Directing that the Department of Corrections commence rulemaking to establish specific procedures governing all aspects of program operation including administration, personnel, fiscal, batterer and victim records, education, evaluation, referral to treatment and other matters as needed.
3. Making the program user-fee funded once it is in operation on July 1, 1996.
4. Allowing until July 1, 1996 for the certification process to begin, so as to allow programs to adapt to the proposed standards.
5. Amending the law to require that judges sentence to a batterers' intervention program those convicted of, or who are sent to pre-trial diversion programs for, domestic violence acts. Similarly, amend the law to require that batterers' intervention programs be mandated for those against whom permanent domestic violence injunctions are entered. Both should be mandatory unless the judge makes specific written findings based on competent substantial evidence that the batterers' intervention program would not be appropriate for that offender or respondent.
6. Mandating that the term of probation for those who are convicted for an act of domestic violence shall be at least one year and that the term shall not be reduced even if the batterer completes the program or if there is an agreement to participate in couples, marriage or family therapy.
7. Creating and funding the Commission on Minimum Standards for Batterers' Intervention in the Executive Office of the Governor, to be appointed by the Governor and to include the following as permanent representatives: two persons with expertise in the treatment of batterers, one person from a state-certified domestic violence center, one state attorney designee, one public defender designee, one certified addictions treatment professional, one person from a state or county probation program, one county judge, one circuit judge, one person from the military, one person from the state university system who is familiar with the current research in the area and two others appointed at the discretion of the Governor. The Commission suggests two year terms for all thirteen members. The purpose of the Commission is found at page 1, under "Recommendations," and should include the critical task of developing a statewide strategy for an evaluation of these intervention programs. The Commission should sunset on December 31, 1998.



## **MEMBERSHIP OF THE COMMISSION ON MINIMUM STANDARDS FOR BATTERERS' TREATMENT**

The Commission on Minimum Standards for Batterers' Treatment was created by the 1994 Florida Legislature and established in the Office of the Governor. The Commission consisted of the following individuals appointed by the Governor: two persons with expertise in the treatment of batterers, one person from a state-certified domestic violence center, one state attorney designee, one public defender designee, one certified addictions treatment professional, one person from a state or county probation program, and four others appointed at the discretion of the Governor. The Governor requested a judge to serve as the special liaison to the Commission, and the Commission received assistance from the judges who serve on the Governor's Domestic Violence Implementation Task Force. The members of the Commission, the judicial liaison and judicial advisors from the Domestic Violence Implementation Task Force are:

### **MEMBERS:**

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Rita K. Clark, M.S.W., Director  
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Chief Executive Officer, Hubbard House, Inc.  
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Julianne M. Holt, Esquire  
Public Defender, 13th Judicial Circuit  
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V. Michael McKenzie, Ph.D., C.A.C.  
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**JUDICIAL LIAISON:**

The Honorable Deborah D. Pucillo  
County Judge, 15th Judicial Circuit  
West Palm Beach

**JUDICIAL ADVISORS FROM THE GOVERNOR'S IMPLEMENTATION TASK FORCE  
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The Honorable John Antoon, II  
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The Honorable Linda Dakis  
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Administrative Assistant

Nicole Tolbert  
Intern

## RECOMMENDATIONS ON THE COMMISSION

It is recommended that the Commission on Minimum Standards for Batterers' Treatment be renamed the Commission on Minimum Standards for Batterers' Intervention Programs and be established in the Office of the Governor for a period of four years. The duties of the Commission shall be to monitor implementation of standards, suggest amendments to the standards, make recommendations concerning in-custody intervention strategies for batterers, receive information from the public, suggest and initiate methods for evaluating program effectiveness statewide and carry out other tasks related to batterers' intervention programs as necessary. Further, it is recommended that the categories of membership remain the same except that two of the positions that are discretionary appointments of the Governor be designated for appointments from the military and the university system, respectively. Finally, a circuit and a county court judge should be appointed as permanent members of the Commission.

## TRANSITION TIME ALLOWANCE

Currently, there are providers of batterers' intervention services throughout the state. Most of these providers are receiving referrals from the court system. The Commission recognizes that the standards proposed here may differ from those now being used around the state, and so recommends that providers be granted a period of not less than one year, or by July 1, 1996, to bring their programs into compliance and become certified. The Commission recommends specifically against "grandparenting in," or waiving these certification procedures for existing programs, in favor of standardized and statewide certification. This will better ensure victim safety as well as clear, predictable and consistent programming. The proposed time period should be sufficient to allow a smooth transition to these standards as well as to allow the Department of Corrections enough time to prepare to certify these programs.

## BACKGROUND

In September 1993, Governor Lawton Chiles created Florida's first statewide domestic violence task force. The executive order creating that task force charged it with the responsibility of assessing and evaluating Florida's response to the epidemic of domestic violence. In its first report, issued January 1994, the task force recommended that there be created a Commission on Minimum Standards for Batterers' Treatment to propose criteria that would govern the various batterers programs operating around the state. The Legislature responded and created the Commission, charging it to set standards in the following areas:

1. standards of care for treatment providers;
2. general program policies and procedures;
3. education and training requirements for staff;
4. intervention standards and approaches;
5. discharge criteria;
6. program monitoring and evaluation requirements; and
7. the correlation between substance abuse and domestic violence.<sup>1</sup>

The Governor appointed the Commission in August, 1994 and it began work immediately. The Commission met in person in Tallahassee, Orlando, Tampa, Ft. Lauderdale, and Jacksonville, for a total of six meetings, as well as numerous times by teleconference. All meetings were publicly noticed. The Commission took public testimony from former batterers,

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<sup>1</sup> Chapter 94-135, Section 11. See Appendix A for the full text.

survivors, program providers, judges, attorneys, domestic violence center staff and general members of the public at each of its in-person meetings. These presentations were invaluable to the Commission's deliberations and the development of these standards.

The Commission relied heavily on the work done in other parts of the country and that which was begun in Florida by the Coalition of Batterers' Intervention Programs. Many of these jurisdictions had developed and implemented minimum standards for batterers' intervention programs.

The Commission divided into working groups to develop standards according to the mandates in the legislation. Each group presented the standards in draft form to the whole Commission and to the public for comment and revision.

This report is presented to the Governor, as mandated by the legislation, and the Supreme Court, President of the Senate and Speaker of the House for their consideration and action.



## INTRODUCTION

Domestic violence is a pattern of coercive behavior used by one person to control another. It comprises a whole range of controlling behaviors ranging from physical and sexual abuse, to mental torture, isolation and intimidation. The use of the term "domestic violence" in these standards is broader than the definition found in Florida Statutes, which is limited to assault, battery, sexual assault or battery, or any criminal offense resulting in death or injury.<sup>2</sup>

### Statement of Need

Over the past several years, Florida has seen an increase in the awareness of the crime of domestic violence and its effects. There has been a gradual increase in the number of arrests and, more than ever before, victims have filed and been granted injunctions for protection. The courts have been confronted with an increasing public demand that batterers be held accountable for their crimes, but judges have faced a dilemma concerning where to refer them for intervention services. There is a great need to know which programs or systems work to stop the violence.

### Prevalence

Domestic violence is prevalent among all races, ages, socio-economic groups, ethnicities, rural, urban and suburban areas, sexual orientations, religions and professions. It refers to violence between intimate partners such as spouses and others who form those kinds of bonds. This usage is much more limited than the definition in Florida Statutes, which includes all family or household members such as any person who is related by blood or marriage or who is, or has, resided together as if they were in a family.<sup>3</sup>

The prevalence of domestic violence comes, in part, from the legal precept that a wife and child were a husband's property and since he was legally responsible for the behavior of his wife and children, he could control them as he saw fit. Wife abuse, then, arose in part from the permission society once gave to husbands to beat their wives. It is well-documented that the "Rule of Thumb" was a reform instituted in England to allow husbands to discipline their wives and children with an object so long as it was no wider than his thumb.<sup>4</sup>

It was not until the late 1800's in this country that most states outlawed wife-beating. Legal prohibitions, however, did not create automatic prosecution, punishments and deterrence of these crimes. Many people viewed family violence as a private matter best resolved behind closed doors; this view is only gradually changing.

The phrase "it's only a domestic" is a remnant of the belief that crimes of family violence are not serious crimes. This belief is undercut by the fact that 17 percent of all violent crimes reported in Florida for 1993 were crimes of domestic violence. Last year, a person died at the hands of a family member once every 36 hours, according to the Florida Department of Law Enforcement. A further breakdown of those numbers shows that a domestic violence homicide is perpetrated by a spouse, ex-spouse or co-habitant in our state once every three days.

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<sup>2</sup> Section 741.28(1), Florida Statutes (1994).

<sup>3</sup> Section 741.28(2), Florida Statutes (1994).

<sup>4</sup> Rosenbaum, M. "The Prosecution of Domestic Violence: An Overview," Florida Bar Journal (Oct. 1994), citing Davidson, T. "Wife Beating: A Recurring Phenomenon Throughout History," Battered Women: A Psychological Study of Domestic Violence (1977).

Consequently, if resources such as court time, jail space, prosecutor availability or probation officer monitoring were allocated in ways that were commensurate with the prevalence and severity of these offenses, it is very likely that we would see our overall violent crime rate, including homicides, plummet. Likewise, delinquency among our many juvenile offenders would be significantly lessened.

The vestiges of the institutional and societal support for domestic violence and the later reluctance to punish and shun this behavior are with us today in several ways, including victim blaming. Even victims of violence often hold themselves responsible for the abuse inflicted on them, because that is what their abuser and society tell them. When anyone asks: "why does she put up with it?" or "why doesn't she leave?", a basic and incorrect belief is spoken. That is, the victim is responsible for the crimes and abuse, the victim has the means and power to stop the violence and if the victim leaves, that victim (and the children) will be safe. This not only is untrue, it is dangerous because it absolves or limits the batterer's responsibility.

### **Women: The Primary Victims of Violence**

The victims of domestic violence, overwhelmingly but not exclusively, are women. The FBI estimates that 95 percent of victims are women. The Florida Department of Law Enforcement statistics for 1993 show that about 75 percent of victims in Florida were women. This disparity between federal and state statistics is explained, in part, by a recent change in Florida law that allows for warrantless arrest in cases of domestic violence. That is, there has been an increase in the number of arrests of both parties to a domestic violence incident, including the female, even if she was acting in self-defense.<sup>5</sup> Another suggested reason for the large number of male victims may be due to violence between men in same gender relationships.

Battering occurs during pregnancy at alarmingly high rates. Some studies estimate between 17 and 25 percent of pregnant women are battered during pregnancy, with battering often beginning during the pregnancy. One third of the women seen in our emergency rooms are there on account of domestic violence, according to the American Medical Association.

In addition, seventy-five percent of the serious injuries to women are perpetrated by the abuser when she leaves. Society does not do what it should to support the victim leaving a violent relationship and to protect the family's safety.

### **The Children: Our Silent Victims**

Children are often the silent victims of domestic violence. They may not bear obvious scars or bruises, but children who live in violence suffer greatly. They are at high risk for physical abuse and for the emotional damage that may follow them throughout their lives. In addition to witnessing violence, children may also become direct victims of violence as fifty to seventy

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<sup>5</sup> The extent of mutual arrest, or arrest of one acting in self-defense, is unknown at this time. Law enforcement departments are encouraged to develop policies to instruct officers as follows:

When both parties are injured in a domestic violence incident, officers should conduct a thorough on-scene investigation and carefully evaluate all of the evidence and testimony, including evidence of self-defense and mitigating circumstances, before making an arrest. See First Report of the Governor's Task Force on Domestic Violence, (1994), Recommendation 121, p. 50.

percent of husbands who batter their wives also batter their children. In addition, children who witness violence are also at great risk of becoming batterers and so repeating the cycle of violence.<sup>6</sup>

Witnessing domestic violence and being a victim of such violence have profound negative effects on children. The cycle of violence is evidenced by the link between being exposed to violence in the home, and later criminal behavior. Based on one study of adult criminal records, individuals who had been identified by juvenile courts as abused or neglected were 42 percent more likely than those individuals who previously had not been abused or neglected to be in the adult criminal justice system.<sup>7</sup> "Safe schools," as well as the ability of children to learn and grow up healthy, is directly affected by their exposure to violence in their homes.

### **The Other Victims of Domestic Violence**

Males are also victims of domestic violence and this violence can be just as severe and tortuous as that which is experienced by females. Domestic violence also occurs among same sex couples. The dynamics of violence for female on male violence and violence between members of a same gender couple generally are different from the dynamics of "traditional" male on female violence. That is, motivation, method, severity and opportunities for help from law enforcement or others can vary depending on society's perception of and acceptance of that couple's relationship. Those professionals who see these cases, whether through the justice or social services systems, need to pay close attention to these dynamics in order to properly intervene.

### **Why Do They Batter?**

Many ask, "Why does he hit?" or "What could motivate a person to perpetrate this crime?" Simply put, abuse and violence work to maintain power and control over other family members. This violence is learned and reinforced by socialization and beliefs inherent in many institutions in our society. These institutions support and, by action or inaction, sustain the batterer whether by turning away from the problem, or by minimizing or "justifying" the abuse through excuses such as "he lost his job," "she got in his face" or "he only hits when he drinks." One abuse survivor, testifying before the Commission, put it succinctly when she said "the system is like the victim, it keeps on giving him another chance..."

### **Coordinating a Community Response**

Success in stopping or decreasing domestic violence has come as a result of a coordinated community response.<sup>8</sup> One system or one program within a system, cannot do it alone. For example, domestic violence centers that provide services to victims of violence cannot stop the violence; they provide primary emergency services. The courts within the justice system cannot function efficiently without support from law enforcement, the prosecution, victim services and the defense. The justice system, as a whole, cannot address this problem without support from the social services network and the health care community.

Programs that deal with batterers, likewise, can work only if they are part of, and supported by, other parts of the system. For example, if a batterer ignores a court order and fails to

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<sup>6</sup> See generally, The First Report of the Governor's Task Force on Domestic Violence, pp. 5-8.

<sup>7</sup> Ibid., p. 6.

<sup>8</sup> Programs in San Diego, California, Duluth, Minnesota and Quincy, Massachusetts are good examples of this kind of coordination and success.

attend a program, and is not brought back before the court to address failure to attend, the chances of successful intervention and changing that batterer's behavior are diminished significantly. If substance abuse programs do not educate their counselors on the dynamics of battering and abuse, the programs designed to address the abusive behaviors can be undermined and rendered ineffective.

### **Mental Health and Domestic Violence**

Those who batter rarely are mentally ill. For that reason, "treatment" for batterers has undergone an evolution in the last two decades. This has come about as professionals in the field have developed a deeper and more accurate understanding of the dynamics of domestic violence. That is, the use of violence to control another is a learned behavior that can be unlearned. In fact, this Commission has rejected the term "treatment" as it connotes an inherent disease or mental illness suffered by the batterer. Instead, this Commission calls the batterers' program an "intervention" which connotes an interruption in the behavior of the batterer with an opportunity to change.

This evolution in understanding batterer motivation has resulted, for example, in a rejection of the use of "anger management" courses or techniques that teach couples how to "communicate" more effectively. Many also thought that the battering and abuse would stop if the batterer became sober and halted any drug or alcohol abuse. This has not proven to be the case.

### **Substance Abuse and Domestic Violence**

A correlation exists between substance abuse and domestic violence. Researchers have reported that individuals who ingest illicit drugs, abuse alcohol, and/or prescription medication are at a greater risk for inflicting emotional abuse and physical violence on their spouse, children, and other family members.

However, it is a mistaken belief that alcohol and drug abuse cause domestic violence; they do not. Apart from putting the individual in a high risk category for domestic violence, alcohol and drug abuse affect how a person thinks, reasons, feels, and behaves. So when varying amounts of alcohol and drugs are in a person's body, he or she is likely to be unreasonable, short tempered, and easily angered. A person may choose to batter a spouse while under the influence of alcohol and/or drugs. If this person is already a batterer, violent behavior can increase with the use of alcohol and drugs. Clearly, substance abuse does not cause violent behavior; there are many alcohol and drug abusers who never batter or otherwise abuse their partners.

Batterers who are alcoholic, whether episodic or chronic, must receive substance abuse counseling along with, but separate from, the batterers' intervention program. Effective substance abuse treatment increases the likelihood that a reformed batterer will not engage in violence against the victim or the children.

### **What Works: Effective Interventions**

Judges annually sentence thousands of batterers to programs that they believe are structured to effectively monitor and intervene to change the batterer's behavior. These judges often do not know which programs are most effective and, consequently, to which they should order the batterer. These standards are designed to address this unmet need of the court system by giving a set of guidelines that dictate minimum service levels. Further, these guidelines will provide statewide uniformity to these programs.

It is important to note that these standards are designed to address the majority of domestic violence cases: men's violence against their female partners. These standards do not address interventions for cases where there is violence between siblings, violence between parent and child (including adult children as batterers or victims), other family members or same gender couple violence. Programs need to be developed and implemented to address the needs of these populations. These areas of intervention should be studied further and standards be developed for implementation.

### **Comparisons to DUI Program Certification**

Batterers' intervention program certification may be best understood if compared to current programs and procedures governing DUI programs in Florida. For while there are some differences, there are several conceptual policy similarities. A conviction for reckless driving with alcohol involvement and Driving Under the Influence (DUI) should result in an automatic and mandatory referral to one of the state's DUI programs.<sup>9</sup> Assessments are performed by licensed mental health professionals to determine, among other things, the extent of substance abuse and the need for treatment. (If indicated, this treatment is in addition to the mandatory DUI program.) The Legislature has made the policy determination that act of having driven while drunk requires a mandatory period of instruction.

The standards proposed for batterers also require that upon a court finding that an act of domestic violence has occurred, the court must order a batterer into a batterers' intervention program. Batterers' intervention programs are not treatment, just as DUI classes are not treatment. For both, concurrent or subsequent mental health or substance abuse treatment may be indicated. For both, this information is discovered during the assessment process. Like the DUI program at the state level, the Commission is proposing that the batterers' program be user-fee funded, that those who wish to be certified must apply to a state agency for certification and that certified persons and providers must be monitored by a state agency.

### **Conclusion**

The types of programs offered to batterers vary widely across the state in effectiveness as well as in other significant ways such as program length, cost, safety to victims and children, expertise and content. This great disparity will be lessened with the adoption of these standards. Yet, even with the adoption of minimum standards, there remains enough flexibility to allow for program innovations and expansion. These are minimum standards for programs, and any person or program may exceed them.

In many families where violence is a reality, its members do not always want to separate; they want the violence to stop. More specifically, those who experience violence perpetrated against them by their spouses often do not want the marriage to end, they want the violent behavior to end. They also want their children to grow up in a home that is free of violence and abuse so that the cycle of violence is not repeated and that mutual respect and equality can become a reality.

These standards are designed to give batterers who wish to stop their violence the opportunity to change. Successful implementation of these standards, which requires community coordination, can lead to violence-free family life in Florida as well as an interruption in the intergenerational perpetration of family violence that is spilling from our homes and into our schools and streets.

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<sup>9</sup> Sections 316.192 and 316.193, Florida Statutes.



## **I. DECLARATION OF PURPOSE**

### **A. Establish Minimum Guidelines**

The purpose of these standards is to establish minimum operating guidelines for batterers' intervention programs. The goals of these programs are to increase victim safety, eliminate violence in intimate relationships and stop other forms of abusive behavior. These standards will establish guidelines for batterers' intervention programs so that they can hold batterers accountable to their victims and society at large. The programs will educate, teach new skills to batterers and monitor their behavior.

### **B. Purposes of the Curriculum**

The purposes of the curriculum for intervention programs are to:

1. provide a model for intervention which identifies and remediates tactics of "power and control;"<sup>10</sup>
2. promote consistency of services statewide;
3. challenge beliefs of batterers so that they can see that they are accountable for their behavior and can change that behavior, especially when given appropriate alternatives; and
4. provide a model of violence-free behavior among family or household members to the program, its facilitators, and the community.

### **C. Purposes of the Programs**

The purposes of the program are to:

1. hold the batterer accountable, challenge the batterer's beliefs and teach new skills that will facilitate changes in that person's behavior;
2. serve as a role model while educating the batterer about alternative behaviors;
3. collect data to assist with evaluations of program effectiveness and recidivism;
4. disallow collusion and victim blaming by batterers and others;
5. challenge myths about domestic violence and promote "zero tolerance" of violent behavior;
6. coordinate services including referrals to other agencies for needed services;
7. heighten public awareness by making information available to the community; and
8. report compliance and non-compliance to the court.

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<sup>10</sup> See Pence, E. and Paymar, M. (1986). Power and Control: Tactics of Men Who Batter. The Duluth Model, Duluth, MN: Minnesota Program Development, Inc.





## II. DEFINITIONS

- A. **"Batterer"** refers to a male perpetrator.
- B. **"Domestic violence"** is defined in s. 741.28, Florida Statutes (1994), as "any assault, battery, sexual assault, sexual battery, or any criminal offense resulting in physical injury or death of one family or household member by another who is or was residing in the same single dwelling unit." For the purposes of these standards, the definition of domestic violence includes, but is not limited to: stalking or other patterns of coercive behavior that are used by one to control another by means of physical violence, sexual violence, emotional and psychological violence, intimidation, verbal abuse, economic control and other methods as depicted in the power and control wheel<sup>11</sup>.
- C. **"Facilitator"** means a batterers' intervention group leader.
- D. **"Family or household member"** is defined in section 741.28, Florida Statutes (1994) as "spouses, former spouses, persons related by blood or marriage, persons who are presently residing together as if a family or who have resided together in the past as if a family, and persons who have a child in common regardless of whether they have been married or have resided together at any time." However, for the purposes of these standards, "family member" is restricted to spouse, ex-spouse, cohabitant or former cohabitant who lived or live together as a couple.<sup>12</sup>
- E. **"Perpetrator"** refers to a person who commits an act of domestic violence.
- E. **"Provider"** means an entity or individual who provides batterers' intervention programs.
- F. **"Psycho-educational"** means structured educational interventions with batterers that are based on social learning theory and cognitive theory principles. It is fundamental to this model that battering behavior is learned and can be unlearned. The goal is to eliminate the participants use of violence and abusive behaviors.
- G. **"Supervisor"** means one who meets all facilitator requirements and supervisor criteria established by these standards and provides oversight, guidance, and evaluation to a trainee.
- H. **"Trainee"** means an individual in the process of becoming certified as a facilitator as required by these standards.
- I. **"Victim liaison"** means a person who is on the provider's staff or who contracts with the provider to contact the victim.

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<sup>11</sup> Ibid.

<sup>12</sup> Battering also occurs between persons who do not meet this definition, i.e., persons in dating relationships. A batterer who is dating the victim can also benefit from a batterers' intervention program. Currently, the court has the power to order such an abuser to a batterer intervention program. Nonetheless, this definition should be addressed at a future date to consider the reality of abuse between those who were (or are) neither married nor co-habitants.



### **III. DECLARATION OF POLICIES**

These standards are designed to meet the needs of victims and batterers, and in so doing, the whole community. Therefore, interventions with batterers must take place in the context of the following policy goals:

#### **A. Safety for Victims and Their Children**

1. Safety for victims of domestic violence and their children is primary to all aspects of batterers' programming.
2. Providers shall develop procedures which: adequately assess the safety of the victim, provide regular contact with the victim to verify the victim's safety, make sure that the victim is offered referrals or assistance and inform the victim of the batterer's status in the group.
3. Records of victim contact must be kept separate and secure from batterer files.<sup>13</sup>
4. Providers shall cooperate and communicate with area domestic violence center(s) so as to stay advised on common issues.
5. Programs are best developed where there are domestic violence centers and where economic, medical, psychological, and other support services are available to domestic violence victims.
6. Providers shall develop and implement procedures for reporting non-compliance to the courts.

#### **B. Accountability**

1. Batterers shall be held accountable to the fullest extent possible to victims and the community for their use of violence by paying costs associated with attending the intervention program either directly or through community service.
2. The community, especially local governments, the courts, law enforcement and social service agencies, should evaluate the availability of shelter, economic, medical, psychological, and other support services for domestic violence victims before dedicating resources to support local batterers' intervention programs. This will help increase the safety of victims and their children, as well as improve overall accountability.

#### **C. A Coordinated System Response**

1. Provider staff must be knowledgeable of the laws and the legal system as they pertain to domestic violence crimes including, but not limited to, criminal and civil remedies for victims and local law enforcement, prosecution and local court personnel, domestic violence rules and policies.
2. In conjunction with local domestic violence centers, providers should be involved in the training and education of justice system personnel.
3. Providers must have cooperative and regular communication with area domestic violence center(s).

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<sup>13</sup> If they are not currently protected by chapter 119, Florida Statutes, Florida's open records law, the Legislature should enact provisions to shield these records from public review as to do otherwise could seriously endanger victims. Moreover, if subpoenaed by any party to a court action, these records should remain sealed or available to the court only through in camera proceedings.

4. Providers should be informed of and, to the extent possible, participate in local, state and national coalitions that work toward the prevention and elimination of domestic violence.
5. Providers should cooperate with other victim service agencies that work with victims of domestic violence.

#### **D. Program Procedures**

Providers must comply with all standards set forth herein including, but not limited to, those related to: batterer acceptance into the program; provision of services which are empirically and ethically appropriate; intake; substance abuse screening; lethality assessments; release of information; participant rights; disclosure of program philosophy; and criteria regarding on-going evaluations, program length, attendance, fees and methods of payment, attendance, tardiness, participation, homework, concurrent treatments, alcohol and drug free participation, being violence free during the program and termination.

#### **E. Participant Fees<sup>14</sup>**

1. Participant fees should be based on a locally-determined sliding scale. Fees should be set after the program conducts an income evaluation using, among other things, the participant's most recent 1040 federal income tax form, other relevant income records or information which may be useful for an accurate determination of standard of living, income and ability to pay.
2. While there are many people who are close to indigence, a fee for services, no matter how minimal, should be assessed. Taking responsibility for the payment for services is an important part of the participant's taking responsibility for violent behavior.
3. If judges make a recommendation to waive fees for the program and assessment, they should only do so pending an inquiry conducted by the provider and the provider's determination of the batterer's ability to pay.
4. Participants in the batterers' intervention program should be allowed to pay their fees weekly. However, fees for the assessment shall be paid prior to or at the time of the assessment.
5. Participants should be allowed to participate in programs, and should be formally assessed, regardless of their ability to pay. However, before waiving fees, cases must show extreme hardship and should be the exception. If a participant cannot pay, fees should be waived in exchange for community service. Community service should not be ordered if the participant produces written proof of an infirmity which makes that participant incapable of performing any community service.

#### **F. Program Funding**

1. Providers should make every effort to collect fees from the participant. Programs need to be fee-supported and operate at least on a break-even basis.
2. Providers shall not compete for funds against domestic violence centers. Both are necessary to address the problems of domestic violence and they must exist in cooperation, not competition, with each other.

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<sup>14</sup> It is noted that certain programs, such as those offered by the armed services, are fully supported with government funding, and may not be mandate that participants pay a fee to attend.

#### **IV. WHEN BATTERERS' INTERVENTION IS APPROPRIATE**

##### **A. Persons for Whom Programs are Designed**

1. These standards primarily are designed for violence perpetrated by males against females in intimate relationships. However, it is recognized that violence is also committed by females against males.
2. Female batterers, juvenile offenders and offenders under the age of 18 who have been tried as adults<sup>15</sup> shall not be referred to or enroll in intervention groups for adult male batterers. These groups must be provided individual or group services separate from adult male services.
3. Gay perpetrators may enroll in programs for heterosexual perpetrators, if the court and the provider determines such group interventions to be appropriate.

##### **B. When and How Courts Should Order Batterers' Intervention**

1. Batterers' intervention is appropriate when the court (or the Department of Health and Rehabilitative Services, "HRS", if applicable) determines that a person has committed an act of domestic violence or if a permanent injunction for protection is entered by the court against that person.
2. Warnings about Mutual Arrest  

Batterers' intervention may not be appropriate where there has been a dual or "mutual" arrest. The court should evaluate dual arrest cases on the basis of whether either party was the primary aggressor and whether either had acted in self-defense. These determinations are critical to appropriate sentencing and referrals to intervention programs.<sup>16</sup>
3. Court Mandates
  - a. Batterers' intervention shall be mandated as a condition of supervision and as a condition of a permanent injunction for protection, unless the court supports makes written factual findings in its judgment or order which are based on competent substantial evidence, stating why batterers' intervention is inappropriate.
  - b. The court should determine how many times a batterer has been ordered to attend a batterers' intervention program and consider sentencing the batterer to jail, if after twice being ordered to attend the batterer intervention program, the batterer fails to complete it.

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<sup>15</sup> In 1994, there were changes to Chapter 39 relating to juvenile justice, including lowering the age of eligibility for waiver of juveniles to the adult criminal justice system. Further Section 39.0587(1)(3)4, Florida Statutes states that "once a child has been transferred for criminal prosecution..., the child shall be handled thereafter in every respect as if an adult..." This will result in a higher number of juveniles being sentenced to adult sanctions, but it is not an appropriate punishment to send a juvenile, or person under 18, to an adult group. Therefore, this Commission recommends that legislation should be adopted to clarify that juveniles, even if waived into the adult criminal justice system, shall not be placed in groups with adult males.

<sup>16</sup> For instance, in the case where a female was exercising self-defense and the male was the primary aggressor, it would be appropriate to refer a female defendant to a support group of the local domestic violence center, or similarly qualified provider. It would not be appropriate to refer her to a batterers' intervention program. In that instance, it would be appropriate to refer him to a batterers' intervention program.

**4. Probation**

- a. A minimum term of probation of one year should be ordered by the court so as to allow the batterer to complete the program. Probation should not be terminated by the court until the batterer has completed the program. Evidence of reconciliation or agreement to participate in couples, marriage or family therapy shall not affect the term of probation nor affect the determination in the court order that the batterer shall attend the intervention program.
- b. The court should order a level of intensity of supervision for probation (minimal, moderate or intensive) that is appropriate for that particular batterer.

**C. Pre-trial Diversion**

Pre-trial diversion is not recommended for domestic violence cases. However, it may be that some cases will be diverted for various reasons. Such diversions should not occur unless the contract mandates completion of the full program and allows for a one year term of supervision. Any pretrial diversion must be strictly monitored by the state attorney, the court or by any other entity if so designated by the court.

## **V. STANDARDS OF CARE**

### **A. System Response is Critical**

For interventions to work there must be an immediate, consistent, coordinated system response to domestic violence which will hold batterers accountable for their violence, and impart swift consequences for violent behavior. Failure to attend the program, or engaging in behavior that is in violation of the contract or terms of the court's order, should be addressed by the court in an expeditious manner. The court should determine how to modify and/or punish that behavior.

### **B. Provider Responsibility**

Providers are required to notify the court of the failure of the batterer to comply with the court's order or a substantive term of the provider's contract.

### **C. Intervention Standards**

Intervention must be intensive, long term, and court-mandated, while also being humane, affordable and reflective of the diversity of each community.

### **D. System Support**

Support from the judiciary, prosecution, law enforcement, correctional authorities, defense and social services are of paramount importance if these intervention standards are to be effective.





## **VI. INTERVENTION APPROACHES**

### **A. Theoretical Basis**

This model is "psycho-educational." It addresses abuse in both a personal and social context through gender-based expectations, beliefs, and attitudes. This model acknowledges that violence is a learned behavior and can be unlearned.

### **B. Group Intervention**

1. Group intervention for batterers is mandatory under these standards.
  - a. Groups shall be open (accepting new members on an ongoing basis).
  - b. Groups must be same gender.
  - c. For cases where there is a language barrier, separate groups should be created, based on the needs of the local population. If necessary, the court should make accommodations in cases where there is a language barrier.
2. Individual counselling is allowable under special circumstances such as a diagnosed psychiatric disorder and the provider must document individual counselling issues in the files.

### **C. Substance Abuse, Mental Health and Mental Capacity**

1. Substance abuse, mental health and mental capacity are to be evaluated during the intake and assessment phase.
2. Substance abuse, mental health and mental capacity need to be well-documented. A recommendation must be made in the assessment for batterers to enroll in and complete an appropriate substance abuse intervention.
3. Substance abuse or mental health treatment should not be ordered or provided in lieu of domestic violence interventions. Such treatment may be concurrent if conducted on an outpatient basis.



## **VII. INAPPROPRIATE INTERVENTION APPROACHES**

### **A. Victim Blaming**

Any intervention approach that blames or intimidates the victim or places the victim in any danger is not allowed. There is no behavior on the part of the victim which causes or excuses abuse. Batterers bear sole responsibility for their actions.

### **B. Victim Coercion or Mandates**

Any approach that coerces, mandates, or otherwise requires victim participation is inappropriate.

### **C. Couples, Marriage or Family Therapy**

Couples, marriage or family therapy is prohibited during the psycho-educational intervention phase. Such therapy may be used only when the batterer has completed the intervention program, violence has ceased, the victim is making decisions independent from the abuser and the victim is in agreement.

### **D. Other**

Additional inappropriate approaches or techniques are:

1. psychodynamic interventions which link causes of the violence to past experiences and unconscious motivations;
2. communication enhancement or anger management techniques which lay primary causality on anger;
3. systems theory approaches which treat the violence as a mutually circular process, blaming the victim;
4. addiction counseling models which identify the violence as an addiction and the victim and children as enabling or codependent in the violence;
5. gradual containment and de-escalation of violence;
6. theories or techniques which identify poor impulse control as the primary cause of the violence;
7. methods which identify psychopathology on the part of either party as a primary cause of violence;
8. fair fighting techniques, getting in touch with emotions or alternatives to violence; and
9. ventilation techniques.



## VIII. SYSTEM PROCEDURES AND FLOW<sup>17</sup>

### A. Overall Process

The suggested overall process regarding the flow of batterers into and through batterers' intervention programs is contained in this section. Some areas of the state may vary the order of this process.

### B. Voluntary Enrollment and HRS Referrals

Persons who volunteer or are referred by HRS may participate in batterers' intervention programs. They are required to adhere to the same general procedures as are court-ordered participants.

### C. Court Mandates

Unless the court makes written findings as provided in section IV(B)(3)(a), all persons who have been convicted of, or who have entered a diversion program for, a domestic violence offense or who have had a permanent injunction for protection entered against them, shall enroll in a batterers' intervention program. Such persons also shall comply with all regulations and requirements set by the provider pursuant to these.

1. The court shall give the batterer written information which shall include:
  - a. a list of certified providers in the area who offer batterers' intervention programs. The list shall include the name, address, phone number and any known times that programs are held; and
  - b. a statement that the batterer must undergo intake, assessment and orientation within ten working days from the date of the oral pronouncement of the court.<sup>18</sup>
2. Within fifteen working days of the oral pronouncement of the court, the batterer must deliver written proof to county probation (or other entity designated by the court) or to HRS, if referred by HRS, of compliance with item (1)(b) of this subsection.

### D. Information for Assessment

The following information should be given to the assessment provider by the court, law enforcement, or other justice system entity responsible for it, in an expeditious manner:

1. the arrest affidavit that gives information as to justify the arrest;
2. statewide injunction registry report;
3. police reports;
4. the pending order of protection or domestic violence injunction; and
5. court orders with case disposition and numbers.

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<sup>17</sup> See Appendix B for a flow chart showing the overall process.

<sup>18</sup> The provider shall not be held responsible for the failure to complete an assessment, or a late completion of an assessment, if the batterer does not adhere to the dates set by the court in this schedule.

**E. Failure to Comply**

1. County probation (or other entity designated by the court) shall notify the court, if the batterer fails to comply with the terms of this subsection, no later than two working days from when it receives notice of the failure to comply. This shall result in the batterer's immediate arraignment on the violation.
2. The prosecution should set the case for arraignment on the violation no later than 30 days after receiving notification of a failure to comply.

## **IX. CONFLICTS OF INTEREST**

It is important that both actual and apparent conflicts of interest among assessment providers, batterers' intervention providers and concurrent treatment providers be avoided. Therefore, the following safeguards are established:

- A. The court shall provide the batterer with a listing of area batterers' intervention programs. The batterer then makes a selection of which program to attend from that listing.
- B. The batterers' intervention program, chosen by the batterer, provides a listing of area assessment providers to the batterer. At that time, the batterer makes contact and schedules an assessment choosing from that assessment provider listing. This listing may include the same batterer intervention program already chosen by the batterer so long as that program is qualified under these standards to do the assessment.
- C. The completed assessment may include a recommendation that the batterer undergo treatment in addition to, or instead of, the batterers' intervention program. The provider shall give a list of those who can perform the treatment to the batterer and may include itself on that list if it is so qualified.





## **X. ASSESSMENT**

### **A. Purpose and Rationale**

1. A psychosocial assessment is an inherent component of all batterers' intervention programs. As such, it is not performed for the general purposes of judging the appropriateness of the batterer for the batterers' intervention program as that determination already has been made by the court. It is performed to:
  - a. screen out those persons from the batterers' intervention programs who may be dangerous or have severe mental illness and would not benefit from the program;
  - b. screen out those persons from the batterers' intervention program who have substance abuse problems or other impairments which make them unable to participate in the group intervention even with concurrent or preliminary treatment of those problems;
  - c. identify persons who would benefit from concurrent mental health or substance abuse treatment programs; and
  - d. elicit important information that the batterers' intervention program may use during the psycho-educational process including:
    - (1) most recent violent episode;
    - (2) violence in previous relationships;
    - (3) family of origin violence (observed or experienced);
    - (4) assessment of lethality to include:
      - (a) homicide risk
      - (b) suicide risk
      - (c) frequency/cycle of violence
      - (d) history of violence
      - (e) substance use/abuse
      - (f) assaults on other family members, including children
      - (g) previous criminal history/activity
      - (h) violence outside the home
      - (i) proximity of victim and offender
      - (j) attitudes toward violence
      - (k) life stresses and/or potential triggers
      - (l) accessibility to weapons
      - (m) obsession over victim
    - (5) assessment of other forms of abusive behavior (emotional, sexual, financial, etc.);
    - (6) substance abuse assessment; and
    - (7) a mental health assessment.
2. A psychosocial assessment report must be completed and forwarded to the provider within five working days of its being conducted.
3. Those who are inappropriate for group must meet the rejection criteria described at section XI(J)(b) and will be immediately referred back to the referral source within five working days.

**B. Costs**

The costs of the psychosocial assessment must be borne by the batterer, and may be on a locally-determined sliding scale.

**C. Length of Assessment**

A thorough psychosocial assessment will require a minimum of one hour to complete.

**D. Qualifications of Assessor**

This assessment may only be performed by a person certified under these standards and who also is:

1. licensed under Chapters 490 or 491;
2. license-eligible under Chapters 490 or 491 (so long as that person is working under the supervision of a Chapter 490 or 491 licensee); or
3. a psychiatrist licensed under Chapter 458, Florida Statutes.

## **XI. PROGRAM SPECIFICS**

### **A. Length of Program**

The length of the intervention is 24 group sessions which must be completed in at least 29 weeks. Intake, assessment and other necessary administrative tasks may add two weeks to the total length of the intervention and are included in the 29 week period.

### **B. Time**

Each group session will be 1 hour and 45 minutes for a total of 42 hours over the 24 sessions.

### **C. Size of Group**

The maximum group size will be 10 members for one facilitator with no more than 20 group members per two facilitators.

### **D. Co-Facilitation**

Group interventions may be co-facilitated by one male and one female for the purpose of modeling healthy egalitarian relationships and to monitor the group process. However, this is not mandatory.

### **E. Enrollment/Intake (one hour minimum)**

1. An intake shall be performed by the batterers' intervention program chosen by the batterer from the list of providers given to the batterer by the court.
2. A contract must be signed by the batterer which includes:
  - a. an outline of program content showing the dynamics of power and control, the effects of abuse on the victim, children and others, gender roles, socialization, and the nature of the violence;
  - b. attendance policy of 24 weeks, including batterer attendance at group sessions free of drugs, alcohol and violence;
  - c. suspension and termination criteria;
  - d. program rules and regulations;
  - e. disclosure of information statement that says the following will be reported to the appropriate person(s) including the victim, courts or probation:
    - (1) any serious threats that the batterer may make to do bodily harm to the victim or to any other person or to commit suicide; or
    - (2) any belief that child abuse or neglect is present or has occurred, which also will be reported pursuant to section 415.504, Florida Statutes.
  - f. the following language in the contract entered into by the batterer: "Please be advised that this program is under a continuing obligation to disclose any conduct you willfully chose to engage in which poses a threat to the victim, his or her property, or to

- third persons related to the parties." (Continuing Duty to Disclose Information. Fla.R.Cr.P. 3.220(j));
- g. provider expectations such as participation and homework and that the batterer will be held accountable for abusive and violent behavior;
  - h. safety planning;<sup>19</sup>
  - i. consent to periodic, random blood or urine testing, upon good cause, to be paid for by the batterer;
  - j. notice that the victim will be contacted; and
  - k. specific release of information for collateral treatment.
3. The provider may contract with the batterer for video/audio recordings of group sessions for the purposes of internal instruction, education, research or program monitoring. However, agreement to such a contract provision is not mandatory for the batterer.
  4. The provider may gather information for an abuse history and shall attempt to gain a commitment from the batterer to participate in the program and be violence-free.

#### **F. Assessment**

1. An assessment, as described in section X, shall be performed only by a person described in that section and shall be used by the provider as described.

#### **G. Orientation**

1. The batterers' intervention program shall perform an orientation.
2. The minimum time for orientation is a one hour and forty-five minute session. Orientation should include:
  - a. the definition of domestic violence;
  - b. domestic violence statistics;
  - c. an introduction of the power and control wheel;<sup>20</sup>
  - d. an introduction of the equality wheel;<sup>21</sup>
  - e. an overview of rules and regulations;
  - f. the completion of a safety plan; and
  - g. an overview of effects of domestic violence on children.

#### **H. Victim Contact and Related Services**

1. Agencies will ensure that the victim liaison be the same gender as the victim. This will assure that attention is paid to gender issues, the safety

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<sup>19</sup> As defined by Texas Standards, safety planning for batterers includes a portion of the curriculum pertaining to awareness of abusive/violent behavior and patterns (e.g., the power and control wheel), violence avoidance techniques (e.g., time out procedures that inform the victim/partner appropriately and are not used to control her), controlling behavior logs, and nonviolence maintenance (e.g., "buddy" phone calls, additional support groups, relaxation, and exercise).

<sup>20</sup> See Pence and Paymar (1986).

<sup>21</sup> Ibid.

of the victim, and will help to foster an uninhibited flow of information. Victim liaison services may be subcontracted for a fee to a party such as the local domestic violence center or other victim advocate program within the community which will also be required to adhere to these gender-specific requirements for contact.

2. Unless the victim requests otherwise, the provider shall contact the victim at least once every three months, or monthly if possible, during the batterer's participation in the program, unless the victim requests otherwise.
3. The first victim contact shall be within two working days after the batterer enrolls in the program.
4. The provider shall use its best efforts to contact the victim, making at least three documented attempts to contact the victim by telephone. If telephone contact is unsuccessful, the provider shall use regular mail to send a letter to the victim and retain a copy of the letter sent. If that letter is returned unopened, that letter and its envelope shall be retained in the file. This letter must provide information about the program, potential lethality of the batterer, how to contact the batterer's probation officer (name, address, phone number) and other important information about whom to contact to get help.
5. The provider shall use its best efforts to notify the victim by phone or regular mail within two working days when the batterer completes, or is terminated from, the program.<sup>22</sup> All attempts to notify the victim shall be documented in the files.
6. The provider must immediately attempt to report any threat of violence from a batterer to a prior victim or potential victim, and if not successful, must immediately contact local law enforcement. This action must be documented in the batterer's file to show attempted contact with the victim(s), and contact with law enforcement.
7. Any information obtained from victims shall be deemed confidential and not be disclosed to any third party without specific, written authorization from the victim or order of the court.

#### **I. Program Attendance and Attendance Policy**

1. The batterer must attend the 24 week sessions that comprise the batterers' intervention program. However, the batterer cannot begin that program until assessment and orientation are completed.
2. Three successive absences may result in termination from the program and such a termination shall be within the discretion of the provider. A total of four or more absences during the 24 week intervention program shall result in an automatic termination from the program. The provider immediately must report any termination to the court or, if applicable, to HRS.

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<sup>22</sup> See Article I, section 16, Florida Constitution and Chapter 960, Florida Statutes regarding these and other victims rights issues.

## J. Discharge

1. There are three major categories of discharge.

a. Completion

The batterer has been in compliance with the rules and regulations, attended scheduled appointments, participated at an acceptable level, and completed homework and other assignments.<sup>23</sup>

b. Rejection

If the batterer is rejected, the provider must document the reason for rejection, make specific recommendations to the court and inform the victim of the rejection. The provider can reject the batterer for services due to:

- (1) extensive psychiatric history including an active mental health history;
- (2) extensive criminal record of violent crimes;
- (3) chronic substance abuse or chemical dependency that requires completion of a residential treatment program; and
- (4) an inability to function in a group due to limited mental ability.

c. Termination

- (1) If a batterer is terminated from the program, the provider must:
  - (a) document clearly and specifically the reasons for termination without jeopardizing the safety of the victim;
  - (b) make specific recommendations, including alternatives such as weekend incarceration, community service hours, probation violation and return to the program;
  - (c) inform the victim of the termination; and
  - (d) inform the court of the termination.
- (2) Termination occurs when the batterer is expelled from the program for:
  - (a) recurrence of violence and/or arrest;

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<sup>23</sup> Providers have reported that an ethical dilemma is posed when a victim informs them that the batterer has continued violent behavior and requested that the provider hold this information confidential. The provider's dilemma is whether to keep the victim's information confidential and report to the court that the batterer has "completed" the program, (as requested by the victim who has fears of the batterer retaliating if it is disclosed), or report to the court that the batterer has not "completed" the program. This dilemma is not resolved by these standards. Providers should conduct safety planning with the victim, and utilize alternative methods of uncovering information that supports victim reports of violence.

- (b) failure to abide by the rules and regulations of the program including absences and other matters as set forth in these standards;
- (c) failure to participate and attend sessions; and
- (d) attending group under the influence of alcohol or drugs.

**K. Concurrent or Subsequent Treatment**

Concurrent or subsequent treatment for mental health or substance abuse problems may take place during the psycho-educational program.

**L. Follow-Up Services (Optional)**

1. Follow-up services can occur only after the minimum requirements of batterer intervention program have been met. Follow-up should take place twice a month, total 21 hours and consist of one hour and forty-five minute sessions, as follows:
  - a. the first eight sessions should emphasize the tactics of power and control; and
  - b. the last four sessions should emphasize giving back to the community (e.g., jail visits to others arrested for domestic violence, speaking engagements and co-facilitation).
2. If agreed to by the victim, the batterer may engage in couples, marriage or family therapy after completion of the psycho-educational program.





## **XII. PROGRAM CONTENT**

### **A. Model**

Program topics must closely follow a model that depicts an overall system of physical and sexual abuse where the batterer uses methods and tactics of power and control over a victim.<sup>24</sup>

1. Those tactics are:
  - a. using intimidation;
  - b. using emotional abuse;
  - c. using isolation;
  - d. minimizing, denying, and blaming;
  - e. using children;
  - f. using male privilege;
  - g. using economic abuse; and
  - h. using coercion and threats.
2. A minimum of two to three sessions (for a total of 24 weeks) must be devoted to each specific tactic of power and control.

### **B. Content**

Batterer providers also should address each of the following content areas in the intervention sessions:

1. assisting the batterer in taking responsibility for violent and abusive behavior;
2. defining domestic violence;
3. erasing myths and beliefs about domestic violence, including myths about provocation;
4. teaching about the cycle of violence;
5. helping batterers to learn to identify behavior, emotional, and physical cues which signal escalating anger and the need for using a time-out;
6. improving the batterer's ability to identify and articulate feelings;
7. identifying profiles of batterers;
8. improving listening and communication skills and listening with empathy;
9. improving problem solving skills;
10. improving negotiation and conflict resolution skills;
11. teaching stress management techniques;
12. challenging stereotypical gender role expectations;
13. improving self-esteem;
14. developing and improving support systems;
15. exploring the socio-cultural basis for domestic violence;
16. identifying the effects of distorted thinking on emotions and behavior;
17. comparing self-control versus power and dominance;
18. identifying the effects of domestic violence on partner, children, self, and others;

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<sup>24</sup> One model that does this is Pence, E. and Paymar, M. (1993) Education Groups for Men who Batter: The Duluth Model. NY: Springer.

19. learning about the relationship of alcohol and drug use/abuse with domestic violence; and
20. exploring the role of ethnicity and culture in domestic violence.

### **XIII. QUALIFICATIONS FOR BATTERERS' INTERVENTION PROVIDERS**

#### **A. Application Prerequisites**

An entity or individual who meets these requirements for providing batterers' intervention programs must make written application in order to become certified by the state. The application must include evidence that the applicant seeking to become certified does not have a conflict of interest and the applicant must disclose any perceived or potential conflict of interest. In addition, provider applicants must:

1. demonstrate an understanding of and compliance with the state established minimum standards, including philosophy and goals;
2. ensure that qualified facilitators are on staff (or are subcontracted) to facilitate groups;
3. provide trained supervisor(s) to monitor compliance of facilitators' use of minimum standards;
4. draft a program policies and procedures manual incorporating all elements and criteria of the statewide minimum standards;
5. ensure that facilitators and supervisors receive the ongoing minimum training as required by law;
6. maintain individual records on each batterer to include attendance, payment of fees, and weekly status. Providers must notify the referral source (courts, probation, state attorney) of any violations, including failure to enroll;
7. maintain records of partner contacts and hold confidential information the partner requests be held confidential. Providers will agree not to coerce victims into treatment or imply that they should seek help. Rather, they will routinely be referred to support groups of the local domestic violence center or similarly qualified provider;
8. participate in quarterly meetings with area-wide domestic violence coalitions, other intervention programs, and representatives of the local referral sources;
9. provide for weekly intake and weekly orientations;
10. obtain contracts for participation from each batterer;
11. collect fees weekly based on the locally-determined sliding scale. (Indigent cases will be accepted as outlined herein and included in groups with those who can pay);
12. agree not to do couples, marriage or family counseling until the batterer has completed the program, and then only if the victim agrees. (This applies to other violent relationships that may access the provider through other means); and
13. agree to cooperate with other service providers who may be providing concurrent treatment in substance abuse, mental health or other areas.

#### **B. Supplemental Requirements**

The initial application for provider certification also must include:

1. prior year financial audit performed by a certified public accountant, if the provider has been in operation for one year. (If the provider has not been in operation for one year prior to the application, an audited statement of financial viability shall be required);
2. proof of insurance (general liability, fire, etc.);

3. proof of accessibility to persons with disabilities in accordance with Public Law 101-36, Americans With Disabilities Act, USC s. 504 of the Rehabilitation Act (29 USC 704, the Architectural Barriers Act of 1968 (42 USC 4151-4157, as amended.) Uniform Federal Accessibility Standards 795, 29 June, 1987;
4. a signed Public Entity Crimes statement in accordance with s. 287.133 (3)(a), Florida Statutes (1994);
5. a statement that the agency is an Equal Opportunity Employer (EOE) and that it has a hiring policy that supports employment of persons who represent the demographic diversity of the local area.
6. a drug-free workplace policy;
7. code of ethical conduct for staff that actively promotes work on staff's own issues of power and control and prohibits:
  - a. use of violence;
  - b. use of illegal drugs;
  - c. use of alcohol prior to or during working hours;
  - d. conflicts of interest;
  - e. sexual conduct with program participants;
  - f. romantic, domestic or familial relationships between supervisors and supervisees;
  - g. unresolved and negative personal issues regarding domestic violence; and
  - h. unresolved criminal conduct.
8. safety plan for facilitators (i.e., C.P.I. or Act Training); and
9. duty to warn policy.

**C. Records of Personnel and Contract Workers**

The provider's personnel records must contain the following information regarding each staff member and all contract workers:

1. name, address, home phone number, social security number, date of birth;
2. passport size photograph;
3. name, contact information of closest relative and emergency contact;
4. monthly record of site work, batterer contact hours, training provided during in service and court observations;
5. appropriate references;
6. training goals clearly stated;
7. criminal background check;
8. statewide injunction verification registry background check;
9. personal statement of interest and goals;
10. job description and supervisor role;
11. privacy act statement; and a
12. program philosophy and mission statement.

#### **XIV. CREDENTIALS FOR BATTERERS' INTERVENTION PROGRAM PERSONNEL**

##### **A. Purpose**

The purposes of these standards are to:

1. promote uniform professional standards of competence and ensure quality psycho-educational interventions with batterers; and
2. provide public assurance that certified providers, supervisors and facilitators are qualified based on a standardized set of criteria.

##### **B. Prerequisite Credentials for Facilitators**

1. The educational/work experience requirements for facilitators are:

- a. Bachelor's degree in social science, education or similar field, to include:

- (1) 104 hours of direct face-to-face contact facilitating or co-facilitating batterers' groups using the power and control model. These requirements must be completed in not less than six months; and
- (2) 40 hours of victim-centered training which can include providing advocacy to battered women and their children, conducting women's and children's groups, attending victim panels or presentations at which victims discuss their victimization and any other program or training where victim issues are taught.

**or in lieu of a bachelor's degree,**

- b. Two years of equivalent experience working with victims and batterers. Only purposeful and substantive victim or batterer interventions, working directly with facilitators or co-facilitators will fulfill this requirement. This must include:

- (1) 104 hours of direct face-to-face contact facilitating or co-facilitating batterer's groups using the power and control model. These requirements must be completed in not less than six months; and
- (2) 40 hours of victim-centered training which can include providing advocacy to battered women and their children, conducting women's and children's groups, attending victim panels or presentations at which victims discuss their victimization and any other program or training where victim issues are taught.

2. Preferred Experience

Experience with cognitive behavior and learning theory, and other psycho-educational practices are preferred but not required.

### 3. Knowledge and Skills

The facilitator applicant must have:

- a. Completed 32 hours of a state-approved course on batterers' intervention and ability to demonstrate the following:
  - (1) an understanding of the dynamics of domestic violence within the context of the power and control model;
  - (2) an understanding of the effects of domestic violence on victims and their children and the critical nature of safety plans;
  - (3) an understanding that domestic violence is deeply rooted in historical attitudes towards women and is intergenerational;
  - (4) an ability to recognize risk factors associated with homicide, suicide, domestic violence, self-mutilation, and other violently aggressive behaviors, including displaying weapons;
  - (5) an understanding of the phases of intervention including self-generated crises, impasses, plateaus, resistance, and relapse; and
  - (6) a familiarity with state and federal regulations concerning domestic violence, including the policies affecting treatment of court-ordered program participants, child abuse, divorce and custody.
- b. An ability to actively listen and process.
- c. An ability to assess participant's comprehension and incorporation of material.
- d. Four hours of riding along with local law enforcement.
- e. Four hours of court attendance during domestic violence cases.
- f. Four hours of learning about the grief and loss processes and self-help fellowship resources available in the local community.
- g. Eight hours of substance abuse training resulting in the ability to recognize and make appropriate referrals.
- h. An understanding of childhood trauma, physical, psychological, emotional or sexual abuse and their correlations to domestic violence.

### 4. Problem Solving Skills

Problem solving skills for the facilitator require:

- a. An ability to identify routine problems and conduct crisis intervention/management using de-escalating and restraining techniques, and
- b. A knowledge of appropriate timing of interventions to include identification of inconsistencies or discrepancies in beliefs, values, feelings, thoughts and behaviors.

## 5. Principal Duties

The principal duties of the facilitator are to:

- a. Facilitate or co-facilitate weekly intervention groups utilizing the established curriculum and techniques.
- b. Model appropriate boundary setting, confrontation, refraining, paraphrasing, reflection, and clarification.
- c. Identify and eliminate collusion or complicity, and intragroup conflicts for individual and group growth.
- d. Communicate non-hostility, respect, unconditional acceptance of ethnocultural and lifestyle differences.
- e. Teach and model problem-solving skills and non-violent behavior options.
- f. Recognize and process denial and minimization and other defense mechanisms.
- g. Establish rapport and understanding in a non-judgmental and objective manner so as to build trust, reduce resistance, and elicit the necessary feedback to gauge understanding of intervention information imparted.
- h. Appropriately confront acts of domestic violence and other counterproductive behavior(s).
- i. Elicit self-disclosure to enhance participant's self-exploration.

## 6. Other Duties

Other duties include:

- a. Organizing and summarizing batterer data and reports from other professionals including law enforcement and the judiciary;
- b. Providing for the enrollment and orientation of batterers;
- c. Providing for release of information/authorization forms and observing confidentiality as agreed;
- d. Collecting fees from each participant weekly;
- e. Maintaining accurate attendance records and follow guidelines for termination; and
- f. Providing for individual participant records to include documentation of attendance, participation, payment of fees, victim contacts, and other documentation as necessary.

## 7. Continuing Education and Participation Requirements

Twelve hours of total education or experience annually in any of the following areas as they pertain to batterers' intervention are required:

- a. alcohol evaluation and treatment;
- b. domestic violence and the law;
- c. court attendance during domestic violence hearings or trials;
- d. riding along with local police;
- e. work with a state-certified domestic violence center;
- f. evaluation and intervention with families where domestic violence is present; and
- g. completion of a power and control model training.

### **C. Prerequisite Credentials for Supervisors**

1. The following are prerequisites for supervisor certification:
  - a. all facilitator education/work experience requirements;
  - b. any of the following education and experience levels:
    - (1) a master's degree in social sciences, education or similar field, plus one year of equivalent experience working with victims and batterers. Only purposeful and substantive victim or batterer interventions, working directly with facilitators or co-facilitators will fulfill this one year requirement. This must include:
      - (a) 104 hours of direct face-to-face contact facilitating or co-facilitating batterer's groups using the power and control model. These requirements must be completed in not less than six months; and
      - (b) 40 hours of victim-centered training which can include providing advocacy to battered women and their children, conducting women's and children's groups, attending victim panels or presentations at which victims discuss their victimization and any other program or training where victim issues are taught.

**or in lieu of a master's degree**

- (2) a bachelor's degree in social sciences, education or similar field, plus two years of equivalent experience working with victims and batterers. Only purposeful and substantive victim or batterer interventions, working directly with facilitators or co-facilitators will fulfill this two year requirement. This must include:
  - (a) 104 hours of direct face-to-face contact facilitating or co-facilitating batterer's groups using the power and control model. These requirements must be completed in not less than six months; and
  - (b) 40 hours of victim-centered training which can include providing advocacy to battered women and their children, conducting women's and children's groups, attending victim panels or presentations at which victims discuss their victimization and any other program or training where victim issues are taught.



**or in lieu of a master's or bachelor's degree**

- (3) three years of equivalent experience working with victims and batterers. Only purposeful and substantive victim or batterer interventions, working directly with facilitators or co-facilitators will fulfill this three year requirement. This must include:
    - (a) 104 hours of direct face-to-face contact facilitating or co-facilitating batterer's groups using the power and control model. These requirements must be completed in not less than six months; and
    - (b) 40 hours of victim-centered training which can include providing advocacy to battered women and their children, conducting women's and children's groups, attending victim panels or presentations at which victims discuss their victimization and any other program or training where victim issues are taught.
  - c. three or more years of domestic violence facilitator experience, which may include the following areas:
    - (1) domestic violence training;
    - (2) teaching domestic violence in high school or post secondary teaching in domestic violence;
    - (3) domestic violence program development, implementation, monitoring, or evaluation;
    - (4) documented research conducted in the field of domestic violence; and
    - (5) authorship of publications in the field of domestic violence.
  - d. One year management or supervisory experience.
  - e. Certification as a domestic violence facilitator.
2. Applicants for supervisory certification may provide supervision as a supervisor trainee under the supervision of or on a contract basis with a person who is licensed under Chapter 490 or 491, Florida Statutes.

**D. Prerequisite Credentials for Trainees**

1. A trainee must work under the direction of a trained facilitator and his/her supervisor, or under the direction of a certified domestic violence center to gain the six months field experience that is required.
2. Trainees are encouraged to:
  - a. spend twenty hours a week at the area certified domestic violence center during the first ninety day period of their apprenticeship, and
  - b. co-facilitate groups with a certified facilitator for ninety days, under the direction of a qualified supervisor, for a minimum of twenty hours per week.

3. Experience may be voluntary or part of a university internship program; paid or unpaid, but must be documented by the provider.
4. Additional evidence of meeting the other minimum requirements are:
  - a. completing 32 hours of state-approved course work on batterers' intervention;
  - b. four hours of riding along with police;
  - c. four hours of attending court during domestic violence cases
  - d. four hours of training on grief and loss;
  - e. eight hours of substance abuse training resulting in the ability to recognize and make appropriate referrals; and
  - f. committing to twelve hours of continuing education annually to learn state of the art techniques for batterers' intervention, and/or related research.

**E. Reciprocity**

Florida will grant reciprocity to those from states with equivalent or more rigorous certification requirements upon submission of appropriate proof of certification standards and applicant certification.

**F. Moral Character**

To be certified under this section, you must be of good moral character.

**G. Decertification**

Decertification of batterer program personnel shall be governed by chapter 120, Florida Statutes (or applicable statute providing for due process and disciplinary actions against certificate holders.)

## **XV. PROGRAM MONITORING AND EVALUATION REQUIREMENTS**

### **A. Rationale**

Program monitoring and evaluation shall be conducted by the Department of Corrections (The "Department"). The Department must determine that providers are complying with required policies, such as partner contact, duty to warn, progress and termination plans for group participants, and are not providing inappropriate services such as marriage and family counseling as determined by these standards, and are following any applicable rules and regulations. Site visits shall be conducted to ensure providers are in compliance with basic standards relative to group content, philosophy, and approach that must be adhered to ensure accountability of the batterer, safety of the victims and overall provider compliance. During site visits, documents and forms will be examined to determine provider compliance with the requirements.

### **B. Provider Accountability**

Providers shall be held accountable for the quality, consistency, and reliability of their interventions by continuing evaluation of programs and staying informed of current issues and research in the relevant fields.

### **C. Liability**

Providers shall provide documentation of current items listed in section XIII(B)(2).

### **D. System Flow Compliance**

1. Providers shall provide written documentation of compliance with section VIII regarding system flow.
2. Providers shall have a written procedure for exclusion criteria, and a plan to quickly notify the court, if the batterer is excluded as in section XI(J)(b).

### **E. Fee Structure**

Providers must demonstrate compliance with section III(E)-(F) regarding program fees.

### **F. Intake and Disclosure of Information**

1. Providers shall be monitored to ensure that batterer's contracts are in their individual files. Court-ordered and voluntary batterers entering batterers' intervention programs shall be required to sign a contract as described in section XI(E)(2). Providers shall provide written policies regarding disclosure of information to victims, courts, and probation officers.
2. Providers shall be responsible for knowing and having access to all information in the assessment and shall apply such information, as necessary, during the intervention phase.

3. Providers shall demonstrate a procedure to maintain all communications with victims in confidence, except where explicit documented permission is granted to share information with the batterer or third party.

#### **G. Orientation Process**

Providers shall be monitored to ensure batterers receive an orientation process outlined for new admissions in accordance with section XI(G).

#### **H. Safety of Battered Victims**

Providers shall be monitored to ensure providers do not blame the victim or in any way place the victim in a position of danger and that best efforts have been made to inform the victim as described herein.

#### **I. Program Content and Methods**

1. Content is consistent with "power and control" program outline as stated in sections XII(A)-(B).
2. Facilitators teach non-violent alternative behaviors.
3. Facilitators assist batterers in identifying underlying thoughts, beliefs and attitudes which support their use of violence or other abusive behaviors.
4. Facilitators demonstrate a clear understanding that battering includes many forms of abuse (i.e., threats, intimidation, emotional abuse, isolation, using the children, economic control, and sexual abuse).
5. Facilitators demonstrate ability to hold group members accountable for their violent behavior and the use of violence and other abusive behaviors are stated as intentional acts designed to control their partners.
6. Facilitators consistently point out there are alternatives to violence and other abusive behaviors.
7. Facilitators confront minimizing, denying, and victim blaming statements made by group participants.
8. Facilitators demonstrate ability to redirect the group member when blaming partners for abusive and/or violent behavior.
9. Facilitators confront sexist, racist, ageist and homophobic comments or inappropriate joking.
10. Facilitators avoid making colluding comments or statements that group members could interpret as supporting their use of violence or other abusive behaviors.
11. Facilitators use techniques and approaches that encourage group members to participate.
12. Facilitators demonstrate a clear agenda for presenting "power and control" material in group setting.
13. Victim safety as a priority is clearly evident throughout group session.
14. Group rules are clearly understood by all group members and facilitators maintain order and a safe environment for all group members.
15. Facilitators model an equal, non-sexist and respectful relationship in their groups (co-facilitators, male/female).
16. Facilitators exhibit leadership which provides an open and respectful group process for all participants.
17. Group content and process is culturally and ethnically appropriate and sensitive.

## **J. Compliance with Group Dynamics**

Programs will be monitored to assure that the providers comply with the following non-inclusive group dynamics:

1. batterers are accountable for tardiness;
2. batterers are accountable for disruptions;
3. batterers are accountable for not participating and for not doing homework/assignments;
4. facilitators are able to keep group focused toward appropriate program content;
5. facilitators are listed as such on the employee roster and have necessary certification and training;
6. facilitators do not use information that may endanger the victim, such as information the victim has requested remain confidential;
7. group members remain with the same group unless the change is justified;
8. group is same gender; and
9. group starts and ends on time.

## **K. Provider Facilities**

1. Provider facilities shall be monitored to ensure that where the intervention is occurring is conducive to group process, in that:
  - a. there is sufficient space;
  - b. there is sufficient seating with adequate sight-lines;
  - c. the noise level allows participants to hear what occurs in group;
  - d. the temperature in the room is appropriate;
  - e. the facility meets safety standards; and
  - f. there are no other problems with space that would make it inappropriate.
2. Provider locations adequately differentiate in time and location the batterer's program from any victim services.

## **L. Batterer Files**

1. Batterer files shall be monitored to ensure progress notes are maintained, with efforts to track the following:
  - a. potential for lethality;
  - b. no violence during their tenure at the program;
  - c. batterer cooperated and participated in the program;
  - d. batterer understands and demonstrates positive conflict resolution;
  - e. batterer does not blame, degrade, dehumanize the victim;
  - f. whether the batterer has put the victim's or others' safety at risk by attack, molestation, stalking, threats, sexual assault, battering; and
  - g. periodic attempts to obtain information as to participation whether the batterer has complied with required drug/alcohol counseling or psychological and/or psychiatric treatment, if available to the provider.

2. Progress notes shall be monitored to demonstrate that reasonable efforts have been made to confront and hold batterer accountable for:
  - a. victim blaming and minimizing statements;
  - b. absences, tardiness and for not paying program fees;
  - c. not participating or not completing homework;
  - d. being disruptive/disrespectful to program personnel or to other group members;
  - e. use of racist, sexist, ageist language; and
  - f. remaining in same group, unless a change is well-justified.

**M. Termination**

Providers shall have a documented policy on completion criteria. Providers shall be monitored to ensure batterers are required to complete an exit conference, which reflects the batterer's progress. Reports with recommendations for completion or unsuccessful termination or continuance shall be monitored. Providers shall be monitored for notice to court and/or probation, of completion or if batterer is performing unsatisfactorily or not benefiting from intervention.

**N. Follow-up Services**

Providers shall document follow-up services available to batterers, upon completion of the intervention program.

**O. Program Staff**

1. Providers of services for batterers' intervention programs shall be monitored for compliance with the credential standards in section XIV(B)-(D). They shall have in effect a written ethics policy covering:
  - a. violence free lifestyles;
  - b. no use of illegal drugs;
  - c. no use of alcohol prior to or during working hours;
  - d. no sexual conduct with program participants;
  - e. no romantic, domestic or familial relationship between supervisors and supervisees;
  - f. conflicts of interest;
  - g. the addressing of one's personal issues regarding domestic violence and issues of power and control over others;
  - h. no racist, sexist or other discriminatory behavior or language; and
  - i. no criminal activity.
2. Providers shall be monitored to ensure that staff are competent and have adequate and specific knowledge to provide intervention services to batterers as specified in these standards.

**P. Provider Accountability to Community**

1. Providers shall be monitored to ensure regular and formal evaluations of program and staff occur. Providers shall provide for data collection to further research and evaluate the effectiveness of batterers' intervention programs, if possible. As research on perpetrators and batterers' interventions progress, philosophical and programmatic changes may be appropriate.

2. Providers shall be monitored to ensure cooperation between service providers and courts when batterers are ordered to pay fines to domestic violence centers, restitution to victims or child support.
3. The providers must establish an interagency agreement with domestic violence centers in the area they serve, and the domestic violence centers shall be permitted to participate in relevant programming decisions.





## **ACKNOWLEDGEMENTS**

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## APPENDIX A: CHAPTER 94-135, LAWS OF FLORIDA

### Commission on Minimum Standards for Batterers' Treatment.-

(1) The Legislature finds that there is a strong correlation between domestic violence incidents and substance abuse and that a battering incident which is coupled with substance abuse may be more severe and result in greater injury.

(2) There is hereby established in the Office of the Governor a Commission on Minimum Standards for Batterers' Treatment. The commission shall be composed of the following persons appointed by the Governor: two persons with expertise in the treatment of batterers, one person from a state-certified domestic violence center, one state attorney designee, one public defender designee, one certified addictions treatment professional, and one person from a state or county probation program. The Governor may appoint up to four additional persons to serve on the commission.

(3) Members of the commission shall serve from July 1, 1994, until the adjournment sine die of the regular legislative session held in 1995. Members of the commission shall serve without compensation but shall be reimbursed for per diem and travel expenses in accordance with section 112.061, Florida Statutes.

(4) It shall be the duty of the commission to set minimum standards for batterers' treatment programs, which must address:

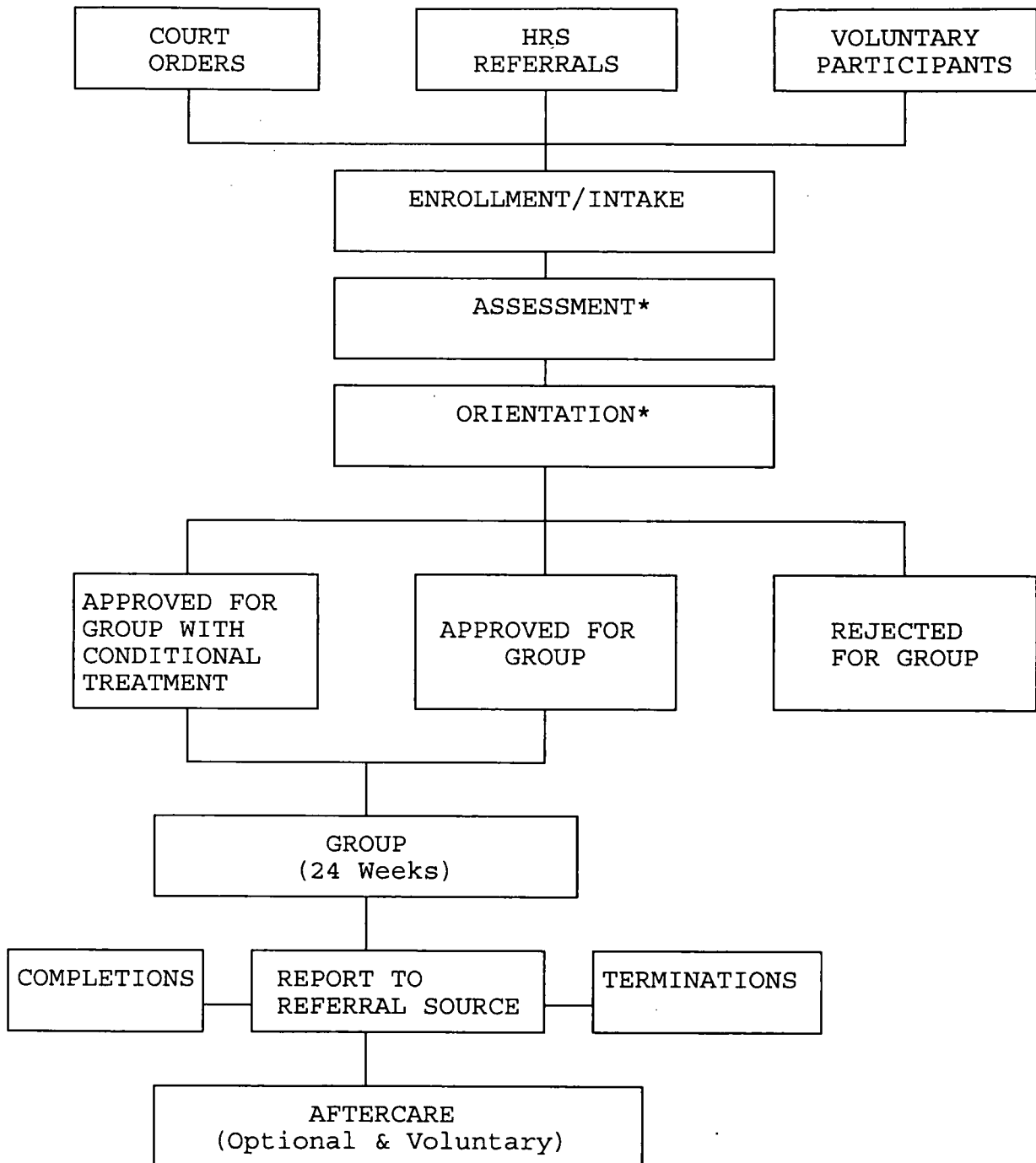
- (a) Standards of care for treatment providers.
- (b) General program policies and procedures.
- (c) Education and training requirements for staff.
- (d) Intervention approaches.
- (e) Intervention standards.
- (f) Discharge criteria.
- (g) Program monitoring and evaluation requirements.
- (h) The correlation between substance abuse and domestic violence.

The commission shall develop minimum standards which assure that batterers will receive services that hold them accountable for their actions. The commission shall design ways to promote interagency and provider communications.

(5) The commission shall submit its final report to the Governor no later than December 31, 1994.



## APPENDIX B: FLOW CHART



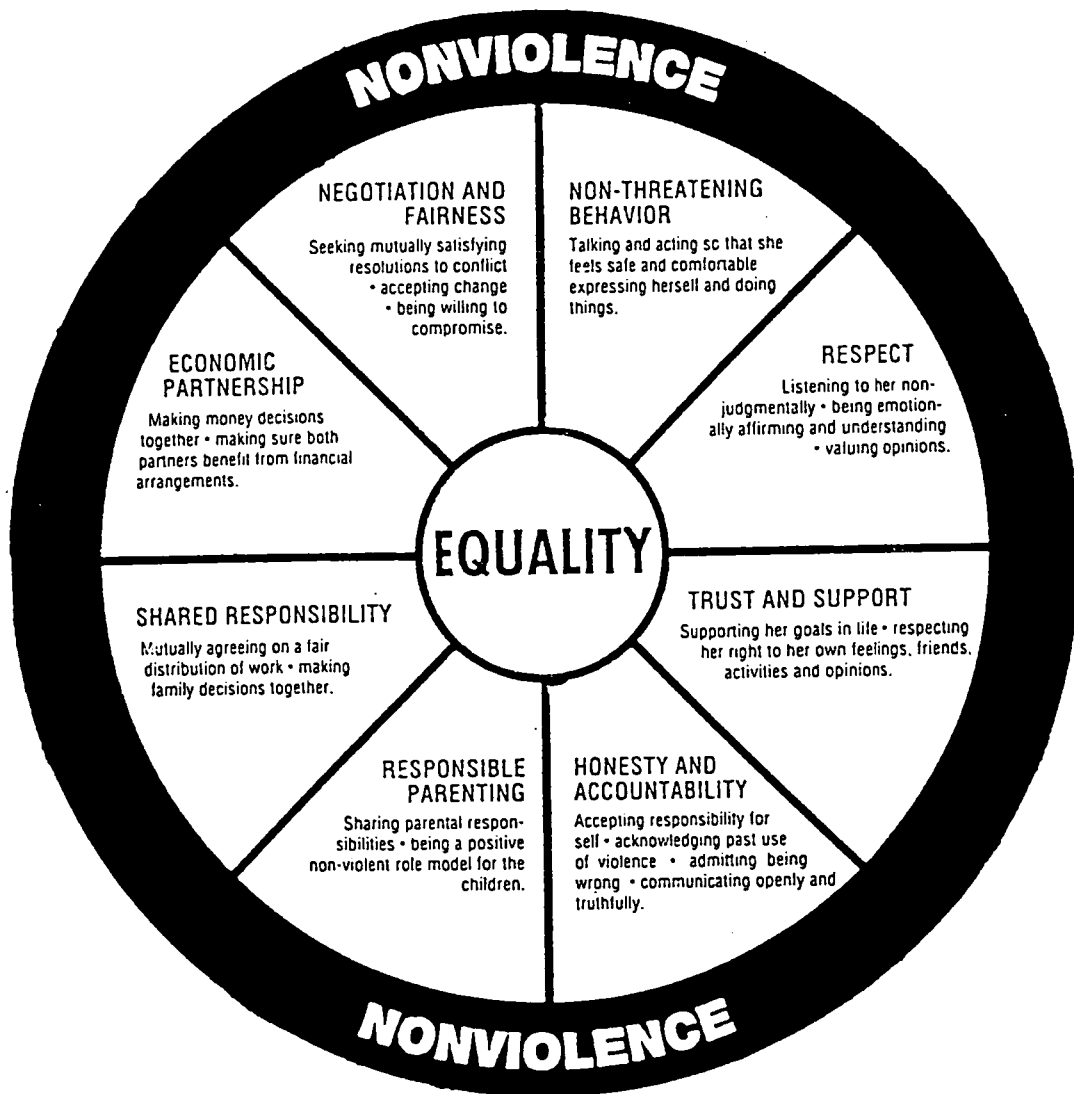
\*Assessment and orientation may occur in this or reverse order.

## APPENDIX C: POWER AND CONTROL WHEEL



DOMESTIC ABUSE INTERVENTION PROJECT  
 206 West Fourth Street  
 Duluth, Minnesota 55806  
 218-722-4134

## APPENDIX D: EQUALITY WHEEL



DOMESTIC ABUSE INTERVENTION PROJECT  
 206 West Fourth Street  
 Duluth, Minnesota 55806  
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## REFERENCES

Hart, B. (1988). Safety for Women: Monitoring Batterers' Programs. Harrisburg, PA: Pennsylvania Coalition Against Domestic Violence.

Hart, B. (Ed.). (1992). Accountability: Program Standards for Batter Intervention services. Harrisburg, PA: Pennsylvania Coalition Against Domestic Violence.

