

# Abusive Partner Intervention Programs: New York State Guidelines<sup>1</sup>

Over the years, OPDV has funded abusive partner intervention programs, attempted to create state standards, and developed recommendations for best practice. However, these actions were met with some resistance. As a result, OPDV no longer recommends or endorses specific programs or models for abusive partner intervention programs. Nevertheless, our agency continues to monitor developments in the field and in various programs. This has allowed us to identify key characteristics that help distinguish between programs informed by best practices on abusive partner education and those that are not.

These guidelines provide a list of these characteristics and things to consider when assessing abusive partner intervention programs in the state of New York. They expand upon the foundation laid by OPDV, victim service and abusive partner education programs throughout the state over the past twenty-plus years. While this is not an all-inclusive list, it can provide assistance when deciding between several programs, or can be used as an information guide for those who wish to know more about abusive partner intervention programs.

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<sup>1</sup> New York Executive Law §576 (1)(a), along with other statutes, refers to these programs as “batterers’ programs.” In the decades since this legislation was enacted, calling these programs “batterers” programs has become less useful as we have expanded our analysis to more clearly focus on aspects of domestic violence that may not be readily identifiable as “battering”. Today, although much of the legal response to domestic violence focuses on physical violence, we understand that other types of coercive control may be as damaging to victims as physical abuse, and that these, too, must be addressed in order to provide both increased safety to victims and accountability to offenders. In 2017, we would be more likely to use the term “abusive partners” rather than “batterers”, as this term is more in line with current analysis and practice.



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# What Programs Can and Cannot Do

**There are certain things that one can expect from an abusive partner intervention program.**

**These include:**

- Provide a method of accountability
- Offer a chance to change behavior for those who want it
- Educate offenders about dynamics and patterns they may never have identified
- In some cases, identify dangerous offenders who may be inappropriate for such intervention

**Things that an abusive partner intervention program CANNOT do are:**

- Guarantee safety for victims
- “Fix” someone who has been abusive
- Change someone who does not want to change

It is important to recognize limitations while also acknowledging the benefits of these programs in order to maintain a realistic vision of what these programs can bring to the table regarding domestic violence intervention and prevention.

## Common Questions That We Hope to Answer

Several questions are posed when discussing abusive partner intervention programs. Below we have a list of some of these questions this document will attempt to answer as best as possible.

1. What is accountability? Why is it important in abusive partner intervention programs?
2. What is a coordinated community response? How should various organizations and abusive partner intervention programs interact with one another?
3. Should programs be screening for substance abuse, mental illness or alcohol abuse? If a co-occurring problem is identified, how should a program address it?
4. Are anger management and couples counseling appropriate components of an abusive partner intervention program?
5. How should a program and its facilitators interact with the participants?
6. How should they interact with victims/survivors?
7. Should programs accept mandatory and voluntary participants? What are the risk and benefits to accepting voluntary participants?

8. How long should a program be and why?
9. What kind of experience/professional history should facilitators of abusive partner intervention programs have?
10. Why is it necessary for programs to report to a referral source in cases of mandated participation?
11. Is it appropriate for abusive partner intervention programs and domestic violence agencies to access the same funding streams, grants, etc.?
12. How can success be measured?

## Relationships Between Abusive Partner Intervention Programs, the Community and Victims

When looking at an abusive partner intervention program, it is important to examine their interactions with victims and the wider community.

### **Victim safety above all else**

The priority of an abusive partner intervention program should be victim safety. Programs should not do anything that may increase the risk of danger or harm to the victim. Programs should consult with domestic violence service providers when there are concerns related to victim safety. Programs should have protocols in place that can help initiate consultations with victim programs once facilitators are aware of any concerns.

### **Coordinated community response**

Early intervention and a coordinated community response can be effective tools for holding perpetrators accountable, promoting victim safety, preventing escalation of abuse, reducing the rate of domestic violence homicides and felonies, and maintaining the stability of victims' relationships with their children. The benefits of collaboration include efficient use of resources; collective problem solving; learning from one another's specialized skills and knowledge; more effective response in terms of accessibility; timely and targeted referrals; and proactive ways to create the social change necessary to end domestic violence.

Both public and private entities can be involved in a coordinated community response. Members may include community organizations, educators, employers and unions, faith groups and leaders, government agencies, health care providers, law enforcement, members of the legal system, the media, and most importantly victims/survivors.

The United Nations has identified various types of coordinated community responses that reflect the diversity seen from one community to another:

- **Community partnering** – an informal, grassroots model where a collaborative oversight body helps to coordinate activities;
- **Community intervention** – focused on training and capacity building for organizations working to serve women, hold offenders accountable, and prevent violence;

- **Community organizing** – focused on raising awareness and encouraging action community-wide;
- **Interagency approach** – focused on ensuring coordination between parts of the justice system and other service providers, operating from a common plan of action.

A coordinated community response will allow abusive partner intervention programs to collaborate with various community organizations and services to hold participants accountable for their behavior. As part of a coordinated community response, risk assessments obtained by the referral source or by a victim advocate can be shared with the facilitators of an abusive partner intervention program. Some programs use these assessments – obtained either from their community partners or by using their own assessment tool – to identify which group a participant should be placed in, or the level of content and contact a program will have with the participant.

A coordinated community response, no matter how different it may be from community to community, is a crucial component of holding abusive partners accountable, engaging the community, and helping programs get closer to their goal of ending current violence and preventing violence in the future.

### **Victim access to resources and victim agencies**

It is crucial that victims be made aware of the resources available to them and the limitations of abusive partner intervention programs. A program should be cautious about contacting a victim to check on the abusive partner or to measure progress since it is likely that an answer will be given under duress (usually due to the fear of reprisal from the participant). It is also possible that the victim may give a positive response because they wish to remain in a relationship with the individual. A positive answer may be a way to ensure that the participant will make it through the program and avoid harsher sanctions. Although there are programs that check in with victims as a part of the overall evaluation of the abuser's progress, this has many potential downsides that make it something to be discouraged, or at the very least, handled with great care, and in conjunction with a victim services program.

## **Program Structure**

An abusive partner intervention program should, at its core, focus on accountability and an analysis of power and control.

### **Accountability**

The program should be centered on the concept of accountability. By accountability, we mean making sure that the participant takes responsibility for their actions, along with the consequences associated with them, and understands that they are the only person who is responsible for their abusive behavior. It is paramount that the participants are not able to make excuses for their behavior by placing the blame on the victim, or a third party.

*Behavior is a choice*

As a form of accountability, the participant should acknowledge that their actions are a choice, a learned behavior, and not something that they were “born” with. It is important that the participants understand that they have made the decision to abuse their partner. Abuse is a learned behavior, not something that is inherent to the human condition.

An individual who abuses another cannot rely on reasoning that argues abusive behavior is something that has to be “treated” or “cured.” Abusing an intimate partner is voluntary, not involuntary.

#### *Behavior cannot be “treated”*

It is also critical that participants, victims, and the public understand that abusive behavior in relation to domestic violence is not considered a disease or an addiction and therefore cannot be treated in the same way. Programs should not, in any way or under any circumstances, promise or guarantee that a participant will stop their abusive behavior. They also should not claim that their program will significantly decrease or reduce recidivism. While programs may assist participants in identifying and addressing underlying trauma, substance abuse, or other things that may affect their choices to behave abusively, the focus must be on participants learning to make active choices to be accountable for their abusive behaviors.

#### *Payment*

Requiring participants to pay a fee for the program can be a source of funding, as well as a vital component of accountability for participants. Sliding scale fee structures can assure that each participant pays a meaningful amount for the program, based on each participant’s individual circumstances.

#### *Reporting back to referral sources*

Reporting the participant’s compliance to the referral source is another component of holding the participant accountable for their behavior. Maintaining communication with the referral source allows greater sanctions to be put into place if the participant is noncompliant. If the participant misses classes, misses a payment, or commits a domestic violence offense, then they will still have to face consequences for not only violating the order to attend an abusive partner intervention program, but also for the offense. If the program is to be a service to the referral source, both the program and the referral source should document this agreement in writing. It is necessary that there is ongoing contact and coordination with the referral source.

### **Analysis of power and control**

Domestic violence involves a range of behaviors which can include physical and sexual violence; using coercion and threats; using intimidation; using emotional abuse, using isolation; minimizing, denying and blaming; using children; using societal or cultural privilege; and using economic abuse. These forms of abuse do not occur in isolation from each other, but often occur simultaneously and increase in severity. The power and control model of domestic violence identifies power and control as the goal of all tactics of abuse because victims’ experiences consistently indicate that the behavior of their partners is not random or arbitrary, but purposeful and systematic. The goal of an abuser’s behavior is to exert control over their partners. This goal often reflects their belief that they have the right to control their intimate partners.

## **Interacting with Participants**

It is necessary to treat the participants with respect and create an environment where participants feel comfortable. This will increase the likelihood of engagement in the process and learning which will increase the likelihood of behavior change.

Participants are usually more open to partaking in the program and expressing themselves in an environment they feel is respectful and open to what they have to say. While this applies to all participants, there are certain things to keep in mind for specific populations, such as female and LGBTQ participants.

### **Female participants**

While most abusive behavior is perpetrated by men, it is important to recognize that there are female participants in abusive partner intervention programs. Although these female participants are usually mandated to programs, their abusive behavior must be dealt with differently than the behavior of male participants.

In instances where female participants are a part of a program, the program should identify whether the participant is a primary or secondary aggressor at intake and continue to monitor the participant throughout their time in the program. Primary female aggressors usually have pro-abuse beliefs, a prior history of abusive behavior, and are victims of abuse themselves. Secondary aggressors on the other hand usually do not have pro-abuse beliefs, a prior history of abusive behavior, and often hold them-selves accountable for their behavior. In most cases, individuals identified as secondary aggressors use reactive or resistive violence towards their intimate partners (violence used by victims to resist domination, end battering, retaliate against abuse, and establish some parity in relationships). Their use of violence is not a means of having power and control over their partner. Identifying a secondary aggressor is crucial since the possibility of a victim being identified as the abusive partner by a referral source cannot and must not be denied.

It is widely accepted that male and female participants should be placed in separate groups. Placing male and female participants in the same group is uncommon and more importantly, inappropriate as the social context in which the abusive behavior occurs is different for men and women. Women do not have the same cultural support for their abusive behavior as men do. Programs that work with female participants can follow the same curriculum they use with male participants, but should emphasize survivor issues such as safety planning, trauma recovery, etc. By having separate men and women's groups, a program can increase the likelihood that participants are expressing themselves openly.

### **LGBTQ participants**

Additional services should be in place for LGBTQ participants, similar to the specific services provided to female participants, including assessing for the primary aggressor and the goal of the abusive behavior. Some programs choose to separate LGBTQ participants from heterosexual participants, while others simply separate the programs based on gender. There are also programs that meet individually with LGBTQ participants rather than placing them in a group program. While more research is needed in this area, the community has identified necessary components for LGBTQ participants.

The biggest component identified by facilitators and LGBTQ participants is that the language used in abusive partner intervention programs needs to be more gender inclusive. Additionally, there needs to be an acknowledgement that LGBTQ relationship dynamics are different from heterosexual relationship dynamics and programs must develop curriculums to address these differences (i.e. different types of power and control tactics).

## Programmatic Components

Program content varies from one abusive partner intervention program to another. However, those working in the field have acknowledged the need to address the topics of trauma, substance abuse, cul-tural diversity, and more.

### **Screening and referrals for substance abuse, alcohol abuse, and mental disorders**

Screening should be a part of the program as it is important to identify the range of needs of the participants. Screening for substance abuse, alcohol abuse, or mental disorders is necessary to ensure that the participant is referred to and is receiving appropriate services. By identifying these co-occurring issues, programs can help participants understand how these issues affect their daily lives and actions. However, substance abuse, alcohol abuse, and mental health disorders are not the cause of and should never be used as an excuse for the participant's abusive behavior.

### **Trauma-informed**

Current research suggests that a program that has incorporated trauma-informed practices may have a better chance of helping participants recognize and acknowledge their abusive behavior. In the past, trauma-informed care was deemed controversial, as many thought taking such a position would lead to collusion with the abusive partner, undermine a victim's experience, and provide participants with an excuse for their abusive behavior. However, we now recognize that trauma-informed care does have a place in abusive partner intervention. Programs that utilize trauma-informed practices skillfully address past experiences and trauma while also making participants understand that this is not the cause of or reason for their behavior; each individual is responsible for the choices they make in their lives (including their abusive behavior). Trauma is not an excuse and not to blame for their behavior, but it may be a part of the participant's history and should be acknowledged.

### **Anger management**

Anger management curricula should never be a central component of an abusive partner intervention program. Anger management teaches participants about potential reasons or triggers that cause angry behavior. This is not what participants of an abusive partner intervention program should be taught as it assumes domestic violence is about anger, and that if abusers control their anger, the abuse will stop. Programs with an anger management focus do not address power and control, which are key elements of domestic violence, and do not focus on victim safety.

### **Couples counseling**

Couples counseling should be approached with great care, as it may pose a danger to victims. There should be no couples counseling until after the abusive partner intervention program has been completed and the abusive partner has accepted responsibility for their behavior. Any such counseling should be facilitated by a therapist who has a thorough understanding of domestic violence and is aware of the domestic violence history in the relationship. The victim should also be made aware of the potential risks before beginning couples counseling.

### **Cultural competence and language services**

Cultural competence should be a part of a program to address the specific cultural ideals and customs that may be used by the participants to excuse their treatment of their intimate partner.

A program that is able to speak fluently about, or is open to learning about, specific cultures is not only able to address cultural ideals, but also engage a participant who may feel they cannot identify with, or refuse to identify with the curricula because it does not address their culture. It is important that participants understand that it is never acceptable to justify abuse based on religious or cultural ideals.

## **Administrative Components**

While it is important to consider the programmatic components of an abusive partner intervention program, it is also important to be aware of the administrative components.

### **Mandated and referred participants are preferred**

It is important that programs accept individuals who are referred to them by courts. If the program is run as an arm of the court or as a tool of the court, it is possible to hold the participants accountable if they are non-compliant in any way including missing classes, missing payments, not participating, engaging in abusive behavior. Individuals who are participating voluntarily are not under supervision and as a result, cannot be held accountable by anyone but themselves. If they miss classes, do not pay fees, or drop out of a program, there are no formal consequences.

However, programs that accept voluntary participants should be recognized for the service they provide to those who are outside the criminal justice system and might otherwise never participate in an Abusive Partner intervention program. While there is no formal mechanism for holding participants accountable, these programs have a strong focus on accountability and have processes in place such as keeping detailed reports on attendance and participation as well as requiring participants to complete assignments that provide opportunities for self-accountability. They hold the participant to all the policies and procedures that apply to mandated clients.

### **Program length and attendance procedures**

The length of a program is important, as it will determine how much information can be covered. In most instances, the length of the program is based upon the length of time a participant is under supervision by the referral source. In New York State, the average range in program length is 26 to 65 weeks, but this varies from program to program. It is critical to recognize that behavioral change is a process and this process often requires a long-term commitment. There needs to be sufficient time to convey the crucial aspects of a participant's behavior and provide guidance on how to change that behavior, if they choose to do so. Providing participants with the option to return after they have completed the program of their own volition is also a beneficial step in helping abusive partners create that behavioral change.

It is also important for programs to have strict attendance and participation policies that are clearly communicated to participants in writing before they begin the program and verbally thereafter. The participant must agree to adhere to the policies before they begin the program, usually by signing the written policy agreement. The program facilitator should read through and go over the policy with a participant before they sign the agreement to ensure that the participant fully understands the agreement. This will also help those who have literacy difficulties. These policies will vary from program to program, but they should be consistently enforced throughout the program's duration.

## **Facilitator experience**

It is necessary for programs to employ facilitators who have adequate experience working in the field of domestic violence, specifically with people who abuse. Whether this experience is measured by academic or professional history is at the discretion of the program. Having knowledgeable individuals who understand the dynamics of domestic violence, and have experience working with perpetrators, leading the program is important to ensuring that the material is being conveyed in the appropriate manner while also ensuring that there is no collusion between the participants and the facilitators.

## **Funding**

Programs should never compete with domestic violence service providers or victim service providers for funding, under any circumstances. Victim service programs take precedence as victim's needs should be first and foremost as a funding priority.

## **Measuring Success**

The question that is always asked when discussing abusive partner intervention programs is, “do they work?” This is a difficult question to answer, as there is no clear way of measuring the success of a program. In the past, a successful program was one that reduced recidivism. However, there is no consistent evidence that these programs reduce recidivism. Even the data we do have are questionable, since they are gathered from contact with the victim, the word of the participant, and law enforcement records. There are no guarantees that subsequent offenses will not occur. Due to this inconsistency, this question is used as a way to discount these programs and diminish their position in the domestic violence field.

Instead of asking, “do they work?” one should ask the following: Is the program part of a coordinated community response? Are there consequences for non-compliance? Are participants engaged and invested in the process? Are programs focused on accountability, behavior change, and educating participants on how their behavior affects those around them? Are programs using trauma-informed practices? What kind of tools, if any, do programs use to assess a participant's progress?

These kinds of questions are a better way of gauging the quality of a program. Most professionals and facilitators of these programs would agree that dismantling abusive behaviors and pro-abuse beliefs is a process, not an end result, as is the case with any substantial behavioral change. If abusive partner intervention programs do anything, they plant the seeds for this behavioral change. These programs start individuals on the path to changing their perception of domestic violence and how their abusive behaviors affect the people around them. While we cannot follow participants for their entire journey, we can provide them with the tools and knowledge they need as they go forward – it is up to the individual to decide whether to utilize these tools.

## **Resources**

For a list of resources, please visit our [website](#).