the missouri coalition against domestic & sexual violence

Standards and Guidelines for Batterer Intervention Programs

INCLUDING A SELF-EVALUATION TOOL FOR BATTERER INTERVENTION PROGRAMS

JUNE 2006

Since 1980, the Missouri Coalition Against Domestic and Sexual Violence, formerly the Missouri Coalition Against Domestic Violence, has been working to ensure there is someone to talk to, someplace to go and someone to help women who have been battered and their children. In 2006, the Coalition expanded its mission to meet the needs of women and their children victimized by domestic violence, sexual violence, dating violence and stalking. MCADSV is the state's oldest and sole grassroots organization of community-based programs working to end violence against women and their children.

Education

MCADSV educates the general public about domestic violence, sexual violence, dating violence and stalking; trains professionals; and advocates public policy to prevent and alleviate violence against women and their children.

Assistance

MCADSV provides technical assistance, training and support to members and related communities of service providers.

Alliance

MCADSV provides opportunities for communication among those working in the movement to end violence against women and their children.

Research

MCADSV researches the extent of domestic violence, sexual violence, dating violence and stalking to more effectively reduce its impact and occurrence in the lives of Missouri's women and their children.

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The development of these standards was funded in part by grants from the U.S. Department of Justice, Office of Justice Programs-2004-DW-AX-0032; the Missouri Department of Social Services, Family Support Division-AOC4000111; and an anonymous donor.

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"Abusive men can learn respect and equality—if we insist that they do so. But they won't make those changes unless they are subjected to tremendous pressure, because their cultural values as well as their privileges are pushing them so hard to stay the same.

There has never been a better time than the present to apply the pressure, to demand that abusers accept responsibility for the destruction they cause. We live in a period of mounting international pressure for the respect of human rights for everyone, of insistence on the recognition of the worth and dignity of each person, male or female, young or old, wealthy or poor, and of whatever color."

Bancroft, L. (2002). ***Why does he do that?: Inside the minds of angry and controlling men*** (p. 333). New York, NY: Putnam's Sons. Used with permission.

STANDARDS AND GUIDELINES FOR BATTERER INTERVENTION PROGRAMS

INTRODUCTION

These standards and guidelines were developed by the Missouri Coalition Against Domestic and Sexual Violence Batterer Intervention Policy Workgroup and approved by the MCADSV Board of Directors on July 8, 2005. The workgroup included advocates from batterer intervention programs and those who work with women and their children who are victimized by domestic violence from throughout Missouri. The standards and guidelines reflect the commitment to end violence against women through direct intervention with perpetrators of violence against women.

The following framework served as a basis for the development of these standards and guidelines:

- These standards and guidelines are to be used as a guide for best practices in the operation of a batterer intervention program and are not to be used as a training document;
- Violence against women is rooted in the institutional imbalance of power between men and women, in sex-role stereotyping, in gender-based values and in misogyny;
- Abuse comes in many different forms of power and control;
- Battering is a pattern of assaultive and coercive behaviors that include physical, sexual, emotional and psychological attacks, as well as other forms of coercion, that batterers use against their intimate partners;
- Women victimized by domestic violence tend to fight for survival, while those who batter fight for control;
- All people are capable of abusive behaviors; and
- Abuse can occur in same-sex relationships.

These standards and guidelines were designed to assist batterer intervention programs that work with men who batter women. For the purposes of this document, "batterer" is understood to define males who, in the context of an intimate relationship with a female, conduct a systematic pattern of abuse to establish and maintain control and dominance.

Battering is a pattern of assaultive and coercive behaviors that include physical, sexual, emotional and psychological attacks, as well as other forms of coercion that batterers use against their intimate partners.

The safety and rights of survivors must be the highest priority.

Intervention is not a guarantee that a batterer will cease his violence and abuse.

DECLARATION OF PRINCIPLES

MCADSV Standards and Guidelines for Batterer Intervention Programs **is based on the following principles:**

- The safety and rights of survivors must be the highest priority;
- No form of abuse can ever be tolerated;
- It is not the responsibility of a survivor to hold the batterer accountable. Batterers are solely responsible for their violent and abusive behavior;
- Domestic violence offenders are a separate category of violent offenders who require a specialized intervention;
- Intervention programs alone do not create batterer accountability. They are a component of a larger community response that includes the courts, probation and parole, and the legal and law enforcement systems;
- Before a batterer intervention program is developed, it is imperative that a community-wide system has been established that collaboratively works on an ongoing basis to ensure that services for survivors and the legal system create greater safety for women who have been battered;
- Effective batterer intervention providers consult with advocates who work directly with women to develop new programs, assess the need for substantial program policy changes within existing programs, and conduct periodic program reviews;
- Batterer intervention programs must focus on ending violence and abuse and not on saving relationships;
- There are limitations to a batterer intervention program. Intervention is not a guarantee that a batterer will cease his violence and abuse;
- Women never should be placed in batterer intervention groups with men;
- A victim is not responsible for being abused and never should be ordered or mandated to obtain services due to the circumstance of being victimized by domestic violence;
- Batterer intervention programs should support social policy that states that domestic violence is a crime that must have consequences or sanctions that hold batterers accountable. Diversion programs are discouraged.

COORDINATED COMMUNITY RESPONSE

A batterer intervention program should not exist without a coordinated community response to domestic violence and abuse.

A batterer intervention program must not exist in isolation, as it is only one component of a coordinated community response. A coordinated community response identifies domestic violence and intervenes consistently. This response requires the creation of cooperative strategies that effectively deliver a consistent and supportive response to survivors and consequences to batterers.

The priority of a coordinated community response to domestic violence is the safety and protection of women who have been battered. This approach holds batterers accountable for their violence and abuse. A coordinated response to domestic violence includes community education that builds community awareness and results in a unified demand for a zero-tolerance response to domestic violence. Communities need to develop and maintain community responses that bring together all organizations and systems that have contact with survivors or perpetrators of domestic violence. This can include representatives from:

- Batterer intervention programs;
- Children's protective services;
- Children's service providers;
- Clergy and the faith community;
- Domestic violence programs;
- Hospitals;
- Judges;
- Law enforcement;
- Legal services;
- Mental health agencies;
- Probation and parole;
- Prosecuting attorneys;
- School districts;
- Substance abuse programs;
- Survivor service providers; and
- Any other agencies involved in providing services to batterers, survivors or their children.

Before a batterer intervention program is developed, it is imperative that a community-wide system has been established that collaboratively works on an ongoing basis to ensure that services for survivors and the legal system create greater safety for women who have been battered.

The primary method of program intervention shall be group discussions, led by trained co-facilitators. Group sessions will be a minimum of 90 minutes per session per week. Batterers will complete a minimum of 26 weeks of group sessions.

PROGRAM REQUIREMENTS

The primary method of program intervention shall be group discussions, led by trained co-facilitators, using an established curriculum that includes strategies to hold the offender accountable for the violence in the offender's intimate relationship. The discussion of violent and coercive incidents during a group session is used to identify and confront the offender's specific controlling behaviors in order to end those behaviors.

Policies and Procedures
Batterer intervention programs should establish policies and procedures regarding, but not limited to, the following:

- Survivor contact (p. 13);
- Intake (p. 9);
- Informed consent—including all provisions of mandated reporting required by Missouri law (p. 13);
- Release of information;
- Group rules;
- Intervention agreements;
- Fees;
- Consent for services;
- Program structure;
- Agreements to be non-violent;
- Goals and expectations;
- Confidentiality guidelines; and
- Program completion (p. 14).

LENGTH OF GROUPS

The length of group sessions will be a minimum of 90 minutes per session per week. Batterers will complete a minimum of 26 weeks of group sessions.

FEES FOR SERVICE

The service provider must establish fees for services. Fees may be a set amount or based on a sliding scale. Payment for one's own service is an indicator of responsibility and accountability and must be incorporated into the program.

CURRICULUM

The following section outlines what batterer intervention programs *must*, *may* and *shall not* include in their curriculum and details inappropriate intervention techniques. Programs may incorporate different components from established batterer intervention programs and/or published resources.

Curriculum established for a batterer intervention program *must* encompass information and components regarding:

- What a person gains from being abusive;
- The importance of accepting responsibility for abusive/violent actions and behaviors;
- Cooperative and non-abusive forms of communication;
- Various forms of abuse—so as to not minimize non-physically abusive behaviors;
- Tactics of power and control. Identification of tactics shall include isolation, emotional abuse, economic abuse, use of children, use of male privilege, intimidation and covert/overt threats;
- Equality and power-sharing in relationships. Identification of relationship skills shall include respect, trust, support, honesty and accountability, economic partnership, negotiation and fairness, and responsible parenting;
- Long- and short-term effects of violence on partners and children. Exercises shall build empathy to understand the perspective of survivors;
- Attitudes, myths and excuses for abuse from the perspective that abuse is the sole responsibility and choice of the person who commits that abuse;
  - Attitudes to challenge include:
    - Beliefs in male entitlement and male privilege;
    - Rigid sex-role stereotypes; and
    - Aggression is justified as a conflict resolution tool.
  - Attitudes to promote include:
    - Belief in equal partnerships;
    - Respect for equal rights of women;
    - Taking full responsibility for abusive behavior and for stopping it;
    - Expression of a full range of emotions;
    - Awareness of the intent of abusive behavior;
    - Empathy for the survivor's experience; and
    - Understanding the negative effects and cost of the abuse on survivors, families and others.
- Cultural and social influences that contribute to abusive

Abuse is the sole responsibility and choice of the person who commits that abuse.

Batterer intervention programs are not anger management classes, do not identify poor impulse control as the primary cause of violence and should not blame the victim for the batterer's behavior.

behavior. This should include methods that stress culture is not an excuse or justification for abuse; and
- Non-violence planning, which includes identification of danger signs of negative behavior choices and how to prevent them.

Curriculum established for a batterer intervention program *may* include information and components regarding:
- Behavior modification/anger management techniques;
- Religious and spiritual issues concerning abuse;
- Conflict resolution models;
- Communication skills;
- Definitions of alcoholism, other forms of substance abuse, and their impact on the abuser and the family;
- Parenting issues and skills;
- Skills for developing intimacy in relationships;
- Guilt and shame issues related to violent and abusive actions;
- Origin of family issues; and
- The cycle of violence.

Curriculum established for a batterer intervention program *shall not* include information regarding:
- Techniques or diagnoses that suggest survivors have some responsibility for the abuse. An example would be identifying abuse as resulting from "victim psychopathology," "victim behavior," "victim provocation" or "learned helplessness;"
- Ventilation techniques that encourage the expression of rage, such as punching pillows and primal screams;
- Anger management techniques that place primary causality on anger and/or are the sole intervention rather than one part of a comprehensive approach;
- Approaches that identify and treat the violence as an addiction and the victim as enabling or co-dependent in the violence;
- Theories or techniques that identify poor impulse control as the primary cause of the violence; and
- Techniques that deny a batterer's personal responsibility for violence. For example, if a batterer was abused as a child, it is recommended that programs encourage him to work on these issues with appropriate resources. Such work must not replace or interfere with addressing his abusive behavior and his responsibility for those behaviors.

COUPLES COUNSELING

Batterer intervention programs *should not* provide or recommend couples or family counseling as an initial intervention, in the context of mediation or while a batterer is involved in a batterer intervention program. Such approaches, where partners are seen jointly, avoid fixing sole responsibility on the men who abuse and thus blame survivors (in whole or in part) for the abuse. These approaches may perpetuate the abuse by giving men who abuse a sense of support for their actions and may further endanger the victim. These approaches minimize power differences between family members and leave survivors at a disadvantage.

Requests for couples counseling after completion of a batterer intervention program should be directed by agency policy that is developed with the survivor's safety as a priority and with input from advocates who work with women who have been battered.

Couples counseling and mediation are not recommended as an initial intervention or while a batterer is involved in a batterer intervention program. These approaches minimize the power difference between family members, leaving survivors at a disadvantage.

INTAKE PROCEDURES

During the initial program intake, a history of a batterer must be obtained, and can include, but is not limited to:

- Basic identifying information (must be 18 years old or otherwise emancipated);
- Demographic information;
- Violence used in family of origin;
- Current or former partner(s);
- Criminal history, including arrests, convictions and police reports;
- Pending court actions;
- Descriptive history of his use of violence and other abusive behaviors, including those within and outside of the intimate relationship;
- Screening for severe mental health problems or disruptive behavior and arranging/referring for treatment when necessary; and
- Screening for chemical dependency problems and arranging/referring for treatment when necessary.

Individuals who cannot benefit from the services or who may be disruptive to current group members must be referred to other appropriate resources.

EXCLUSION CRITERIA

A determination of whether or not an individual can benefit from the services must be made at the initial assessment. Individuals who cannot benefit from the services or who may be disruptive to current group members must be referred to other appropriate resources. This would not preclude these individuals from re-entering the program when they meet program admission criteria. Examples of individuals who may not benefit from services include individuals whose psychiatric symptoms prevent them from participating and individuals for whom a medical condition is the primary cause of violence, such as those with a brain injury.

PROGRAM AGREEMENT

Prior to entering a group, a batterer must sign a written agreement that he has received and understands the program's policies and procedures.

STAFF QUALIFICATIONS AND TRAINING

A batterer intervention program should have personnel policies that define and guide hiring practices. Batterers who have completed an intervention program often act as facilitators of groups. The program must develop a written code of staff conduct, which includes the ethical requirement that staff shall be non-abusive for a defined period prior to employment with, or volunteering services to, the organization. Staff and volunteers must be required to sign a statement agreeing to remain non-abusive during their service with the organization.

The staff of the program shall maintain the consistent approach that the batterer is solely accountable for the abuse and that abuse is intolerable in a relationship. Staff should be open to self-examination regarding issues of power and control, dominance, and gender-role conditioning and be receptive to feedback from other staff or supervisors. Staff should continually engage in a process of ongoing professional education and self-reflection on domestic violence.

Training and education prior to providing batterer intervention services is imperative to ensure that survivor safety, ending violence against women, and accountability for batterers defines and guides a batterer intervention program.

Training *should* include but is not limited to the following topics:

- Survivor safety and sensitivity;
- The history of the domestic violence movement;
- Cultural diversity;
- The nature and dynamics of domestic violence;
- The difference between batterer intervention and anger management;
- Domestic violence laws and legal issues;
- Responsibility versus denial;
- Sexism and oppression;
- Power and control;
- Facilitation and co-facilitation skills specific to groups;
- Characteristics of men who batter;
- Assessment and intake skills;
- Effects of a batterer's abuse and violence on children and family; and
- Alternative behaviors.

Staff of the program shall maintain the consistent approach that the batterer is solely accountable for the abuse and that abuse is intolerable in a relationship.

Staff should continually engage in a process of ongoing professional education and self-reflection on domestic violence.

Program leadership should consider consulting MCADSV or its domestic violence member programs for their expertise, not only during the start-up of a program but also during their ongoing leadership of the program.

Program Leadership:
To supervise or direct a batterer intervention program, or to train facilitators, an individual must have:

- A willingness to advocate for and foster community responsibility for safety of survivors and accountability for batterers;
- A willingness to recommend stronger sanctions for repeat offenders;
- A minimum of 80 hours of educational training including, but not limited to, the topics listed on the previous page; and
- Ongoing education to increase knowledge on topics related to domestic violence.

It is recommended that the individual have a masters or bachelors degree, in a related field, with two or more years of direct service in domestic violence advocacy or group work with batterers. It is preferable to have some combination of education and direct experience.

In addition, program leadership should consider consulting MCADSV or its domestic violence member programs for their expertise, not only during the start-up of a program but also during their ongoing leadership of the program.

Facilitators:
To facilitate groups for batterers, an individual must have:

- A minimum of 50 hours of educational training, including but not limited to the topics listed on the previous page;
- A minimum of 24 hours of direct co-facilitation with a qualified facilitator in batterer intervention groups; and
- Ongoing education to increase knowledge on topics related to domestic violence.

It is recommended that the individual have a masters or bachelors degree, in a related field, with two or more years of direct service in domestic violence advocacy or group work with batterers. It is preferable to have some combination of education and direct experience.

SURVIVOR SAFETY AND CONTACT

Many batterers have a current partner who is not necessarily the same person(s) they victimized in the past. This section refers to the survivor/current partner in an attempt to acknowledge the importance of communicating with current partners and past survivors.

Programs will develop policies and procedures to make information available to the survivor/current partner of batterers, including domestic violence services and referrals to other appropriate services. Within these policies, survivor/current partner safety is paramount. Every consideration must be made to protect the physical safety of both the survivor and the batterer if both parties receive services in the same location. These policies and procedures, as well as any informational materials, will be developed by the intervention program in close consultation with domestic violence survivor service programs.

The provider *shall* develop a process by which survivors can be informed of the program's structure, expectations and confidentiality. If contact can be made safely, it may be made only for the following reasons:

- To inform the survivor/current partner that the batterer's attendance or completion of the program does not guarantee that the batterer will not be violent or abusive;
- To inform the survivor/current partner that she is not responsible in any way for the batterer's success or failure in the program as responsibility for change lies solely with the batterer;
- To inform the survivor/current partner of the importance of continually assessing the options for safety, whether remaining in or leaving the relationship, and resources for assistance in developing a safety plan;
- To provide information about local domestic violence advocacy agencies, survivor service providers and information on Orders of Protection;
- To notify the survivor/current partner of the batterer's acceptance or non-acceptance in the program;
- To notify the survivor/current partner of the batterer's non-compliance with program guidelines or requirements;
- To inform the survivor/current partner of the batterer's scheduled program start date; and
- To report when the batterer presents a danger to himself or others. Administrators of programs and/or facilitators who are licensed clinicians in the state of Missouri are bound by licensure requirements—Missouri Revised Statutes 337.630; Requirements for Social Workers 4 CSR 263-3.100 (3); and Requirements for Psychologists 4 CSR 235-5.030 (7c1). Those programs without licensed facilitators shall adopt policies to warn others of potential threats from participants of batterer intervention programs.

This section refers to the survivor/current partner in an attempt to acknowledge the importance of communicating with current partners and past survivors.

Safety is paramount. It is not appropriate for the batterer intervention program to seek information about the batterer from the survivor/current partner.

However, providers will allow for safe and appropriate means for the survivor/current partner to offer information should she choose to provide it.

The following *must* be considered in determining program policies and procedures relating to survivor/current partner contact:
It is not appropriate for the batterer intervention program to seek information about a batterer from the survivor/current partner. However, providers will allow for safe and appropriate means for the partner to offer information should she choose to provide it. The following are limitations regarding survivor/current partner contact:

- No attempt should be made to encourage, persuade or coerce the survivor/current partner into disclosing information or having contact with the provider;
- No attempt will be made to suggest that information or contact by the survivor/current partner will positively affect the batterer's work with the provider;
- No attempt should be made to encourage, persuade or coerce the survivor/current partner into couples counseling;
- Under no circumstances should the provider share information about or from the survivor/current partner with the batterer; and
- Survivor/current partner contact will not be used as a method of evaluation to measure the program's success, or the participant's completion of the program.

PROGRAM COMPLETION

No batterer shall be assumed or documented to be non-abusive because he completes a batterer intervention program. Evidence of attitude/belief change indicated in the group may not always translate to behavior change in the relationship with a survivor/current partner.

Programs *must* develop standards for participants' completion. At a minimum, the batterer will:

- Pay all fees in full;
- Fulfill all program guidelines;
- Take responsibility for personal abusive behaviors without blaming others;
- Demonstrate to staff an understanding of alternatives to abusive behavior;
- Demonstrate to staff the use of respectful language regarding survivor/current partner and an understanding of benefits of equal relationships; and
- Have no known recent abusive and/or violent behavior.

SELF-EVALUATION TOOL FOR BATTERER INTERVENTION PROGRAMS

INTRODUCTION

In 2005, the MCADSV Batterer Intervention Policy Workgroup created the *MCADSV Standards and Guidelines for Batterer Intervention Programs* to provide direction in program development for batterer intervention programs in Missouri. After the completion of the standards and guidelines, the workgroup agreed to develop a self-evaluation tool to assist with implementation.

With the permission of the Ohio Domestic Violence Network (ODVN), MCADSV has modified ODVN's batterer intervention program self-evaluation tool. MCADSV thanks ODVN for permission to use and modify its work. This tool will affirm what batterer intervention program providers are already doing and help guide them in adjusting and further developing their programs. In addition to utilizing this self-evaluation tool, it is crucial that batterer intervention professionals seek ongoing training and partnerships with professionals who provide services to domestic violence survivors.

As every section of the standards and guidelines address issues of accountability, this tool is divided into sections that coincide with sections in the *MCADSV Standards and Guidelines for Batterer Intervention Programs*.

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- Program Completion 32

Each section contains several questions that batterer intervention professionals can ask themselves in order to continue meeting the outlined standards and guidelines. Each question

This tool will affirm what batterer intervention program providers are already doing and help guide them in adjusting and further developing their programs.

A community with a coordinated response to domestic violence is more likely to reduce the incidents of domestic violence than a community without a coordinated system of accountability (Bennett & Williams, 2001).

is followed by a rationale that provides the reasoning behind the question and strategies that provide some practical examples to help providers in the adjustment and development process. There are many examples under strategies throughout the tool. For more information, please contact MCADSV.

Throughout the tool, there are references to the terms "batterer intervention program" and "domestic violence program." "Batterer intervention program" refers to a program that provides services to domestic violence perpetrators. This does not include programs for women who are arrested for domestic violence, often called "Women Who Resort to Violence Programs," and anger management and other programs that often work with domestic violence perpetrators. "Domestic violence program" refers to a community-based program that provides services to survivors of domestic violence, such as a domestic violence shelter and/or counseling service for survivors of domestic violence. This does not include survivors' services in the court system, such as a survivor/witness assistance program.

COORDINATED COMMUNITY RESPONSE

- **What is collaboration? What does it have to do with running a batterer intervention program?**

Rationale: It is important to understand that a batterer intervention program cannot do the work alone and should be a part of the community response to domestic violence.

Strategies: Programs can begin work based on the understanding of collaboration: "Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve results they are more likely to achieve together than alone" (Winer & Ray, 1994, p. 24). A community with a coordinated response to domestic violence is more likely to reduce the incidents of domestic violence than a community without a coordinated system of accountability (Bennett & Williams, 2001).

- **What is our area's coordinated community response to domestic violence?**

Rationale: Batterer intervention programs are designed to be utilized within a community that focuses on using its institutions to diminish the power of batterers over their victims.

Strategies: For example, a coordinated community response to domestic violence can be established with a multi-disciplined team approach. The following professionals should be part of the team: local domestic violence programs/shelters; batterer intervention programs; probation and parole officers; prosecutors; police officers; children's services representatives; and health care providers. The team must establish a working relationship emphasizing a concentrated effort to reduce domestic violence. Community response can also be enhanced by other initiatives, such as a local task force or coalition of batterer intervention programs, representation on a local criminal justice council that addresses domestic violence, relationships with local shelters and survivor advocates, and speaking at local schools and churches.

- **Do we have local domestic violence programs' input for policies surrounding survivor contact and program development?**

Rationale: Having input from a domestic violence program or advocates who are experts in survivor safety is critical in a batterer intervention program's development.

Strategies: Domestic violence advocates and batterer intervention program providers should develop a partnership of a joint expertise in working with survivors and batterers. When developing the collaboration, programs must discuss survivor safety, batterer accountability, curriculum and policies. It must be clear that the domestic violence program staff will maintain the confidentiality of a woman who has been battered, whether or not she is a client of the program.

MCADSV may also be a resource for policy and program development.

- **How can we develop a protocol for our batterer intervention program as a part of a coordinated community response?**

Rationale: Having a protocol in writing assists with clarification of responsibilities and roles of participating agencies and provides a basis for evaluation. It also shows accountability to the community and the value the program places on that accountability.

Strategies: This can be accomplished by calling a meeting of all the key participants to discuss and develop a protocol. It is important that this protocol be developed with all parties' input, as there is greater buy-in and, in turn, better implementation of the protocol.

Domestic violence advocates and batterer intervention program providers should develop a partnership of a joint expertise in working with survivors and batterers.

In preparing for training, batterer intervention programs need to identify and cultivate relationships with domestic violence programs so that they can reflect survivors' perspectives.

- **Should we provide training on domestic violence to the community?**

Rationale: Expertise needs to be shared. As a batterer intervention program provides training, it can learn from others and validate its commitment to ethical practice.

Strategies: Programs can assist in educating the community about domestic violence and batterer intervention and should work with local domestic violence programs in the effort to educate the community. In preparing for training, batterer intervention programs need to identify and cultivate relationships with domestic violence programs so that they can reflect survivors' perspectives. Programs should recognize that participation in the local domestic violence council becomes part of the informal training of the community.

- **From where do we receive our referrals? List all sources and the type of relationship we have with each of them.**

Rationale: It is important to know where the batterers are referred from in order to follow up and monitor batterer accountability and to ensure program accountability to the community.

Strategies: Batterer intervention programs must learn about and document how referrals are processed from the following: state courts; municipal court; probation and parole; Department of Social Services, Family Support Division; mental health agencies; law enforcement; clergy; client self-referral; and others.

- **Who is the contact person in each agency?**

Rationale: Designating a specific contact person for each agency and/or each client ensures consistent communication and prevents manipulation of the system by a batterer.

Strategies: The contact person is usually the probation officer, parole officer, case manager or whomever makes the specific referral. Since each agency may have a different arrangement, it needs to be discussed with each referral agency.

- **How are the referrals made from each referral source?**

Rationale: It helps to have a specific procedure to follow for a batterer intervention program as well as for the referral source.

Having consistent communication with referral sources and/or the courts helps batterers to understand that they cannot manipulate the system.

Strategies: Staff must ensure that an appropriate release of information form is signed by the client and that an agreement is made with each referral source regarding information to be exchanged. In addition, document the steps taken to obtain the release and agreements in the records.

- **What type of information should be communicated with the referral source?**

Rationale: Having consistent information sharing can reduce batterer manipulation of the criminal justice system and community of providers.

Strategies: Batterer intervention programs need to have discussions with potential referral sources about what information needs to be shared. For example, some basic information that the referral source needs includes: dates of inquiry, admission, termination, and completion; number of sessions attended; participation; and any non-compliance with the program or lack of progress. Batterer intervention programs should receive information regarding clients' current and past issues of mental/physical health, substance abuse, child custody arrangements and any other information pertinent to their work with the clients in batterer intervention program. Programs can create forms to be used for regular reporting, e.g. client status change report, monthly progress report, or termination report. Referral sources and the batterer intervention program must agree on the frequency of reporting.

- **Who should we be communicating with in the court system?**

Rationale: Regular reporting and communication between the referring court and the batterer intervention program helps hold batterers accountable for their actions.

Strategies: Programs must decide who needs to be in the communication circle. In general, probation officers are the contact persons from the referring court. However, since each local court has different policies and procedures, a program must consult with the local courts. In emergency situations, if the contact person is not available, contact the designated liaison or, if appropriate, call law enforcement.

Having consistent information sharing can reduce batterer manipulation of the criminal justice system and community of providers.

Batterer intervention programs are accountable to the domestic violence movement, women victimized by domestic violence and the community.

- **What type of information should be communicated?**

Rationale: By having consistent information sharing, batterer intervention professionals can reduce manipulation of the system by batterers and enhance survivor safety.

Strategies: Program staff should communicate with the referral source and identify specific information necessary for both agencies. For example, some basic information that court personnel need includes the following: dates of inquiry, admission, termination, and completion; number of sessions attended; any non-compliance with the program; and presence or lack of progress. Batterer intervention programs should have access to assessments conducted by the court.

- **When and how should information be communicated?**

Rationale: Timeliness of communication between the batterer intervention program and the referral source is crucial as it often affects the safety of the survivor/current partner and children and status of the batterer including possible probation revocation, jail time and denial of child custody.

Strategies: Programs need to have an agreement on the frequency and means of communication with the referral source. For example, a program may send a progress report once a month and a status change report immediately upon admission, absence, termination and completion. The report may be faxed or mailed according to the polices of the program or court. In addition to other means of correspondence, reporting and discussing cases on the phone is often necessary.

- **How does our program address conflict with other systems' routine responses to survivors of domestic violence? How do we advocate for changes in the policies of other agencies, departments or organizations?**

Rationale: Batterer intervention programs are accountable to the domestic violence movement, women victimized by domestic violence and the community. As programs participate in the community response to domestic violence, staff must educate themselves about issues faced by survivors.

Strategies: Batterer intervention programs need to work in

partnership with local domestic violence programs and domestic violence coordinating council to address the issue through a collective voice. For example, a program might be able to bring up the problem of short-term batterer intervention programs within a coordinating council or partner with a domestic violence program in talking to a probation department about the need for improving the revocation process. Programs must avoid colluding with batterers and systems when they begin to blame the victim. It is important to recognize where conflicts exist and address them appropriately and in a timely manner.

Programs must avoid colluding with batterers and systems when they begin to blame the victim.

- **Do we have an agreement on cross-training with the local domestic violence program?**

Rationale: It is critical for batterer intervention professionals to be trained on the nature and dynamics of domestic violence and issues related to survivors.

Strategies: Batterer intervention professionals should be cross-trained in at least the following topics: the dynamics of domestic violence, including tactics of control and impact on survivors (adults and children); barriers faced by women who have been battered; state and federal domestic violence laws; and local resources for survivors of domestic violence. Domestic violence program staff should receive information on the batterer intervention program's curriculum, length of treatment, program requirements, assessment and evaluations used, and accountability systems including reporting to the referral sources. Cross-training should include a discussion of risk assessments, their limitations and an inability to effectively monitor levels of risk.

- **Do we have an agreement with local domestic violence programs on monitoring**?

Rationale: Monitoring builds credibility with the community, courts, survivors and social service agencies; develops quality services for perpetrators; enhances program facilitators' performance; increases survivor safety; and assures an ongoing relationship between batterer intervention programs and domestic violence programs.

Strategies: Batterer intervention programs need to make sure that the monitors from the domestic violence programs are able to fully observe the program, give meaningful critique and collaborate in designing new practices.

In general, completing batterer treatment is related to a reduction in domestic violence and other arrests, and the number of group treatment sessions correlates negatively with domestic violence arrests at follow-up.

- **How can we establish an effective protocol with the court system?**

Rationale: If there is a written protocol agreed upon by all members, there will be less confusion when evaluating the coordination of a community's response and dealing with personnel changes.

Strategies: This can be accomplished by calling a meeting to discuss and develop a protocol with all key players involved with a community coordinated response team. It is important that this protocol be developed with all parties' input, as there is greater buy-in and implementation of the protocol.

LENGTH OF GROUPS

- **Are both the group sessions and batterer intervention program itself of sufficient length to accomplish intervention goals?**

Rationale: Although there is a lack of empirical evidence favoring one length of treatment over another, the limited information resulting from research and practice in batterer intervention demonstrates that, in general, completing batterer treatment is related to a reduction in domestic violence and other arrests, and the number of group treatment sessions correlates negatively with domestic violence arrests at follow-up. Although adequate batterer treatment programs are generally described as at least 26 weeks in length, other factors, including restrictions imposed by the court, limited agency resources and individual needs of the offender for a longer course of treatment, may dictate the length of both the program and group sessions.

Strategies: Effective batterer intervention programs should include a minimum of 26 consecutive weeks of 90-minute group sessions in order to accomplish intervention objectives. However, an adequate batterer intervention program can be tailored to address limitations imposed on the program. For example, if a program of 26 weeks of 90-minute group sessions is not feasible, 39 weeks of 60-minute group sessions can be substituted.

FEE FOR SERVICES

- **How is our batterer intervention program funded?**

Rationale: Payment for one's own service is an indicator of responsibility and accountability and must be incorporated into the program. Batterer intervention programs should not compete with domestic violence programs for funding. Assisting the survivors and making sure that domestic violence programs have enough funding must be the first concern of the batterer intervention programs.

Strategies: Batterer intervention program clients' self-pay must be a part of the intervention. Programs may consider using a sliding fee scale. Receiving insurance payment for batterer intervention program implies that abusive behavior is a medical condition. If a program decides to use insurance as payment for batterer intervention services, it must be cognizant of this perception and address it with the batterer.

CURRICULUM

- **Do we have a curriculum in place? What kind of theoretical foundation is the base of our curriculum?**

Rationale: Batterer intervention programs need to have a curriculum that demonstrates a consistent theoretical foundation that reflects an understanding of battering as a system of oppression and power and control. It is important to have a curriculum in a written format to document what the program is doing with clients. The curriculum should be available for review.

Strategies: The curriculum should list topics, group exercises, homework, etc., and should focus on survivor safety; perpetrator accountability; gender issues; impact of violence on partner, children, and community; power and control; and the nature of domestic violence. Anger management must not be the primary focus of the program's curriculum. Refer to Batterer Intervention Curriculums in Appendix B: Resources (p. 35).

- **What are the reasons to develop group rules?**

Rationale: Batterer intervention programs need to assist clients in understanding program expectations.

Batterer intervention programs need to have a curriculum that demonstrates a consistent theoretical foundation that reflects an understanding of battering as a system of oppression and power and control.

Programs need to recognize that couples counseling may perpetuate the abuse by giving men who abuse a sense of support for their actions and may further endanger the survivor. These approaches minimize the power difference between family members and leave survivors at a disadvantage.

Strategies: Facilitators must inform clients of established group guidelines, boundaries and limitations of group participation. Expected behavior must be explained for the respect of all group participants and the program staff. It is important to outline and clarify the consequences for violations of the group rules. Some programs may choose to incorporate the rules into the program contract.

- **Do we acknowledge the power imbalance between men and women in our work with batterers?**

Rationale: Acknowledging the power differences between men and women in society provides the rationale for why the majority of domestic violence survivors are women and assists in prioritizing survivor safety.

Strategies: Facilitators can include discussions and exercises that acknowledge domestic violence as it stems from the power imbalance between men and women as well as exploring social and cultural endorsement of domestic violence. For example, facilitators can generate discussions by asking questions such as: How did this situation come to be? Who benefits from this situation? Who made this rule? Who enforces this rule? Facilitators can also have the group list jobs that are associated with power and then have the group identify the majority gender for each job.

COUPLES COUNSELING

- **What is our policy regarding couples counseling?**

Rationale: Batterer intervention programs should be accountable to survivors for their safety and not provide or recommend couples or family counseling as an initial intervention, in the context of mediation, or while a batterer is involved in a batterer intervention program.

Strategies: Programs need to recognize that couples counseling may perpetuate the abuse by giving men who abuse a sense of support for their actions and may further endanger the survivor. These approaches minimize the power difference between family members and leave survivors at a disadvantage. Requests for, or offers of, couples counseling should not occur until the batterer has fully complied with a batterer intervention program for at least 26 weekly sessions. The batterer must accept responsibility for his actions, recognize his ability to control and stop his violence toward his partner, and clearly

state that he will no longer be violent toward her. He must accept responsibility for his choices and must be able to hear critical feedback and report specific changes in his own behavior. In a separate session, the batterer must accept full responsibility for his battering, validate that he is not battering at this time, and affirm that he has committed never to batter her again. Both partners must agree separately that they want to work on the relationship.

The batterer must accept responsibility for his actions, recognize his ability to control and stop his violence toward his partner, and clearly state that he will no longer be violent toward her. He must accept responsibility for his choices and must be able to hear critical feedback and report specific changes in his own behavior.

INTAKE PROCEDURES

What are procedures for inclusion in the program?

Rationale: Providers need to establish criteria to determine if a client is appropriate to participate in the groups.

Strategies: It is important to pay attention to individual needs and, when possible, make accommodations for the individual to participate in the group. For example, if the individual has literacy issues then the group facilitator should take steps to assure that the client will have assistance with these skills before entering the program. Another example would be if a client has a substance abuse problem then he should be given appropriate treatment services to address that issue and also be allowed to return after the problem has been addressed. A last example would be to consider the safety needs of batterers in conjunction with their gender identification or sexual orientation when deciding placement in a group. Programs must be as inclusive as possible to assist clients in receiving the services they need related to their violent and abusive behavior. However, there are times when a client is not appropriate to be admitted into the program and exclusionary criteria must also be established as part of the program policies and procedures. See examples of exclusionary criteria on page 10.

How should we work with women who are arrested for domestic violence?

Rationale: The number of women arrested for domestic violence has increased in the last few years. Programs must be aware of how to deal with the situation. Many may already be receiving referrals.
Strategies: Facilitators and program administrators need to recognize that some research shows that female violence against men occurs in different dynamics than male violence against women and therefore the intervention must be different. It is important to have discussions with the local domestic violence program(s) on this issue.

Ethical commitment to nonviolence demands that batterer intervention programs actively reach out to underserved populations.

- **Who are the populations underserved by our batterer intervention program? Who are missing from our referral source? For example, ethnic/language/religious/regional minorities, people with disabilities, and gays and lesbians may be underserved.**

Rationale: Domestic violence occurs in every community. Providers need to question their service delivery as they identify underserved populations.

Strategies: To assess a program's status in serving underserved populations, ask the following questions: Who are the underserved groups in the program's service area? What are the backgrounds of the clients served? Who are the populations that are underserved by the program? What is the background of the batterer intervention program staff; how are interpreters paid? Is the facility accessible?

- **What information do underserved groups have about our batterer intervention program?**

Rationale: A batterer intervention program cannot provide services if underserved groups do not know about it.

Strategies: Programs need to begin the process by developing relationships with underserved groups. Program staff must seek opportunities to attend the group's events such as community meetings, festivals and conferences and should also invite the leaders of underserved communities to program meetings and other events.

- **How do we reach out to underserved populations?**

Rationale: Ethical commitment to nonviolence demands that batterer intervention programs actively reach out to underserved populations.

Strategies: For example, if there is a certain group underserved in the area, a program may consider training and hiring members of that community. All staff needs to attend trainings addressing issues of diversity and anti-oppression. It is also important to pay attention to the populations' linguistic and cultural needs as well as the program's limitations in serving some populations.

EXCLUSION CRITERIA

- **Do we provide services other than batterer intervention? If not, how do we deal with batterer intervention program clients who demonstrate multiple needs?**

Rationale: Batterer intervention programs often receive clients who have multiple issues. The common issues presented are substance abuse, mental health, and mental and/or physical disability.

Strategies: If there are not appropriate services within the agency, clients should be referred to other treatment. Programs need to communicate with referral sources and to agree on how to refer clients. Batterer intervention programs should focus on the client's abusive behavior. Batterers may try to manipulate facilitators and staff to work with them on things other than their abusive behavior. Other issues need to be dealt with in different programs within or outside of the agency.

PROGRAM AGREEMENT

- **What kind of information do we provide to batterer intervention program clients?**

Rationale: Facilitators and staff need to assist clients in understanding program policies and procedures.

Strategies: Staff needs to inform all clients of program policies and procedures during the first intake interview. This written document should include making/canceling appointments, grievance policy and confidentiality according to the agency policy as well as any appropriate licensure boards. The limits to confidentiality, including potential harm to themselves or others, child abuse and elder abuse, and should be fully addressed in the batterer intervention program contract/guidelines.

- **What are the reasons to develop group rules?**

Rationale: Facilitators and staff need to assist batterer intervention program clients in understanding program expectations.

Batterer intervention programs should focus on the client's abusive behavior. Batterers may try to manipulate facilitators and staff to work with them on things other than their abusive behavior. Other issues need to be dealt with in different programs within or outside of the agency.

With male/female co-facilitation, facilitators can purposefully share decision-making and other duties including writing on the board, answering questions and other routine tasks. Keep in mind that facilitator interactions are models of shared power or power differentials for the clients.

Strategies: Batter intervention program professionals must inform clients of established group guidelines, boundaries and limitations of group participation and must explain behavioral expectations to clients for the benefit of group participants and the program staff. It is important to outline and clarify the consequences for violations of the group rules. Some programs may choose to incorporate the rules into the program contract.

STAFF QUALIFICATIONS AND TRAINING

- **What do we need to know about the facilitation of batterer intervention groups?**

Rationale: While male/female co-facilitation is preferable because it creates the opportunity to model and demonstrate the concepts and themes of the curriculum through the interaction of the facilitators, it is not always practical. Programs must establish guidelines to assure compliance with standards. If facilitators can't, won't or don't model shared power, clients will not believe their words or value what the program says about shared power.

Strategies: With male/female co-facilitation, facilitators can purposefully share decision-making and other duties including writing on the board, answering questions and other routine tasks. Keep in mind that facilitator interactions are models of shared power or power differentials for the clients. Even details such as where each facilitator sits within the group can send a value message. Explore all interactions for subtle (or not so subtle) power differentials between facilitators. It is helpful to debrief after each group meeting in order to give feedback.

Frequent monitoring of facilitators is essential to ensure compliance with standards. Administrators can develop an evaluation form for staff use in evaluating facilitators. The evaluation form would provide documentation for any necessary disciplinary actions. If a facilitator has a history of battering, staff should remain diligent in their examination of that facilitator's group supervision.

- **Have we received any training in appropriate batterer intervention program model(s)?**

Rationale: It is critical to receive training from well-respected and appropriate batterer intervention program models that

understand battering as a tool of power and control. Trainings validate a program's commitment to ethical work.

Strategies: Batterer intervention professionals need to attend trainings that reflect principles of the standards and guidelines on a regular basis. MCADSV often offers trainings in the field of domestic violence. There are also some training opportunities advertised nationally.

◗ Do we have regular supervision?

Rationale: Batterer intervention is a challenging task that can lead to worker burnout. It is important to schedule regular supervision in order to continue this work in an ethical manner and in a healthy environment. The supervision can be a helpful tool to maintain consistency among staff of the batterer intervention program.

Strategies: Individual or group supervision of anyone that facilitates a group is appropriate. During these formal or informal meetings supervisors should address safety concerns (for survivors/current partners and staff), problematic group behavior and progress (or lack of progress) of clients, and other challenges that leaders are facing in the supervision sessions. If the program cannot obtain appropriate supervision, it could consider forming a coalition of area batterer intervention professionals to meet with and discuss general issues while maintaining client confidentiality.

SURVIVOR SAFETY AND CONTACT

◗ What systems are in place to address survivor safety?

Rationale: Batterer intervention programs should be accountable to survivors placing their safety as the programs' priority.

Strategies: For example, programs can work with local domestic violence programs to create a safe and confidential avenue for women who have been battered to contact or be contacted by program staff. When special circumstances dictate, batterer intervention programs must seek advice from domestic violence programs on how to proceed. The safety of the survivor must remain the priority. The domestic violence program may arrange to contact the survivor at a safe place and provide the information to her from the batterer intervention program. Domestic violence programs are the experts when dealing with

It is critical to receive training from well-respected and appropriate batterer intervention program models that understand battering as a tool of power and control. Trainings validate a program's commitment to ethical work.

Batterer intervention programs should be accountable to survivors by addressing survivor safety.

survivors' issues, and batterer intervention programs must abide by their recommendations whenever possible.

- **How are we using contacts with survivor/current partners?**

Rationale: There are significant safety risks in using survivor/current partner contacts as a method of evaluation for participant completion or a measure of success of the program.

Strategies: Contact with survivors/current partners can be an important component of batterer intervention. For example, contacts with survivors/current partners can be used to provide information about program structure and limitations as well as to offer information about community resources. However, asking survivor/current partners for information to evaluate the success of the program or as a measure of the batterer's readiness for program completion may place the person at risk for potential retribution and/or places that person in a position where she may not be able to give accurate information. Evaluation can be based on information obtained from the participants, observed behaviors and can involve other sources such as probation and parole officers. MCADSV recommends working with programs that directly serve survivors in devising evaluation strategies.

- **How do we assess the risk of violence toward the survivor/current partner?**

Rationale: Batterer intervention programs must be able to work with batterers effectively, understanding the potential level of risk, and, if there is suspected high risk, act to prevent harm.

Strategies: It is important to note that there is no one instrument or method that will absolutely predict the risk of danger posed to a victim by her batterer. The process of assessing and managing risk in the context of domestic violence is dynamic and complex.

Programs should use multiple established tools and methods in risk assessment. This assessment should be ongoing and occur in partnership with survivor advocates from relevant domestic violence programs.

One piece of information could alter the level of risk for a survivor. To avoid being misled by assessment results and/or to

avoid using them as a predictor of future behavior, those administering risk assessments must understand the use of these tools and the intricate dynamics of domestic violence. "One can never really know which batterer will attempt to kill a battered woman or her children (Hart, 1988)."

- **How do we assess the risk for violence toward the children?**

Rationale: Programs must recognize that there is a risk of potential harm if the batterer has custody, visitation or any type of direct or indirect contact with the mother of the children or the children themselves.

Strategies: Lundy Bancroft and Jay G. Silverman (2002), authors of numerous books on batterers, suggest evaluating the following issues to assess risk posed to children: level of physical danger to the mother; history of child physical abuse; history of child sexual abuse or any other boundary violation; level of psychological cruelty to the mother or children; level of coercive or manipulative control exercised during the relationship; level of entitlement and self-centeredness; history of using children as weapons and of undermining mother's parenting; history of placing children at physical or emotional risk while abusing their mother; history of neglectful or severely under-involved parenting; refusal to accept the end of the relationship, or to accept the mother's decision to begin a new relationship; level of risk of abducting children; substance abuse and mental health history; and batterers who assert that they have changed. In addition, facilitators need to pay attention to the current status of the parental relationship, such as pre- or post-separation.

- **What is our policy regarding client confidentiality and survivor notification of imminent danger?**

Rationale: Batterer intervention programs must keep survivor safety as the top priority. Licensed practitioners have a mandated duty to warn the survivor in cases where there is potential risk of harm.

Strategies: For example, batterer intervention programs can have clients sign a information release form to allow the pro-

It is important to note that there is no one instrument or method that will absolutely predict the risk of danger with a batterer. The process of assessing and managing risk in the context of domestic violence is dynamic and complex.

Batterer intervention programs must keep survivor safety as the top priority. Licensed practitioners have a mandated duty to warn the survivor in cases where there is potential risk of harm.

gram to communicate with appropriate professionals, such as probation/parole officers and advocates. Programs need to have a written policy on the limits of confidentiality for clients to agree to before they enroll. Participants should document that they have read the limitations to confidentiality by signing a form the program has created.

PROGRAM COMPLETION

- **Can we measure the program's effectiveness on participants while they are enrolled and what criteria do we use?**

Rationale: There is not a standard by which to measure effectiveness. Caution should be used when attempting to research outcomes or effectiveness as there exist no curriculum that can change all batterer behaviors. Batterer intervention programs must be open to discharging inappropriate clients and changing intervention techniques as needed.

Strategies: For example, facilitators can evaluate clients on their belief system, skill acquisition and group participation. This may be done through group discussions, role play and other group exercises, and homework assignments. Facilitators need to address clients' level of demonstrated accountability (or lack of) and/or their interaction with staff and other members of the group throughout their involvement in the program.

- **How do we define program completion?**

Rationale: It is important for a program to develop criteria by which participants can demonstrate an understanding of the curriculum and apply the principles to their own lives. It is critical, however, that no person be assumed to be non-abusive because that person has completed the required sessions in the program.

Strategies: Programs need to develop standards that participants can work toward that demonstrate their understanding of power and control and their responsibility for their own behaviors. This can be shown by payment of all fees in full, taking responsibility for their abusive behaviors without blaming others, demonstrating an understanding of alternatives to abusive behaviors, being able to articulate and demonstrate respectful language, and no known recent abusive behaviors.

Again, there is not a standard by which to measure effectiveness and caution should be used when attempting to research outcomes or effectiveness as there is no curriculum that can change all batterer behaviors. Batterer intervention programs should never state that a batterer is, or will be, nonviolent upon completion of the program's requirements.

Batterer intervention programs should never state that a batterer is, or will be, nonviolent upon completion of the program's requirements.

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APPENDIX B: RESOURCES

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Batterer Intervention Trainings

Domestic Abuse Intervention Project, National Training Project, 202 East Superior Street, Duluth, MN 55802, (218) 722-2781, www.duluth-model.org.

Emerge: Counseling and Education to Stop Domestic Violence, 2464 Massachusetts Avenue, Suite 101, Cambridge, MA 02140, (617) 547-9879, www.emergedv.com.

Men Stopping Violence, 533 West Howard Avenue, Suite C, Decatur, GA 30030, (404) 270-9894, www.menstoppingviolence.org.

New York State Office for the Prevention of Domestic Violence, 80 Wolf Road, Albany, NY 12205, (518) 457-5800, www.opdv.state.ny.us.

Volunteer Counseling Service Community Change Project, 77 South Main Street, New City, New York 10956, (845) 634-5729, www.volunteercounselingservice.org.

APPENDIX B: RESOURCES

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APPENDIX B: RESOURCES

Women Who Resort to Violence

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MCADSV is a statewide membership coalition of organizations and individuals working to end violence against women and their children through direct services, social and systemic change.

Please join our effort to make Missouri safer for women.

Membership Application

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❑ I WOULD LIKE TO BE INCLUDED ON THE MCADSV LISTSERV

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❑ INDIVIDUAL MEMBERSHIP
- ❑ SUPPORTIVE MEMBERSHIP - $45
- ❑ ADVOCATE MEMBERSHIP - $35 (STAFF OF MEMBER PROGRAM)
- ❑ STUDENT MEMBERSHIP - $25

❑ I AM INTERESTED IN AN ORGANIZATIONAL/AFFILIATE MEMBERSHIP. PLEASE SEND ME MORE INFORMATION.

◗ DONATIONS

❑ I AM NOT INTERESTED IN MEMBERSHIP BUT WOULD LIKE TO MAKE A TAX-DEDUCTIBLE CONTRIBUTION.
AMOUNT ENCLOSED $ _____

As a member of MCADSV, I agree with and support the Coalition's philosophy and mission.

SIGNATURE:_____

◗ Mail to:

MCADSV
217 Oscar Drive, Suite A
Jefferson City, MO 65101

◗ For more information, call (573) 634-4161.

FOR OFFICE USE ONLY:
Date received: _____ Check #: _____
Database: _____ E-list: _____
Region:_____

"One-on-one approaches to overcoming abuse work well only when the wider community pulls together to create an environment in which the victims are supported and the abusers are held accountable.

You can play a role in making your community an abuse-free zone, a haven where abused women know that they can count on complete support and where abusers know that they will not succeed in gaining sympathy for their excuses or in avoiding the consequences of their actions."

Bancroft, L. (2002). ***Why does he do that?: Inside the minds of angry and controlling men*** (pp. 383-384). New York, NY: Putnam's Sons. Used with permission.