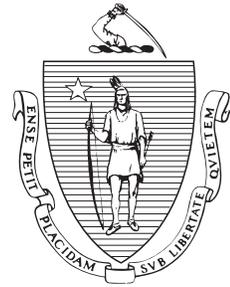
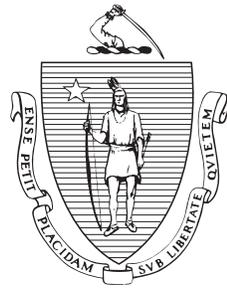


***Pilot Program Specifications
for Intervention with
Gay, Lesbian, Bisexual and
Transgender
Perpetrators of Intimate
Partner Violence***



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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1.0 BACKGROUND AND PURPOSE

These program specifications were developed by a working group which included representatives from the Department of Public Health, certified batterer intervention programs, the Gay Men's Domestic Violence Project, the Network for Battered Lesbians, the Fenway Community Health Center. The Department of Social Services and Jane Doe, Inc. contributed to the development process.

The purpose of these program specifications is to establish guidelines for creating and operating intervention programs for gay, lesbian, bisexual and transgender (GLBT) people who abuse intimate partners. This document is to be considered a supplement to the Massachusetts Guidelines and Standards for the Certification of Batterer Intervention Programs. In order for a program to operate in compliance with these program specifications, the guidelines and standards set forth in the Guidelines and Standards for the Certification of Batterer Intervention Programs must also be met.

Please note that no Massachusetts certified batterer intervention program has experience working with transgender batterers. The intervention needs of this population may require that programs deviate from these program specifications.

2.0 DEFINITION OF INTIMATE PARTNER VIOLENCE

For the purpose of these Guidelines, and as a reference for those who provide intervention services to perpetrators of intimate partner violence, the definition of intimate partner violence shall be understood as follows:

2.1 Abuse is a pattern of coercive control directed toward the victim.

Abuse is behavior that physically harms, arouses fear or prevents a victim from doing what he/she wishes. Relationships in which one partner uses assault and coercion can be found among married and unmarried heterosexuals, gay males, lesbians, bisexuals and transgender people.

It is the intent of abusive behavior to undermine the will of the victim and to substitute the will of the perpetrator for the will of the victim. Perpetrators batter victims to achieve and maintain power over their victims. It is a myth that batterers resort to violence when they lose control. In fact, abuse is deliberate. Perpetrators select the targets of their abuse. They often choose the circumstances of their violence including the amount of injury inflicted by their assaults.

- 2.2** Abuse may consist of one, or a combination of two or more of the following behavioral elements:
- A. physical assault;
 - B. verbal and emotional forms of assault and control such as intimidation, coercion, threats, isolation or degradation;
 - C. economic forms of control such as withholding or denying access to money or other basic resources, sabotaging employment, housing or educational opportunities;
 - D. sexual assault or coercion;
 - E. social isolation such as possessiveness, jealousy, denying communication with friends, prohibiting access to transportation and telephone;
 - F. failure to comply with immigration requirements making immigrant spouse unable to work and vulnerable to deportation and loss of child custody;
 - G. stalking, harassing and on-going monitoring and pursuing of victim;
 - H. exposing or disclosing sexual orientation (i.e. “outing”) or threatening to do so;
 - I. threats of outing victim’s HIV status, withholding medication, exposing victim to HIV with or without his/her knowledge ;
 - J. use or abuse of children or pets.

2.3 There is no behavior on the part of the victim which causes or excuses abuse. The perpetrator bears sole responsibility for his or her actions.

2.4 Substance abuse or psychopathology do not diminish responsibility for violence.

3.0 INTAKE AND EVALUATION

The program must screen potential clients to ensure that batterer intervention services will be provided to perpetrators of intimate partner violence only and that victims will be referred to appropriate advocacy and support services.

- A. Intake sessions will occur individually. One potential client will be screened during the intake interview session by one program staff person.

Individual intake sessions improve the program's ability to accurately identify perpetrators and victims.

B. In order to accurately identify perpetrators and victims, programs will ask, at a minimum, the following screening questions of all potential clients:

- 1) Who sets the tone in the relationship?
- 2) Who makes key decisions in the relationship?
- 3) Have the police been called before?
- 4) Have restraining orders been taken out? If so, by whom?
- 5) Have you ever struck out at your partner or fought back? What did you partner do prior to what you did to him/her?
- 6) What is your partner's view of the relationship? How would they describe you/the relationship?
- 7) Are there other people aware of the abuse? What do they think/what would they say?

In addition, if wounds are visible determine if they are defensive wounds (on palms of hands, bruises on inside and outside of arms, injuries to the back or bumps on the head) or offensive (scratches on face, bruised or bloody knuckles, swollen fist). Determine if the wounds could be self-inflicted. Remember the myth that the larger, stronger or more "butch" partner is not always the abusive one.

The evaluation process may be on-going. If at any time during the intervention it becomes clear to program staff that the client is in fact a victim of intimate partner violence and not the batterer in the relationship for which they were referred, the courts must be notified and a decision as to whether or not to continue providing intervention services to the client should be made in consultation with the client with regard to his/her safety. Documentation of this consultation and the resulting decision must be kept in the client file.

- C. The screening process may include partner contacts with current and previous intimate partners or other collateral contacts, such as with probation officers, mental health professionals, the Department of Social Services, or others. The program must obtain from the client all necessary releases before contacting collateral sources. Copies of release forms must be kept in the client file.
- D. The location and time of the intake session and group intervention sessions must be safe for both program staff and victims. For example, the sessions should not be held in a building where victims are served.

4.0 INTERVENTION METHODOLOGY

- A. Sessions for individual clients may be necessary and are appropriate if the agency has not received sufficient referrals for a group intervention. Sessions for individuals are to be educational rather than psychotherapy or counseling-oriented. The focus of sessions for individuals will be victim safety and batterer accountability with an emphasis on reviewing the batterer's past and present use of controlling and abusive behaviors. The batterer's own experiences of victimization will not be the focus of the intervention; while past experiences of victimization may be acknowledged, they should be used to create empathy for the victim and not used as justification for perpetration of abuse.
- B. The purpose of the intervention shall be to educate the batterer. The goals of the intervention shall be the cessation of coercive, dominating and violent behavior, and the promotion of the safety of the victim(s), current partner(s) and the children. Support group methodology is inappropriate for this intervention.
- C. Sadomasochism will be addressed during the intervention. Sadomasochism will be differentiated from abuse, yet facilitators will make clear that a battering relationship limits the possibility of consensual sadomasochistic practice.
- D. The intervention shall not specify that engaging in open relationships, non-monogamous relationships or having multiple sexual partners are inherently abusive. However, facilitators will differentiate between consensual open relationships and sexual partnering practices which place victims at risk for emotional and/or physical injury.
- E. Curricula components must be in keeping with those outlined in the Massachusetts Guidelines and Standards for the Certification of Batterer Intervention Programs. Additional materials, including videos and handouts, or deviation from an approved curriculum must be submitted to MDPH for written approval.
- F. Educational components shall include:
 - 1) components as outlined in the Massachusetts Guidelines and Standards for the Certification of Batterer Intervention Programs
 - 2) homophobia and internalized homophobia
 - 3) HIV and sexual health

- 4) negative self-talk
- 5) relationship history
- 6) goal-setting
- 7) role plays

5.0 PROGRAM STAFFING

All Program Staff

- A. All batterer intervention program staff and reception staff must attend a program-wide training on homophobia and intimate partner violence in the GLBT communities. Contact MDPH for a referral of a trainer on this topic if necessary.

Facilitators

- B. For intervention groups of three or more batterers, two facilitators will be used.
- C. Facilitators should represent the service population of the intervention group.
- D. Facilitators must receive all training as outlined in the Massachusetts Guidelines and Standards for the Certification of Batterer Intervention Programs and have facilitated groups for heterosexual batterers for a minimum of three months at a certified batterer intervention program.
- E. Facilitators must additionally receive eight hours of training in GLBT intimate partner violence prevention and intervention from an MDPH-approved training program.

Partner Contact Staff

- F. Staff people who conduct partner contacts must have a minimum of six months' experience working with domestic violence victims.
- G. Staff people who conduct partner contacts must observe two (2) group sessions at a DPH-approved certified batterer intervention program training site.
- H. Staff people who conduct partner contacts must receive eight hours of training in GLBT intimate partner violence prevention and intervention from an MDPH-approved training program.

- I. Staff people who conduct partner contacts must review a training videotape, currently in development, available from MDPH. A phone consultation with staff from a DPH-approved training site will take place after the review of the videotape.
- J. Programs which have been conducting partner contacts with partners of GLBT batterers since 1998 or before do not need to comply with Specifications 5.0.E-5.0.H.

Supervisors

- K. Supervisors must be trained and have the requisite work experience as outlined in the Massachusetts Guidelines and Standards for the Certification of Batterer Intervention Programs.
- L. In addition, supervisors must receive eight hours of training in GLBT intimate partner violence prevention and intervention from an MDPH-approved training program.
- M. Supervisors should be representative of the target population if possible.

6.0 ADMINISTRATION

- A. Copies of all reports sent to representatives of the court or collateral contacts must be filed in the client's permanent program file.
- B. The program will participate in a same sex domestic violence roundtable or community coalition. If no such coalition or roundtable exists locally, it is the responsibility of the program providing the intervention to establish one. Boston-area programs and others which are interested may call MDPH for information about joining the extant Massachusetts Same Sex Domestic Violence Coalition.
- C. The program will coordinate with other GLBT-service providers and certified batterer intervention programs and approach the courts, local probation departments, Department of Social Services offices and other community-based groups for the purposes of education and outreach on the topic of intervention with GLBT perpetrators of intimate partner violence.

7.0 SITE VISITS AND INSPECTIONS

- A. Authorized personnel of the Department may conduct site visits at any reasonable time without prior notice. All parts of the program, all staff and activities, and all records are subject to such visit and inspection. (Guidelines and Standards for the Certification of Batterer Intervention Programs Section 9.0.A)

- B. All certified batterer intervention group participants will be required to complete data collection forms which will be submitted to MDPH by the deadlines as stated. The program will comply with all research and evaluation efforts by MDPH.

