Toward Empirically Based Standards for Abuser Intervention: The Maryland Model

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SUMMARY. This article describes the development of operational guidelines for Abuser Intervention Programs in Maryland. Unlike in many states which have adopted quite specific standards regarding program format, duration, etc., the Maryland guidelines address a fairly narrow range of issues. These include outreach to victims, communication with the courts, and the need for intervention programs to address domestic abuse directly in their program content. Maryland has also established a research task force on Abuser Intervention Programs, whose

The author gratefully acknowledges the efforts of many people who were involved in developing and implementing Maryland's Operational Guidelines for Domestic Violence Abuser Intervention Programs, and who have established the Abuser Intervention Research Collaborative. Rachel Wohl, Eugene Morris and Alan Sun supplied reflections and recollections that were used in drafting this paper.

This work was supported, in part, through a grant administered by the Maryland Governor's Office of Crime Control and Prevention–Grant #VAWA-97-033-D, awarded by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. The Assistant Attorney General, Office of Justice Programs, coordinates the activities of the following program offices and bureaus: Bureau of Justice Assistance, Bureau of Justice Statistics, National Institute of Justice, Office of Juvenile Justice and Delinquency Prevention, and the Office of Victims of Crime. Points of view or opinions contained within this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

[Haworth co-indexing entry note]: "Toward Empirically Based Standards for Abuser Intervention: The Maryland Model." Murphy, Christopher M. Co-published simultaneously in *Journal of Aggression, Maltreatment & Trauma* (The Haworth Maltreatment & Trauma Press, an imprint of The Haworth Press, Inc.) Vol. 5, No. 2(#10), 2001, pp. 249-264; and: *Domestic Violence Offenders: Current Interventions, Research, and Implications for Policies and Standards* (ed: Robert A. Geffner, and Alan Rosenbaum) The Haworth Maltreatment & Trauma Press, an imprint of The Haworth Press, Inc., 2001, pp. 249-264. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-HAWORTH, 9:00 a.m. - 5:00 p.m. (EST). E-mail address: getinfo@haworthpressinc.com].

goal is to use empirical data to inform the use of best practices in the state, to facilitate empirical research at abuser intervention programs in Maryland, and to develop more detailed program standards in the future.

KEYWORDS. Domestic, violence, intervention, perpetrators, programs, guidelines

I. OVERVIEW

After two attempts to develop state standards for Abuser Intervention Programs (AIP's), and as a result of extensive debate and compromise, Maryland has settled on a modest set of operating guidelines with the goal of developing empirically based practice standards in the future. A group of AIP directors and academicians has established a research task force that has begun to review existing knowledge, design investigations, and disseminate information to inform program practices and to aid in the development of empirically-based program standards. The goal is to serve as a national model for a scientific approach to abuser intervention program practice and standards.

II. THE DEVELOPMENT OF OPERATING GUIDELINES FOR ABUSER INTERVENTION PROGRAMS

Maryland Batterers' Treatment Providers' Focus Group

Beginning in 1993, the Maryland Batterers' Treatment Providers' Focus Group, a working group of abuser intervention program directors and practitioners, developed a draft set of standards based primarily on the Massachusetts model. Concerns had developed among domestic violence programs in Maryland that unqualified practitioners, with little or no expertise in domestic violence, were irresponsibly treating court-ordered referrals. The working group meetings were well attended by batterer program personnel, and served as a vehicle for information sharing and discussion of program practice and philosophy. Once the standards were developed, the Maryland Network Against Domestic Violence set out to promote them, but the work stalled when

it came time to develop a legislative strategy for official adoption and implementation of the standards.

Maryland Attorney General and Lt. Governor's Family Violence Council

In 1995, about a year after the original standards were proposed, the Post-Disposition Committee of the newly formed Maryland Attorney General and Lt. Governor's Family Violence Council took up the issue of Abuser Intervention Program standards. This committee contained a broad-based membership including policy makers, judges, prosecutors, parole and probation administrators, domestic violence victim and offender service providers, and sexual assault service providers. Their charge was to develop an agenda and action plan regarding probation and counseling for abuse perpetrators, and services for victims of abuse.

Abuser program standards proved to be the most controversial topic handled by the committee. The initial plan was to find a legislative or judicial strategy for implementing the draft of Maryland standards, which were based largely on those previously developed in Massachusetts. However, vocal opposition was raised by committee members who had not participated in drafting these standards. One member suggested and drafted an alternative model based on program outcomes. He argued that all programs should be required to assess outcomes in a standardized fashion, for example through a victim report on the Conflict Tactics Scale (Straus, 1979). In addition, he argued that if multiple programs were competing for the same court-mandated clients, an empirical trial should be required in which judges randomly assign batterers to the available programs. Alternatively, programs that failed to attain recidivism rates below a certain, empirically-derived, standard, could be denied referrals. The over-riding point was that clients should be assigned to programs on the basis of demonstrated outcomes, rather than pre-specified standards, and that program practices should not be specified in the absence of empirical support for their efficacy.

The attorney directing the state Family Violence Council forged a consensus between these divergent perspectives, one asserting a need for outcome-based standards with no specifications about program practices, and the other supporting the adoption of fairly strict practice standards in the absence of empirical support. The committee decided against adopting standards that rigidly prescribed program models or practices because there was insufficient evidence to support the efficacy of any specific approach, and because such standards might preclude research on innovative models. Extensive discussion of outcome-based standards, however, produced the conclusion that existing programs lacked sufficient funding, staffing, and training to collect outcome

data in a rigorous fashion. Thus, the committee decided to adopt a modest set of operating guidelines that everyone could agree were sound and likely to promote the well-being and safety of victims. In addition, the committee recommended that "abuser intervention programs, together with research academicians, should create a Research Task Force that will serve as a national demonstration project to develop empirically-based standards for effective abuser intervention methods" (Maryland Family Violence Council, 1996, p. 42). The composition and activities of this research task force are described later in this paper.

Operating Guidelines. The operating guidelines (included as Appendix) represented a set of "bottom line" issues that received broad-based support from a committee of service providers and researchers. The committee was diverse in theoretical orientation, professional identity, and political perspective. Their deliberations involved existing practices in the state, empirical data on abuser intervention and related areas of behavior change, the potential impact of various proposed guidelines on future practice, and legislative and administrative strategies for implementing the guidelines. The stated goals of the operational guidelines for Maryland are to establish responsibility to victims and accountability to the courts, to ensure that abusers are referred to programs that focus on stopping abuse, to promote partnership with the legal community and victims' advocacy programs, and to ensure outreach to victims. The guidelines placed very few restrictions on intervention practices in the absence of a compelling scientific basis for favoring specific intervention models or procedures over others.

One specific goal of the guidelines is to ensure that abusers are referred "to intervention programs that focus on stopping abuse and preventing abusers from evading or minimizing their responsibility for abusive behavior." Likewise, the guidelines maintain that "the abuser bears sole responsibility for his or her actions" (Maryland Family Violence Council, 1996, p. 101). In deliberating these points, many committee members expressed concerns about traditional therapeutic approaches that explore psychodynamic or relationship issues thought to underlie violent behavior, without directly addressing violence or abuse (Adams, 1988; Bograd, 1984). Several members noted that credibility with the court system may be jeopardized by such approaches, given that individuals are referred specifically to address problems with domestic violence. The guidelines, however, do not preclude therapists from addressing family-of-origin issues, relationship dynamics, or other therapeutic or psychoeducational issues in abuser intervention programs, as long as such efforts include a focus on stopping abuse and encourage the assumption of personal responsibility for abusive acts.

A second area addressed by the guidelines involves maintaining effective communication with the referral sources for mandated clients. Programs are specifically directed to: (a) indicate to the court if the abuser is not amenable to services and to make appropriate recommendations if feasible; (b) report back to the court within one month on any clients who fail to follow-up on the initial referral; and (c) notify relevant referring parties about the abuser's attendance and participation in the program. These bottom line issues were geared to prevent practitioners from taking court referrals without arranging for appropriate communication and follow-up with the legal system. As stated in the general purpose of the guidelines, the broad intention is to ensure that counseling programs for abuse perpetrators remain part of a coordinated community response involving the legal system and services for victims.

A third general issue, which is addressed at some length in the guidelines, involves outreach and accountability to victims. More specifically, programs are instructed to: (a) conduct outreach to victims in order to inform them about services available to them in the community; (b) maintain victims' confidentiality; and (c) inform victims about the abuser's program attendance. Although some concerns were raised regarding the expense of victim outreach, and about whether contacting victims may negatively impact their safety, a broad consensus was eventually achieved on the requirement of victim contact. Most of the arguments against victim outreach involved inappropriate disclosure to abusers by program staff of information provided by victims. A requirement that programs maintain victim confidentiality and keep separate victim files was therefore included in the operational guidelines in an effort to limit the chance that outreach would place victims at risk. In the final analysis, the potential benefits to victims from receiving service outreach and information about the abuser's compliance with court-ordered counseling, along with the potential benefit of improved assessment of the abuser's difficulties from collateral victim reports, were deemed to far outweigh potential safety risks associated with routine victim contact.

The operating guidelines also address several other basic issues. A standard set of definitions is provided for abusive behavior in order to outline the scope of the problem addressed by abuser programs. The guidelines specify background information that should be obtained from abusive clients. The need for confidentiality waivers to communicate with victims and other mental health professionals is indicated, and the need for screening and referrals associated with substance abuse or mental health problems are addressed. The guidelines require programs to obtain a signed treatment contract with the offender that specifies criteria for successful completion of the court order to counseling. Finally, the guidelines address the importance of employing staff members who are culturally sensitive, representative of the client populations served,

and free from violence and impairment due to substance abuse in their own lives.

A variety of topics were considered for inclusion in the operating guidelines and dropped because a sufficient consensus could not be garnered to support them. A requirement that abuser program staff be licensed in one of the traditional mental health professions was briefly considered, and then dropped by broad consensus. Committee deliberations revealed that traditional mental health professionals, unlike activists in the battered women's movement, had no special knowledge of, or experience with, domestic violence and had a spotty record in responding to battered women's safety and service needs. In addition, the empirical literature on behavior change, despite its methodological limitations, indicated that paraprofessionals achieve equivalent results when compared to professional counselors (Berman & Norton, 1985; Christensen & Jacobson, 1994). Representatives from several area programs argued that their paraprofessional counselors were highly competent and often more similar than mental health professionals in social background to the client population. Further deliberations revealed a potential safety concern regarding victim confidentiality arising from the fact that courts do not recognize confidentiality privileges for paraprofessionals. Therefore, a clause was added to the guidelines indicating that programs should not maintain files on victims unless they can be protected by the confidentiality privilege of a licensed supervisor.

Also dropped was a requirement for specific program length. Deliberations revealed that programs varied considerably in length, and the available empirical evidence, despite suggesting that longer treatment tends to produce higher success rates in individual psychotherapy (Howard, Kopta, Krause & Orlinsky, 1986), did not support the notion that longer abuser intervention programs were more effective than relatively brief (e.g., 12-session) programs (Edleson & Syers, 1990; 1991). Likewise, any requirement that programs adopt a specific intervention model, or adhere to a specific program philosophy, was dropped due to a lack of consensus about best approaches, difficulty in precisely defining program philosophy, a high level of eclecticism in actual practice, and the absence of clear empirical evidence to support the efficacy of any specific approach over others in the area of batterer intervention. The report by the American Psychological Association Presidential Task Force on Violence and the Family (APA, 1996) was helpful in these deliberations. The report urged caution in providing only one form of standard batterer treatment and encouraged a range of treatment options be made available to work with domestic violence offenders.

Self-Certification Process. The committee spent considerable time exploring options for legislating and/or administering the operating guidelines. There was relatively little support for legislation to enact the guidelines, given

their limited scope, the preliminary state of knowledge about best practices for abuser intervention, and given other legislative priorities related to domestic violence. Policy makers who were involved in developing the guidelines argued that the absence of empirical support for the efficacy of abuser intervention programs in general would undermine legislative support for mandating relevant standards. Subsequently, the Maryland Department of Human Resources, which oversees the local Departments of Social Services, was approached to serve as the licensing or certification body for abuser intervention programs. This, and other state agencies, however, were either deemed inappropriate to administer the operating guidelines, or were unwilling to assume the administrative burden and costs.

Therefore, the committee pursued a judicial strategy for implementing the guidelines, along with a self-certification process. They obtained the support of the administrative (chief) judges of the district and circuit courts, who crafted a policy requiring judges to refer domestic abusers only to programs that self-certify compliance with the operational guidelines. In order to self-certify compliance, abuser programs were asked to complete a detailed questionnaire explaining their procedures or plans for addressing each issue covered by the operational guidelines, and to provide relevant documentation such as intake forms, confidentiality waivers, treatment contracts, and treatment protocols. They were also asked to provide basic information that might be of interest to prosecutors and referring judges, including fees, length of services, enrollment procedures, and discharge procedures. This self-certification process is fairly rigorous, and was designed to dissuade practitioners or mental health agencies who have only a casual interest in domestic violence from obtaining court referrals, while allowing access for any legitimate program or provider who has a serious commitment to this work.

III. THE MARYLAND DOMESTIC VIOLENCE ABUSER RESEARCH COLLABORATIVE

A collaborative group of practitioners and researchers was formed in early 1997. The original committee charge from the Family Violence Council's 1996 report is as follows:

> Maryland abuser intervention programs, together with research academicians, should create a Research Task Force that will serve as a national demonstration project to develop empirically-based standards for effective abuser intervention methods. The task force should identify gaps in knowledge about the effectiveness of abuser intervention, facilitate uniform outcome data collection by all intervention programs, and conduct

> controlled scientific studies of various intervention methods. This will be a collaborative effort and research results are to be used to assist all programs to increase their effectiveness. (Maryland Family Violence Council Report, p. 41)

Since its inception, the Research Collaborative has focused on building the capacity to conduct collaborative research through the development of mutually beneficial working alliances between practitioners and researchers. The collaborative meets monthly, and, at present, has active representation from eight Maryland abuser intervention programs and three universities. The collaborative has academic and practitioner co-chairs, a consultant from outside the state who is a prominent domestic violence researcher, and active representation from the Maryland Attorney General's and Lt. Governor's Family Violence Council. Service providers and treatment program administrators have been centrally involved in all aspects of this effort, and, by all indications, are deeply committed to the use of empirical research to enhance abuser intervention practices and develop standards.

Over time, the goals of the collaborative have evolved into a three-pronged strategy. The first prong involves the development of a research agenda that is highly relevant to practice. The goal is to use collaborative dialogue in order to formulate research questions that generate strong interest among both treatment providers and investigators (Murphy & Dienemann, in press). The second prong involves building the capacity for research at participating programs by establishing standard intake data collection procedures, standard agreements regarding the use of human subjects and the reporting of research results, a strategy for estimating program costs associated with research, and standard methods for assessing program effects. The idea is to create a highly "user-friendly" context for investigators from both within and outside the state to collaborate on research with participating programs. The third prong involves a consistent feedback loop whereby information about research can be communicated to Maryland AIP's, can encourage the use of best practices in the state, and can inform the eventual development of practice standards.

The activities of the collaborative thus far reflect these three goals. Regarding the development of a research agenda, the group organized a roundtable meeting in November, 1997, attended by practitioners, administrators, policy makers, and researchers. Presentations and group discussions were used to elicit broad-based input into the development of a research agenda for the collaborative. The organizers produced a report that contains recommendations for practice-relevant investigations of abuser intervention programs. The key points of these dialogues were summarized in a recent paper (Murphy & Dienemann, in press). Interestingly, one conclusion was that

Maryland AIP practitioners, in general, are more interested in enhancing overall program efficacy and in reaching difficult, treatment-resistant abusers than in finding the "best model" or in proving that one intervention theory is better than another.

Regarding capacity-building for research, the group has secured funding for a study investigating the feasibility and cost of a centralized outcome data collection process for Maryland AIP's that relies on victim phone interviews. A number of vexing technical problems remain in assessing outcomes this way, however, including the ascertainment of accurate and complete victim contact information from abusers, limited willingness by court-mandated abusers to provide voluntary informed consent to participate in research, and mixed reactions from victims regarding the completion of research assessments with interviewers who are not affiliated with the treatment program. The research collaborative has also secured funding for a part-time administrator who facilitates the efforts of the collaborative, including the development of standard intake data collection procedures for participating programs.

Regarding the communication of research findings to practitioners, the collaborative has established a quarterly newsletter that contains readable summaries of research on abuser intervention along with companion pieces describing relevant practice information. A second, evolving aspect of this communication involves the preparation of more detailed and extensive research summaries related to specific topics that are targeted for review by a program standards committee. For example, the issues of couples' therapy and program length have been targeted for detailed analysis and review, with the prospect of including related provisions in an updated version of the operating guidelines.

IV. FUTURE EFFORTS

The collaborative is working hard to create a greater integration of science and practice that meets the needs of both researchers and practitioners. The collaborative will continue to use existing knowledge to inform best practices and standards in Maryland. In addition, the group is striving to create the capacity for multi-site investigations that are sensitive to the criminal justice system, and community, contexts in which abuser counseling is provided, have the capacity to enhance program practices, and can inform the development of empirically-based program standards.

Many challenges remain for Maryland to become a model for the application of empirical knowledge in developing best practices and standards for abuser intervention programs. Perhaps these initial efforts will help others around the country to see the utility of research-practice partnerships oriented

toward a common goal of developing and disseminating effective interventions to reduce domestic violence.

REFERENCES

Adams, D. (1988). Treatment models of men who batter: A profeminist analysis. In K. Yllo, & M. Bograd (Eds.), *Feminist perspectives on wife abuse* (pp. 176-199). Newbury Park, CA: Sage.

American Psychological Association (1996). *Violence and the family: Report of the American Psychological Association Presidential Task Force on Violence and the Family*. Washington, DC: American Psychological Association.

Berman, J.S., & Norton, N.C. (1985). Does professional training make a therapist more effective? *Psychological Bulletin*, *98*, 401-407.

Bograd, M. (1984). Family systems approaches to wife battering: A feminist critique. *American Journal of Orthopsychiatry*, *54*, 558-568.

Christensen, A., & Jacobson, N.S. (1994). Who (or what) can do psychotherapy: The status and challenge of nonprofessional therapies. *Psychological Science*, *5*, 8-14.

Edleson, J.L., & Syers, M. (1990). Relative effectiveness of group treatments for men who batter. *Social Work Research and Abstracts*, *26*, 10-17.

Edleson, J.L., & Syers, M. (1991). The effects of group treatment for men who batter: An 18-month follow-up study. *Research on Social Work Practice*, *1*, 227-243.

Howard, K.I., Kopta, S.M., Krause, M.S., & Orlinsky, D.E. (1986). The dose-effect relationship in psychotherapy. *American Psychologist*, *41*, 159-164.

Maryland Family Violence Council (1996). *Stop the violence: A call to action.* Recommendations and action plan, available from the Maryland Attorney General's and Lt. Governor's Family Violence Council, 200 St. Paul Place, 16th Floor, Baltimore, MD 21202.

Murphy, C.M., & Dienemann, J. A. (in press). Informing the research agenda on domestic abuser intervention through practitioner-researcher dialogues. *Journal of Interpersonal Violence*.

Straus, M.A. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics Scales. *Journal of Marriage and the Family*, *41*, 75-88.

APPENDIX

THE ATTORNEY GENERAL'S AND LT. GOVERNOR'S FAMILY VIOLENCE COUNCIL

Operational Guidelines
for Domestic Violence
Abuser Intervention Programs in Maryland

PURPOSE

The purpose of these Guidelines is to promote victim safety by establishing minimum operating standards for Abuser Intervention Programs (AIP). In order to receive court-ordered referrals AIPs must certify to local courts their compliance with these Guidelines.

Minimum operating standards contained in these Guidelines are intended to accomplish the following:

- establish program responsibility to victims and accountability to courts;
- ensure referral of abusers to intervention programs that focus on stopping abuse and preventing abusers from evading or minimizing their responsibility for abusive behavior;
- ensure AIPs participate in a coordinated approach to ending domestic violence that involves a partnership with the legal community and victim advocacy programs at the local and state level; and
- ensure outreach to victims.

1.0 PROGRAM CERTIFICATION

An AIP seeking court-ordered referrals shall certify to the local court, on an annual basis, compliance with these Guidelines.

The Family Violence Council recommends that administrative offices of local courts develop a process to receive certification from AIPs and, on an annual basis, compile and distribute to judges within the jurisdiction a list of AIPs that have so certified.

2.0 DEFINITION OF ABUSIVE BEHAVIOR AS IT OCCURS IN DOMESTIC VIOLENCE

For the purpose of these Guidelines and as a reference for AIPs, abusive behavior occurring in intimate relationships is defined as follows:

- Abuse is a pattern of coercive control directed toward the victim.
- Abusive behavior involves the use of physical harm, emotional harm, or intimidation to control the victim's thoughts, feelings or actions.
- Abusive behavior results in a living environment of fear which impinges upon the victim's basic rights and freedoms.

2.1 Abusive Behavior May Consist of the Following:

A. Deliberate use of physical force or threat to use physical force to harm another.

Specific behaviors include, but are not limited to: hitting, pushing, choking, scratching, pinching, restraining, slapping, pulling, hitting with weapons or objects, shooting, stabbing, damaging property or pets, or threatening to do one of these acts.

B. Verbal and emotional forms of assault and control, such as stalking, intimidation, coercion, threats, or degradation.

Specific behaviors include, but are not limited to: name calling, insults, labeling, threats, blaming, and humiliating actions to diminish the victim's sense of self-worth.

C. Economic forms of control.

Specific behaviors include but are not limited to: withholding or denying access to money or other basic resources, and sabotaging employment, housing or educational opportunities.

D. Sexual abuse, assault or coercion.

Specific behaviors are those intended to have the effect of intimidation or harm in a sexual manner, including but not limited to: unwanted touching, voyeurism, sexual degradation, and rape.

E. Social isolation.

Specific behaviors include, but are not limited to: denying communication with friends or family members, prohibiting access to transportation and telephone, and other possessive or jealous behaviors.

F. Failure to comply with immigration requirements, making an immigrant spouse unable to work and vulnerable to deportation and/or loss of child custody.

2.2 Responsibility for Abusive Behavior

The abuser bears sole responsibility for his or her actions. Substance abuse or emotional problems do not diminish responsibility for abusive behavior.

3.0 OPERATING STANDARDS

AIPs must certify compliance with the following standards in order to receive court-ordered referrals of domestic violence abusers for program intervention.

3.1 Victim Confidentiality

A. The AIP shall maintain the confidentiality of victims unless specifically waived by the victim or it is determined by the AIP that there is reason to believe the victim may be in imminent danger.

B. The AIP shall inform victims upon initial contact that they are required by law to report incidents of child abuse to local authorities and to inform the police if they have reason to believe there is imminent danger to others as a result of the abuser's violent behavior.

C. Files on victims shall be maintained separately from files on abusers. AIPs should not maintain files on victims unless the files are protected by the confidentiality privilege of a licensed supervisor.

3.2 Intake Process

A. The AIP shall indicate to the court or court monitor if the abuser is assessed as not being amenable to the program's services and, to the extent feasible, make appropriate recommendations.

B. The AIP shall submit a report to the court or the court monitor if a court-ordered abuser fails to contact the program, within either one month or the response time ordered by the court, whichever is shorter.

C. The AIP shall, under ordinary circumstances, offer a screening and intake appointment within ten (10) business days of the abuser's contact with the program.

D. The AIP shall develop a history and profile of the abuser's violent behavior based on descriptions from criminal justice agencies, the victim(s), treatment programs, and other relevant persons or agencies. The AIP shall require the abuser to provide the following information:

- abuser's name, Social Security number, address, and employer;
- partner and/or victim's name;
- abuser's history of substance abuse;
- abuser's history of psychiatric illness, including but not limited to threats or ideation of homicide or suicide, history of depression or paranoia;
- history of abusive behavior as defined in Section 2.0;
- whether the abuser possesses or has access to weapons, and any history of threat or actual use of weapons against the victim;
- degree of possessiveness by the abuser toward the victim, including forced periods of isolation; and
- abuser's compliance with court-ordered child support and/or family maintenance payments.

E. The AIP is encouraged to obtain the following information from the victim(s), court(s), and/or abuser:

- copy of the criminal or civil domestic violence record; and
- copy of the police report, statement of charges, petition for ex-parte protection and/or protective order.

F. The AIP shall secure a waiver of confidentiality from the abuser to allow communication with the victim and/or current partner about incidents of abuse and the abuser's participation in the program. The AIP will attempt to provide information to victims about services available to maintain safety, as well as educational and counseling resources.

G. The AIP shall either provide or refer abusers for treatment services to address factors contributing to the abusive behavior. The AIP will secure from the abuser a reciprocal release of information to allow for an exchange of information with relevant service providers.

H. A contract, specifying the responsibilities of both the AIP and the abuser shall be signed once the client is determined to be suitable for the program. The contract shall, at a minimum, reflect the following:

- duration of the program;
- agreement on fee rate and payment requirements;
- agreement to stop all forms of violence;
- agreement to refrain from drug and alcohol use while in attendance at group meetings; and
- conditions resulting in program non-compliance and the consequences thereof.

3.3 Victim Safety

A. The AIP shall inform the victim about the abuser's attendance at the program unless the victim requests not to be informed.

B. The AIP shall evaluate the abuser's lethality and warn victims determined to be at high risk. The AIP shall establish a "duty to warn" procedure directing staff to warn the victim and/or notify the police if a direct threat is made against the victim or other person.

4.0 DISCHARGE CRITERIA

The contract signed by the abuser and the AIP shall specify criteria for discharge from the program.

4.1 Program Completion

The abuser shall be deemed to have completed the program upon fulfilling the requirements set forth in the program contract.

4.2 Program Responsibilities

A. The AIP shall notify the referring court, corrections, probation or other court monitor of the abuser's attendance and participation and, to the extent feasible, make appropriate recommendations.

B. The AIP shall notify the victim of the abuser's completion of or termination from the program, unless the victim requests not to be informed. Notification shall include, at a minimum, whether the abuser has complied with the court order. The AIP shall advise the victim that program completion cannot guarantee her safety.

5.0 PROGRAM STAFFING

A. Staff employed by the AIP shall be violence free in their own lives. No AIP shall hire an individual who has been a domestic violence abuser unless the program director is satisfied that the prospective staff member has successfully completed a certified AIP and has since remained violence free for a reasonable period of time, as determined by the program.

B. Staff employed by the AIP shall not use alcohol or drugs to an extent or in a manner that is determined to impair the individual's ability to function in a responsible, professional manner.

C. The AIP shall strive to employ staff who represent the cultural diversity reflected in the community being served, provide services to culturally diverse groups, and comply with the requirements of the Americans with Disabilities Act.