

NORTH DAKOTA ADULT BATTERER TREATMENT STANDARDS



SECOND EDITION

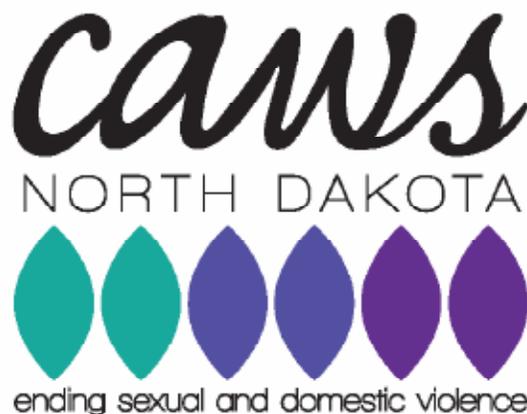
EDITION NOTES

The North Dakota Adult Batterer Treatment Standards Forum was originally written in 1996 as a joint project of the North Dakota Department of Corrections Division of Parole and Probation and the North Dakota Council on Abused Women's Services/Coalition Against Sexual Assault in North Dakota (NDCAWS/CASAND).

The printing and dissemination of the first edition was made possible through a Community Oriented Policing (COPS) grant from the Department of Justice in March 1997.

The second edition of the North Dakota Adult Batterer Treatment Standards was reviewed and revised by the North Dakota Adult Batterer Treatment Forum.

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www.ndcaws.org

TABLE OF CONTENTS

PREFACE

Introduction.....	4
Formation of the Adult Batterer Treatment Forum.....	5
Adult Batterer Treatment Forum Membership.....	6
Adult Batterer Treatment Standards Review Committee.....	7

FUNDAMENTALS OF TREATMENT STANDARDS

Vision and Mission.....	8
Philosophy Statement.....	8
Purposes of Treatment Standards.....	9
Principles of Practice.....	10-11
Ethical Standards.....	11-12
Community Investment.....	13
Victims of Battering.....	14
Justice System.....	15
Domestic Violence Programs.....	16

COMPONENTS OF TREATMENT

Process Overview.....	17
Waiting Periods.....	17
Intake: Assessment, Treatment Contract, Crisis Plan.....	18-20
Treatment Content and Curriculum Outline.....	21
Treatment Approaches.....	22
Group Constitution.....	23
Funding and Fees.....	24
Discharge Criteria.....	24
Qualifications of Group Facilitators.....	25

APPENDICES

Appendix A: Definition of Terms.....	26-28
Appendix B: Resources.....	29
Appendix C: Domestic Violence Victim Service Programs.....	30

PREFACE

INTRODUCTION

In North Dakota as elsewhere, domestic violence is a reality for people of all ethnic, racial, economic, religious, and educational backgrounds, of all ages, abilities, personalities, and lifestyles. Although men are victims of battering, 94% of all domestic violence victims in North Dakota are women.

The North Dakota Council on Abused Women's Services (now CAWS North Dakota) statistics from 2007-11 reveal a long-range annual increase in the number of domestic violence incidents reported to domestic violence programs in North Dakota, ranging from 4,496 incidents of abuse in 2007 to 4,808 incidents in 2011. The use of lethal weapons (i.e. guns, knives) in domestic abuse incidents decreased 2% from 2009 to 2011.

Underreporting remains a concern, particularly for marginalized groups such as Native Americans and people who identify as Lesbian, Gay, Bisexual, Transgender, or Queer (LGBTQ) and victims in rural and outlying areas where resources may be less accessible.

Over the course of the past decade, the numbers of perpetrators arrested and prosecuted for crimes involving domestic violence have increased and the courts have increasingly assumed the responsibility of holding batterers accountable through incarceration and mandated treatment. The North Dakota Legislature has consistently refined and strengthened domestic violence laws.

Against this backdrop, and in keeping with this broad-based response to domestic violence, the North Dakota Batterer Treatment Forum was established in 1994 to integrate the concerns of victims, the courts, law enforcement, treatment providers, and the community at large in providing yet another means through which to assure safer, more nurturing families.

For the most recent data reported to CAWS North Dakota by the 21 domestic violence programs in our state, please refer to www.ndcaws.org.

PREFACE

FORMATION

The rising demand for batterer treatment services in recent years, as well as the lack of consistency in the provisions of their services, led to the formation of the North Dakota Adult Batterer Treatment Forum in the fall of 1994.

The effort was initiated by CAWS North Dakota in conjunction with the North Dakota Department of Corrections Division of Parole and Probation and soon grew to include volunteer representatives from a variety of professional disciplines, each with a significant stake in developing an appropriate response to the need for the treatment of battering behaviors.

After a consultation meeting with Michael Lindsey, founder of the Colorado based "Third Path" treatment program, Forum members decided to begin the challenging task of developing consensus on standards that they hoped would one day govern batterer treatment services in North Dakota. The group met periodically throughout 1995 to meet this goal.

Stage Two of the Forum's work involved broad circulation of the draft standards in order to solicit feedback from as many stakeholders as possible before finalizing the document.

Stage Three involved making the standards accessible by developing succinct resources designed specifically for the courts, treatment providers, victims of domestic violence, and others.

The North Dakota Adult Batterer Treatment Standards were made accessible to the community in 1997. A subcommittee of Forum members convened to develop a compliance application and approval process as well as worked in collaboration statewide to foster the development and maintenance of standards-compliant programs.

The North Dakota Adult Batterer Treatment Forum meets quarterly to collaborate, network, and train batterer treatment providers statewide.

In 2010, the North Dakota Adult Batterer Treatment Forum met to review and update the North Dakota Adult Batterer Treatment Standards to again provide practice rules for providers to ensure the highest quality and most effective methods are consistently employed statewide to promote the safety of abuse victims and work to hold batterers accountable for their violence.

At this point, the standards serve as non-mandatory guidelines; however, the group has left open the possibility of statutory enforcement. Although the Forum itself has been given no specific authority for promulgating standards, it is hoped that the energy expended toward consensus building and the equally strong commitment to victim safety and batterer accountability will give moral authority and credibility to this document.

PREFACE

MEMBERSHIP

The original Adult Batterer Treatment Forum consisted of the members listed below. In addition, several individuals from the judiciary, human services, law enforcement, and advocacy have served in liaison and advisory capacities to the Forum.

Founding Members

<i>Name</i>	<i>Affiliation</i>	<i>Location</i>
Lisa Weisz	Women's Action & Resource Center	Beulah
LaVerne Lee	ND State Health Department	Bismarck
Jo Eastvold	Bureau of Criminal Investigation	Bismarck
Audrey Benno	Consumer Advocates	Bismarck
Bonnie Palecek	ND Council on Abused Women's Svcs	Bismarck
Rick Hoekstra	ND Parole and Probation	Bismarck
Warren Emmer	ND Parole and Probation	Bismarck
Bob Pfenning	US Probation	Bismarck
Diane Zainhofsky	Abused Adult Resource Center	Bismarck
Cassie Roberdeau	West Central Human Svc Center	Bismarck
Linda Zent	Centre, Inc	Bismarck
Darci Jelleberg	Bottineau Co Coalition Against DV	Bottineau
Jackie Aronson	Lake Region Human Svc Center	Devils Lake
Kathy Waller	Badlands Human Service Center	Dickinson
Roberta Biel	Domestic Violence & Rape Crisis Ctr	Dickinson
Jane Austinson	Lutheran Social Services	Fargo
Bill Lopez	Centre, Inc	Fargo
Beth Haseltine	Rape and Abuse Crisis Center of F-M	Fargo-Moorhead, MN
Barb Brieland	ND Parole and Probation	Fargo
Pam Novak	Domestic Violence Prog of Walsh Co.	Grafton
Tim Megorden	Pastor/Therapist	Grand Forks
Tara Muhlhauser	University of North Dakota	Grand Forks
Kristi Hall-Jiran	Abuse and Rape Crisis Center	Grand Forks
Wally Klostreich	South Central Human Svc Center	Jamestown
Judy Benson Zuyli	MSU Women's Resource Center	Minot
Dena Filler	Domestic Violence Crisis Center	Minot
Colleen Reese	Abuse Resource Network	Stanley
Edward McPeck	Northeast Human Service Center	Williston
Jeri Weiss	Northwest Human Service Center	Williston

PREFACE

REVIEW COMMITTEE

2nd Edition Standards Review Committee Members

<i>Name</i>	<i>Affiliation</i>	<i>Location</i>
Lisa Weisz	Women's Action & Resource Center	Beulah
Janelle Moos	CAWS North Dakota	Bismarck
Linda Isakson	CAWS North Dakota	Bismarck
Dennis Larkin	Lutheran Social Services of ND	Bismarck
Derin Ferderer	ND Parole and Probation	Bismarck
Andrea Martin	Soul Survivor Counseling Svcs, PC	Bismarck
Shelley M Guida	Rape and Abuse Crisis Center of F-M	Fargo-Moorhead, MN
Erin Hagen	Rape and Abuse Crisis Center of F-M	Fargo-Moorhead, MN
Pat Olson	Rape and Abuse Crisis Center of F-M	Fargo-Moorhead, MN
Staci Jensen	Domestic Violence Abuse Center	Grafton
Lloyd Rath (Forum Coordinator)	Community Violence Intervention Ctr	Grand Forks
Steve Saum	Solutions	Moorhead, MN
Becky Devries	Three Rivers Crisis Center	Wahpeton
Chris Peterson	Kids Connection	Wahpeton

For a comprehensive list of agencies involved in the North Dakota Adult Batterer Treatment Forum and for a list of standards-compliant batterer treatment providers in the state, please refer to www.ndcaws.org.

FUNDAMENTALS OF TREATMENT

VISION AND MISSION

The vision of the North Dakota Adult Batterer Treatment Forum is to realize an end to domestic violence in North Dakota.

It is our mission to uphold standards for the treatment of batterers in North Dakota that will create a network promoting the safety of victims and assisting batterers to stop abusive behavior.

PHILOSOPHY STATEMENT

Domestic violence is a crime of power and control, requiring swift and sure consequences for batterers to ensure victim safety and offender accountability. Necessary deterrents to the abusive behavior require cooperation with and intervention by a coordinated community response including police, courts, and probation services, as well as victim advocates, offender-specific treatment programs, schools, and child protection services.

The swift and sure consequences and intervention necessary to end domestic violence must include an arrest of the batterer, a mandatory assessment, and required treatment ordered by the courts. Any comprehensive plan should include the responsibility of the offender to pay for the evaluation and treatment services that are required.

Standards-based batterer treatment is intended to provide tools for participants to change. Whether or not participants choose to change their behavior remains their responsibility.

FUNDAMENTALS OF TREATMENT

PURPOSE OF TREATMENT STANDARDS

The Adult Batterer Treatment Standards provide minimum guidelines for treatment providers in order to ensure the safety of abuse victims, hold batterers accountable, facilitate change in their behavior, and promote the elimination of domestic violence in North Dakota.

Providers

- Treatment standards require that providers uphold the highest level of ethical and informed practice.
- Treatment standards offer information about appropriate intervention methods in providing batterer treatment.
- Treatment standards provide a measure against which program performance can be evaluated, while providing a basis for future program development.
- Treatment standards encourage communication and interaction among providers and promote consistency of standards statewide.

Batterers

- Treatment standards hold batterers accountable for their behavior, challenge their beliefs about violence and teach skills that facilitate change in their behavior.
- For the purpose of this manual, "batterers" are defined as participants in an adult batterer treatment program.

Community

- Treatment standards require investment by the community and must be considered as just one element in a comprehensive community plan to eliminate domestic violence.
- Treatment standards encourage communication among community members and promote a coordinated system response to domestic violence.
- Treatment standards heighten public awareness of domestic violence and encourage a society that will not tolerate domestic violence.

FUNDAMENTALS OF TREATMENT

PRINCIPLES OF PRACTICE

- Battering behavior involves issues of safety, violence, abuse, and terroristic threats.
- Battering is not a disease or an illness, but a learned behavior. It can be the result of a complicated interplay between social learning, chemical abuse, psychiatric disorders, personality and character development and the political realities of sexism (gender-based violence).
- Violence is a choice. It is not the result of provocation by others, nor is it directly caused by alcohol, drugs, or psychiatric illness.
- Anger is not the cause of domestic violence. As a result, anger management can never be an effective or viable treatment alternative to a standards-based long-term domestic violence treatment program.
- Marriage, couples, or family counseling should never be an initial intervention. Such counseling is not precluded forever, but should never occur during batterer treatment. Counseling involving victims may be used only when the abuser has completed the program, the violence has stopped, and those harmed are in agreement.
- Individual counseling should also not be an initial intervention. It is not precluded forever; however, psychotherapy's core methodology does not routinely include specially trained providers, lethality assessments, safety planning, verifying information with partners and criminal justice entities, treatment participation rules, or a structure of accountability. Individual counseling may be used when the batterer has completed the program, the violence has stopped, and the batterer demonstrates a consistent ability to be an accurate and accountable historian in the therapy process.
- Individual counseling may be used as an initial intervention as determined by standards-based treatment providers only in the event the individual is determined inappropriate for the group setting due to special circumstances.
- Although women do use violence against intimate partners, the ways in which they use violence and the context in which this use occurs are "historically, culturally, motivationally, and situationally distinct." Claims that men are battered as often as women do not take into account the fact that in a high percentage of cases, women's use of violence is preceded by severe acts of violence by their partners. Women typically use violence in self-defense to control an immediate conflict situation, while men use violence to establish widespread authority over longer periods. (*Adapted from Shamita Das Dasgupta, Towards an Understanding of Women's Use of Non-lethal violence in Intimate Heterosexual Relationships, 2001*).
- The responsibility for the battering behavior lies with the abuser. Battering a family

FUNDAMENTALS OF TREATMENT

PRINCIPLES OF PRACTICE CONTINUED

member or intimate partner is a crime and is never the fault of the victim. Treatment programs must promote the safety of abused partners and children, require batterer accountability, and prohibit victim blaming.

- Swift and sure consequences for batterers are critical, particularly those imposed by the criminal justice system. Two years of supervised probation should be the minimum consequence for any level of domestic violence. Batterer treatment should commence within six months of adjudication.
- A collaborative process is necessary for successful intervention and prevention. Intervening with batterers must be a cooperative coordinated community response effort involving – at a minimum – the police, probation, courts, victim advocates, schools, offender-specific treatment, and child protection services.
- Treatment is an ongoing process, providing batterers with education and therapy designed to assist them in stopping their abusive behavior. Treatment, however, does not imply cure; whether batterers choose to change their behavior remains their responsibility.
- Treatment groups should be accessible on an ongoing basis.
- Batterers will assume financial responsibility for the cost of their treatment.
- Abuse victims should not be mandated into any treatment or intervention program.

ETHICAL STANDARDS

Program Ethics

Batterer treatment programs must comply with the following:

- Meet standards developed by the North Dakota Adult Batterer Treatment Forum, as well as those outlined by professional groups with which they are affiliated, such as the American Psychological Association, the National Association of Social Workers, the American Counseling Association, the American Association of Pastoral Counselors, the American Association of Marriage and Family Therapy, and the American Medical Association.
- Establish and maintain cooperative working relationships with local domestic violence programs, domestic violence task forces, victims of violence, and the Adult Batterer Treatment

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FUNDAMENTALS OF TREATMENT

ETHICAL STANDARDS CONTINUED

Forum. Any legislative initiatives for state funding or programming shall be developed in collaboration with domestic violence programs.

- Refrain from seeking funding for batterer treatment services that competes with funding for victim services.
- Acknowledge in all of their services and professional endeavors that the safety of victims and their children is of primary importance and takes precedence over all other treatment objectives.
- Develop and enforce policies addressing ethical standards for their staff, including sexual harassment, equal opportunity, and professional practice.
- Abide by standards regarding human subjects research and accept responsibility for the selection of research topics and methods that will promote the safety and integrity of victims, protect victim confidentiality, and contribute toward the elimination of domestic violence.

Staff Ethics

The staff of batterer treatment programs must maintain the following standards:

- Be of good moral character, including remaining violence-free in their own lives, not abusing alcohol or drugs, and being free of criminal convictions involving immoral behavior.
- Model respectful personal and professional relationships with both women and men and communicate respect toward victims of violence.
- Be open to self-examination and receptive to feedback on issues of power and control, victim-blaming, sexism, and collusion in their own lives.
- Immediately warn victims of any danger that the provider believes they may be in based on contact with batterers in the program.
- Immediately report suspected child abuse or neglect by a client pursuant to North Dakota Century Code 50-25.1-02.
- Maintain open communication with personnel in domestic violence programs, other human service agencies, and the justice system.

FUNDAMENTALS OF TREATMENT

COMMUNITY INVESTMENT

Batterers live in a community context that has tolerated and supported domestic violence. Community investment is essential to advancing the elimination of domestic violence.

Widespread education at all community levels on the social and cultural causes of and institutional support for domestic violence, as well as information on the interventions that are designed to ensure victim safety and hold batterers accountable for their behavior, is critical to the success of a community's efforts to effectively respond to domestic violence.

In addition, a coordinated community response is considered the most effective way to respond to domestic violence. These interventions can include a strong safety network for victims, enforced pro-arrest policies for police, pro-prosecution policies, victim advocates within the criminal justice system, and the use of probation and incarceration as well as intervention programs for batterers.

According to experts such as Lundy Bancroft, "a short jail sentence, combined with a long post jail period of probation and participation in an abuser program, can provide powerful motivation for an abuser to deal with his problem" (*Why Does He Do That? Inside the Minds of Angry and Controlling Men*, 2002). Bancroft recommends a minimal period of jail time for a first conviction for any domestic abuse offense. Furthermore, he states "an important part of the sentence for any man convicted of domestic abuse should be an extended period – not less than a year of participation in a specialized abuser program" (2002). Bancroft warns that the abuser program cannot be replaced by psychotherapy or anger management.

A special report, published by the National Institute of Justice (NIJ) in June 2009, "Practical Implications of Current Domestic Violence Research," further emphasizes the benefits of a coordinated community response in working with batterers. The NIJ report indicates that while there are varying results in research on the benefits of arrest to prevent recidivism, it is largely due to the criminal disposition of the batterer in the first place. Batterers who are high risk criminal offenders in general will be less likely to be deterred from future domestic violence offenses if arrested than those who are less criminally minded. However, the report goes on to state that "the single, most appreciated service that officers can deliver to the greatest number of victims is the arrest of their abusers. Specialized domestic violence law enforcement units that focus on arrests can enhance the likelihood of successful prosecution and increase victim satisfaction and safety. (Research basis: Although specific studies of specialized domestic violence law enforcement units are few, the activities conducted by these units have been more widely studied and supported by extensive research.)"

Furthermore, NIJ (2009) has implications for the importance of dispositions imposed in that "prosecution deters domestic violence if it adequately addresses abuser risk by imposing appropriately intrusive sentences, including supervised probation and incarceration. (Research

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FUNDAMENTALS OF TREATMENT

COMMUNITY INVESTMENT CONTINUED

basis: Although studies conflict with each other on the subject of abuse prosecution, those studies that researched prosecutions and the resulting dispositions that addressed defendant risk suggest that domestic violence prosecution can significantly deter re-abuse.)"

While most studies focus on the deterrent effects of arrest and prosecution, there are additional implications to the benefits of a coordinated community response to domestic violence in that victims are offered resources and validation for their experience of abuse; they are afforded the separation necessary to foster decision-making without harassment or threats; batterers are held accountable and are denied access to their victims; and they as well as the community as a whole are reinforced in the message that domestic violence is a crime against the basic human right to live safely and will be treated as such in the criminal and human service responses afforded by the collaborative efforts of helping professionals.

VICTIMS OF BATTERING

Treatment programs shall establish procedures regarding contact with the partners of batterers in treatment. All contacts should promote the safety of the victim and should include a minimum of the following:

- Working collaboratively with domestic violence programs to assure that domestic violence victims are provided advocacy, safety planning, and other assistance while batterers are participating in the treatment program.
- Informing victims of their right to be free of violence and to access legal protections.
- Requesting domestic violence victim feedback regarding the batterer's history of violence, as well as other issues and concerns believed to be important in assessing batterers. All input from battered partners shall be given voluntarily; programs shall not intimidate or coerce anyone into providing information.
- Explaining to domestic violence victims the procedures on interfacing with the treatment program staff.
- Giving victims of domestic violence informed referrals to domestic violence programs, victim-witness assistance, and legal services.
- Assessing the lethality of batterers at intake and periodically throughout treatment.
- Warning domestic violence victims and appropriate law enforcement agencies of potential violence by the batterer.

FUNDAMENTALS OF TREATMENT

JUSTICE SYSTEM

Provider knowledge and participation

- Batterer treatment programs must collaborate with all components of the justice system that come in contact with batterers and their victims in order to improve and coordinate the justice system's response to domestic violence cases. To accomplish this, batterer treatment programs should comply with the following minimum standards:
 - Be familiar with state laws that regulate law enforcement response to domestic violence.
 - Be knowledgeable about local law enforcement, probation, prosecution, and court policies regarding domestic violence cases.
 - Understand the history and theory of societal permission of violence and actively support community-based containment of violent offenders.
 - Have contact and be familiar with the services available to victims of domestic violence through local domestic violence service providers.
 - Participate in a domestic violence coordinated community response.

Mandated Treatment: Information Exchange

Programs providing mandated treatment must establish a method of information exchange with the justice system. Intervention programs should undertake the following activities to exchange information:

- Provide courts, probation/parole, and other referral agencies with information, forms, and procedures for referrals into treatment, intake requirements, and releases of information.
- Obtain available court orders (including copies of protection orders, bail conditions, and probation or parole conditions) and treatment records.
- Submit periodic participant status reports to the court and/or any other designated agency. Reports include information on registration, assessment of appropriateness for participation, attendance, dismissal, and justification, and recommendations for further intervention.
- Document further incidents of violence, including dates, brief descriptions and outcomes, and report the following to the appropriate court personnel: violations of protection orders, bail and probation or parole conditions, or any provision of an order mandating batterer treatment.

FUNDAMENTALS OF TREATMENT

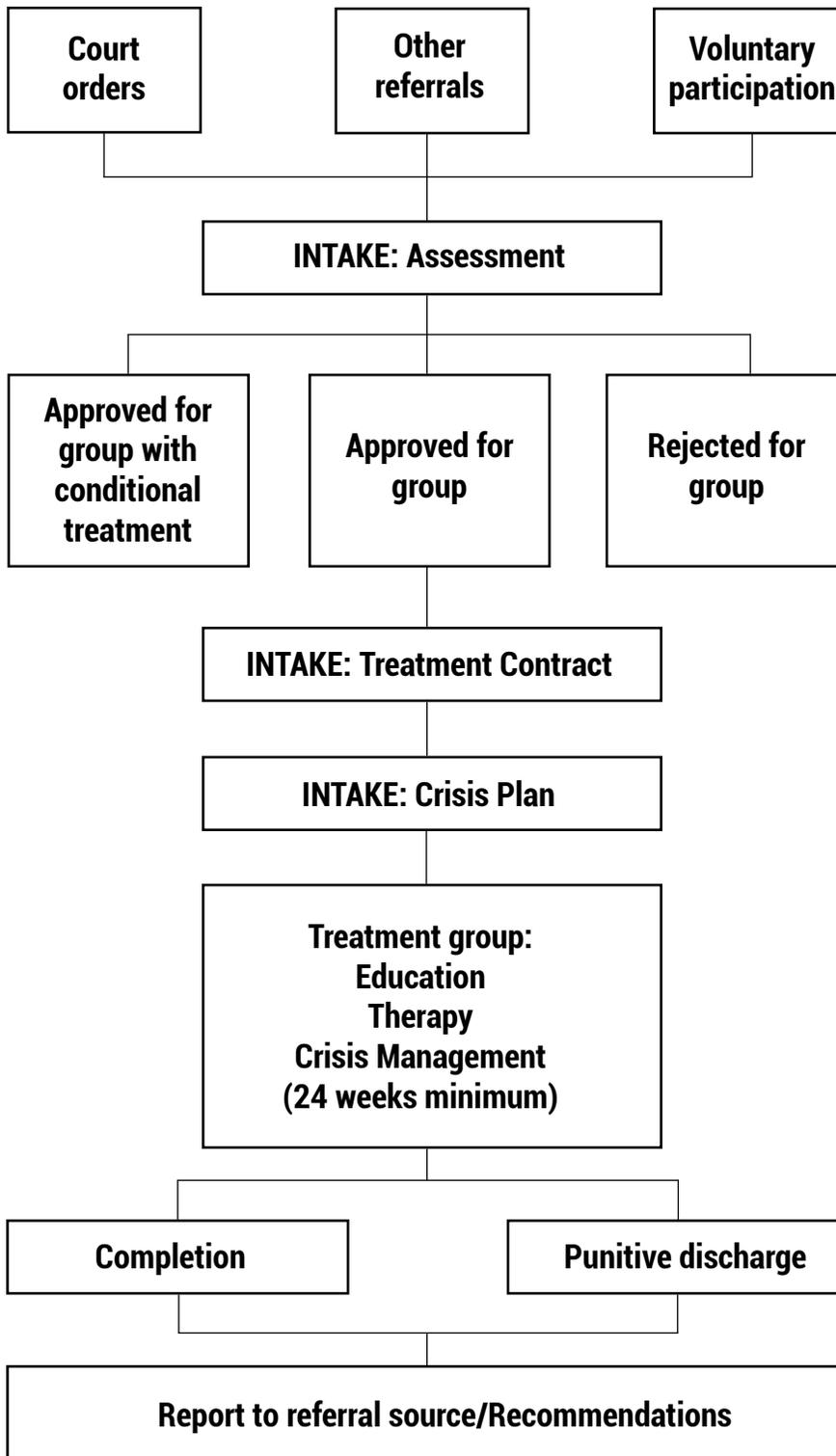
DOMESTIC VIOLENCE PROGRAMS

Batterer treatment programs shall not exist in isolation; they must establish cooperative, accountable relationships with local domestic violence programs, visitation and exchange centers, CAWS North Dakota (formerly the North Dakota Council on Abused Women's Services), and the Adult Batterer Treatment Forum. To meet the North Dakota Adult Batterer Treatment Standards, this relationship must include the following:

- Collaboration to ensure that domestic violence victims are offered and, if amenable, provided outreach, advocacy, safety planning, and other assistance while batterers are participating in batterer treatment programs.
- Development and distribution of information packets for domestic violence victims about batterer treatment programs, including program philosophy and curriculum content, confidentiality and any limitations regarding communications by battered partners, confidentiality and its limitations for batterers, mechanisms by which partners are advised of any risks posed by batterers, and supportive services provided by the local domestic violence program to the abused partners and children of men participating in the batterer treatment program.
- Establishment and maintenance of a referral process between domestic violence programs, visitation and exchange centers, and batterer treatment programs.
- Support of strategies to protect children in the course of participation in the batterer treatment program.
- Agreement with domestic violence programs and visitation and exchange centers to engage in noncompetitive fundraising.
- Consultation and collaboration in advertising and public information campaigns relating to batterer treatment.
- Consultation and collaboration in the training of professionals in the community about domestic violence, related legal issues, and services for victims and batterers.
- The batterer treatment program shall work with the local domestic violence program to establish the parameters of treatment and to develop a process for the utilization of feedback.
- In order to ensure accountability to victims, any written policies governing batterer treatment programs that are established in addition to these standards shall be developed in close consultation with local domestic violence programs.
- Any written or informal agreements and/or memoranda of understanding between batterer treatment programs and the justice system concerning batterer participation in treatment programs shall be negotiated in close consultation with local domestic violence programs.
- Cooperation between domestic violence and batterer treatment programs on the development or execution of any research pertaining to same; and collaborative production and dissemination of any findings.
- Collaboration on issues of public policy related to the safety of families affected by batterers' use of violence and intervention with batterers.

COMPONENTS OF TREATMENT

PROCESS OVERVIEW



WAITING PERIODS

The demand for batterer treatment services usually escalates where there is court-ordered intervention. While resources are rarely as abundant as the demand, waiting periods for intervention services should be minimized. Intake assessments and crisis planning should be accessible on an ongoing basis. When the court orders evaluation and treatment as recommended, the intake assessment should be completed in a timely fashion. Actual entry into a treatment group, however, may be delayed, for example, if an individual needs preliminary treatment or if a group is already under way when a batterer is referred into the program, and the program does not have the resources for entry at that time.

In cases where batterer treatment programs are in high demand, program expansion must be thoughtfully and carefully considered. New group facilitators require extensive training in order to provide effective and ethical treatment to batterers. Batterer treatment programs, while striving to serve batterers quickly and efficiently, should note that the quality of treatment services is critical.

COMPONENTS OF TREATMENT

INTAKE PROCESS: ASSESSMENT, TREATMENT, CRISIS PLAN

The intake process is a critical element of any treatment program, consisting of four primary elements: 1. Assessment of the batterer's history, current situation and condition to determine appropriateness for treatment. 2. Treatment contract that includes an explanation of the client's rights and program policies and expectations. 3. Referral to domestic violence program to develop crisis plan for victims. 4. Ongoing crisis planning for the batterer.

Assessment

The intake assessment must include the following elements:

- Referral source.
- Use of violence history of the batterer, including pertinent independent descriptions from the batterer, the justice system, other treatment providers, and the abused partner (gathered by direct contact with the partner unless anticipated that safety would be jeopardized by contact with treatment staff or partner elects not to, or is unavailable to participate in treatment providers' efforts to obtain collateral information. This history should include violence in present and past intimate relationships, violence involving non-intimate others, as well as the batterer's own experience as the victim of abuse.
 - The batterer's criminal record, including police reports and protection orders or other court orders filed.
 - Lethality assessment. During the intake and periodically thereafter, treatment providers must assess the potential lethality of the batterer. Continuous lethality assessments must be built into both the intake and the group treatment process to protect the safety of abuse victims and treatment providers. Documentation of lethality assessments must incorporate the following:
 - History of threats of homicide or suicide
 - History of ideation of homicide or suicide
 - Acute and chronic lethality and behavior
 - Possession of, access to, or a history of use of weapons
- Degree of obsessiveness and dependency upon the battered partner
- History of episodes of rage
- History of depression
- History of use of drugs, alcohol, or other substances
- History of sexual abuse of others, including intimate partner
- Access to past and potential victims
- Demographic social history, including education, legal history, drug and alcohol use, and history of other addictive behavior, sexual history, and loss and trauma history.
- Abuse and violence inventory.
- Mental status exam.
- Drug and alcohol screening.
- Any conditions imposed on participation in the treatment program, if determined to be appropriate by the treatment provider.
- Statement of the batterer's appropriateness for treatment. For additional information on appropriate and inappropriate membership, please refer to Group Constitution on page 23.

The intake assessment may include the following elements, as necessary:

- Psychological evaluation.
- Drug and alcohol evaluation.
- Medical history.

COMPONENTS OF TREATMENT

INTAKE PROCESS: ASSESSMENT, TREATMENT, CRISIS PLAN

Treatment Contract

During the initial intake interview, treatment providers shall also provide to each participant an overview of the group process, reviewing basic program policies and expectations and rights of the participant, which shall be documented in a treatment contract signed by both the provider and the participant. The treatment contract process must address the following:

- Philosophy statement consistent with the North Dakota Adult Batterer Treatment Standards.

- Confidentiality policy regarding participants. Participants in batterer treatment programs have the right to confidentiality within specific limitations. Participants shall be provided a written copy of the confidentiality limitations and shall sign a written waiver describing the limitations upon entering the program. Providers may not disclose confidential information unless the following limitations and exceptions apply:

- The treatment provider determines disclosure is necessary for the efficient and safe operation of the agency or for the protection of a third party, including but not limited to abuse victims, extended family members, treatment providers, victim advocates, or law enforcement agencies.

- The treatment provider has reason to suspect a child has been abused or neglected as defined in the North Dakota Century Code 50-25.1-02.

- A court of competent jurisdiction orders the disclosure. When the participant is court-ordered into a treatment program, information concerning the participant's application, enrollment, attendance, participation, discharge, or completion, and any threats of violence may be revealed to the court or other office as mandated by the court. (It should always be noted in communications with the court concerning group participation and completion that compliance

with batterer treatment requirements does not guarantee that the participant is no longer abusive or will not continue to be abusive in the future. Treatment provides tools for participants to change; whether they choose to change their behavior remains their responsibility.)

- The treatment participant consents to the release of information in cases other than listed above.

- Batterer treatment providers shall maintain the confidentiality of domestic violence victims and any information they provide to the program, unless confidential information is specifically waived by victims in writing or there is reasonable cause to believe they may be in imminent danger. Providers shall not persuade nor coerce abuse victims to waive confidentiality and shall inform in writing as to the limits to confidentiality. To avoid unintended disclosure to participants of confidential domestic violence victims' information, it is preferred that workers having contact with victims be staff other than those providing direct services to the participants. Confidential information provided by domestic violence victims should be kept in files separate from those of batterers.

- Confidentiality regarding group members. Participants in batterer treatment programs must agree to protect the identities and information provided by other group members. In addition, treatment groups are closed to those other than participants and staff of batterer treatment programs.

COMPONENTS OF TREATMENT

INTAKE PROCESS: ASSESSMENT, TREATMENT, CRISIS PLAN

- Commitment to stop violent and threatening behaviors, to be non-abusive and non-controlling in relationships, to adhere to the treatment plan, to comply with all court orders, and to cooperate with the rules for group participation.
- Length of the program and a clarification of the number of weeks needed to complete the program.
- Statement that attendance and progress will be monitored and that any violations will be reported to the court, along with further recommendations.
- Statement that any violation of the treatment contract will result in the renegotiation of the contract or other consequences.
- Statement requiring abstinence from drug and alcohol use for at least 24 hours prior to the group session and compliance with any other probation or court-ordered recommendations.
- Suspension and termination policies.
- Statement relating to fee payment.

Crisis Plan

Treatment programs must have a crisis plan to respond to both victims and batterers who are in crisis. Crisis planning should begin in the intake interview, continuing throughout the group treatment process. Crisis plans consist of the following three primary elements:

1. Assessments for lethality are part of the intake assessment and must be considered carefully before devising a crisis plan. Lethality assessments are discussed in detail in the section entitled "Assessment" on page 18.
2. Treatment programs should always refer victims to local domestic violence programs, informing them of available advocacy and emergency services. Treatment programs should maintain ongoing contact with domestic violence programs regarding victim safety and duty to warn those potentially at risk. Treatment programs should have policies regarding contact with victims during intake and throughout the treatment process and are responsible for facilitating outreach to victims associated with the batterers in treatment. Ideally, this process occurs in close collaboration with the local domestic violence program as the primary agency in contact with domestic violence victims. Crisis plans should include a process to assess the safety of past and potential victims and make plans for their protection.
3. Crisis plans must also include a process for batterers in crisis. Based on the outcomes of ongoing lethality assessments, treatment providers may refer participants to other agencies for help with depression, alcohol or drug abuse, suicidal ideation, or other problems.

COMPONENTS OF TREATMENT

TREATMENT CONTENT AND CURRICULUM OUTLINE

The content and curricula of batterer treatment groups must be in accordance with the philosophy, purposes, and principles of practice mentioned at the beginning of the North Dakota Adult Batterer Treatment Standards. Treatment consists of three focus areas designed to provide batterers with the education, therapy, and crisis management components they need in order to choose to stop abusive and violent behavior. Treatment provides the tools for participants to change; whether they choose to change their behavior remains their responsibility.

Education

The educational component addresses the belief systems that legitimize and sustain domestic violence and includes information that motivates participants to change their abusive behavior. It must include the following minimum curriculum elements:

- Dynamics of domestic violence, including a definition of physical, emotional, and sexual abuse; intimidation; isolation; economic domination; property destruction; and threats, as well as a review of the root causes of abusive behavior toward intimate partners and children, and the cultural and social context in which domestic violence is used.
 - Dynamics of power and control, including discussion that abuse is not a response to provocation but a means of controlling another's actions, thoughts, and feelings in order to feel a sense of control over one's own life.
 - Intergenerational patterns of violence.
 - Victim dynamics, including an attempt at heightening awareness of and empathy toward the damaging and potentially lethal consequences of batterers' violence and abuse on intimate partners and children.
 - Legal intervention, including details regarding the criminality and consequences of specific forms of abuse.
 - Skills building, including the batterer taking responsibility for his own thoughts and feelings, identifying and articulating feelings respectfully, and improving empathic listening, communication, and conflict resolution skills.
 - Time-out techniques when violence is likely imminent, and other alternatives.

- Gender role training and its connection to inequality in violent relationships.
- Cognitive restructuring

Therapy

The therapeutic component provides an opportunity for participants to process the information provided to them in the educational component and apply it to their individual situations. It allows for the cognitive restructuring of belief systems contributing to violent thoughts and actions in intimate relationships. Therapy invites feedback from the group in order to assist participants in understanding and taking responsibility for their violent behavior. In addition, it provides an opportunity to develop and improve support systems.

Crisis Management

Ongoing lethality assessments must be built into the group process for the protection of victims and batterers as well as providers.

If a provider suspects that a batterer may inflict harm upon himself or anyone else, the provider should notify the parties involved as well as the appropriate law enforcement agency. The batterer's condition and any threats made must be documented, and if he is a court-ordered participant, the documentation should be forwarded to the appropriate justice system personnel.

At this time, providers may reconsider the batterer's continued participation in group and may choose to renegotiate the treatment contract or suspend or terminate him from the program.

COMPONENTS OF TREATMENT

TREATMENT APPROACHES

Group Therapy

Group therapy is the treatment of choice for batterers. Treatment providers may decide whether groups will be open (accepting new members on an ongoing basis) or closed sessions. After a baseline of accountability, skills, and stability is established, treatment programs are free to creatively develop additional comprehensive services.

Individual Therapy

Treatment may be provided on an individual basis only under special circumstances that must be documented by the provider in the individual's case file.

Substance Abuse

When the intake assessment indicates drug or alcohol abuse, referrals to other agencies for specialized treatment may be initiated. Violence cannot be successfully treated without treating substance abuse problems, but treatment for substance abuse may not be substituted for treatment for domestic violence.

Inappropriate Treatment

Any treatment approach that blames or intimidates victims, endangers victims, or coerces victim participation is not appropriate:

- Couples, marriage or family therapy is prohibited during the batterer's treatment phase. It may be used only when the batterer has completed the program, the violence has stopped, and the batterer's partner is in agreement.
- Anger management treatment.
- Addiction counseling that defines violence as an addiction and those abused as enabling or codependent in the violence.

COMPONENTS OF TREATMENT

GROUP CONSTITUTION

Appropriate Membership

Batterer treatment groups are primarily designed for adult males who are violent toward others in intimate relationships. However, the Adult Batterer Treatment Forum recognizes the need for other specialized programs to treat female and juvenile batterers and batterers who identify as Lesbian, Gay, Bisexual, Transgender, or Queer (LGBTQ).

Females in need of treatment services for use of violence will not participate in group with males. The Batterer Treatment Forum develops its standards around research findings on women's use of violence in intimate relationships. See more on page 9. Batterers who identify as Gay, Bisexual, Transgender, or Queer may enroll in programs for heterosexual males if the provider determines such group treatment to be appropriate.

Inappropriate Membership

- Persons in active psychosis.
- Persons in need of primary treatment for sexual assault, child sexual abuse, or child abuse or neglect.
- Persons with untreated alcohol or drug addictions.
- Persons determined to be at high risk for lethality. Such persons shall be referred to other resources at the discretion of the treatment provider.
- Persons for whom group treatment is not appropriate as determined by treatment staff. However, this does not preclude other types of treatment, such as individual therapy.

Size

Treatment groups shall preferably not exceed 10 members.

A minimum of two facilitators, preferably one male and one female, shall be present at each treatment group. A waiver provision is possible upon approval by the North Dakota Adult Batterer Treatment Forum.

Length of Treatment

Batterer Treatment groups must include a minimum of 24 weekly sessions, each averaging two hours. Providers have the option of extending participants' group membership indefinitely based on treatment outcomes.

COMPONENTS OF TREATMENT

FUNDING AND FEES

Batterer treatment programs should charge a fee for participation, whether or not it is court-ordered. Sliding fee scales may be available for indigent clients.

Discharge Criteria

Treatment participants may be discharged from the program in the following categories:

- Completion

When participants have completed the minimum 24 weeks of treatment, as well as abiding by the treatment contract, attending the minimum number of scheduled sessions, maintaining an acceptable level of participation in group discussions, and completing any additional assignments, they are discharged from the program. Completion of the treatment program does not guarantee that batterers will no longer be abusive. Treatment provides the tools for participants to change; whether they choose to change their behavior remains their responsibility.

- Punitive Discharge

If participants violate the treatment contract, fail to attend the minimum number of scheduled sessions, fail to participate at an acceptable level, or do not complete any additional assignments, they may be discharged from the treatment program. Treatment providers must document reasons for discharging participants and, if participants have been ordered to treatment by the court or other agency, provide reasons for discharge and any recommendations to the appropriate office.

COMPONENTS OF TREATMENT

QUALIFICATIONS OF GROUP FACILITATORS

Within each treatment group, the two facilitators shall have between them the educational and experiential components listed below. In the case of only one facilitator (which must be approved by the North Dakota Adult Batterer Treatment Forum), the following requirements must be met:

- Licensed in a human service-related field by the state of North Dakota, meeting licensure and practice qualifications. If one facilitator is not licensed, s/he is still required to complete continuing education credits in domestic violence issues.
- Experienced in working with both victims and offenders of domestic violence, including a minimum of 50 hours of direct clinical work with batterers and one year of direct clinical work with victims.
- A minimum of one facilitator in each treatment group must complete a formal domestic violence treatment training program (i.e. provided by DAIP, EMERGE, AWARE).

Facilitators shall also complete training in the following areas prior to facilitating a group:

- dynamics of domestic violence
- substance abuse
- power and control
- gender roles
- victim dynamics
- clinical interviewing & assessment
- crisis intervention
- legal issues
- group process
- working with resistive clients
- cultural competency
- personality disorders
- diversity
- criminal personalities

All batterer treatment staff shall have violence-free personal relationships. No individual may serve as paid or unpaid staff who has been a perpetrator of abuse or battering unless the staff member has successfully completed a batterer treatment program that is in accordance with the North Dakota Adult Batterer Treatment Standards and has been violence free for no less than two years.

APPENDIX A

DEFINITIONS

ABUSE (aka Domestic Violence, Battering) encompasses all of the following:

- Physical abuse includes a wide range of behaviors, including pushing, restraining, slapping, hitting, kicking, throwing, strangling, stabbing, aggravated assault, and homicide. It also includes such acts as coercing drug consumption or withholding medication.

- Sexual abuse is defined as coerced sex acts, forcible intercourse, insistence on sexual activity after a battering incident, coerced abortion, sexual mutilation, and threats of infidelity.

- Emotional or psychological abuse includes threats, verbal disparagement, intimidation, degrading or contemptuous behavior, withholding communication, yelling, and social isolation.

- Economic abuse occurs through direct or indirect manipulation or domination of family finances, the abdication of financial responsibility, or disposition of the personal property of family members without consent.

- Destruction of property includes vandalism of the home, car, or other personal assets and may include arson.

- Threats or acts of abuse against children, family members, or pets encompass any of the above.

Abuse is used by one family member of intimate partner to maintain power and control over any other family member or intimate partner. Abuse is not a loss of control. Batterers often choose the circumstances of their violence, including the amount of injury inflicted and the targets of their abuse. Victims do not cause abuse to happen to them. Perpetrators bear sole responsibility for their actions.

ACCOUNTABILITY -

Accountability is a process whereby batterers make themselves available for feedback on their efforts to achieve lives free of violence, acts of domination and coercion, and fear-inducing conduct. This process requires periodic examination of the perpetrator's conduct, particularly as it relates to any victim, current partner, and his children. It also entails the development and periodic

evaluation of a plan to assure responsible, non-coercive conduct and to provide restitution to the victim.

Restitution may include paying all costs arising from the abuse, acknowledging to the victim, friends and family the wrongfulness of the abusive behavior, wholly accepting responsibility for abusive conduct and beliefs. No accountability plan should proceed if objected to by the victim or is not in the victim's best interest.

This process may afford perpetrators an opportunity for healing and restoration because it continues to solidify their commitment to life without violence and can offer them hope for the future as they develop the capacity for enduring relationships based on respect, honesty, and partnership.

Accountability must be initiated by the person who battered. Neither the community nor the victim can impose accountability, although they can support and invite the perpetrator to choose accountability.

BATTERER - Batterers are persons who use coercive tactics of abuse and battering

APPENDIX A

DEFINITIONS

with their intimate partners.

BATTERER TREATMENT PROGRAM - Batterer treatment program is an individual or organization that provides education, counseling, and/or treatment for batterers that are both aimed at safeguarding victims and changing perpetrators.

BATTERER TREATMENT PROVIDER - A batterer treatment provider is an individual therapist or facilitator within a treatment program who provides direct care to perpetrators. All treatment providers must meet the minimum qualifications specified in the Adult Batterer Treatment Standards.

BATTERING - Battering is patterned abuse in the presence of terrorizing tactics. It is abuse that has at least once been physical, sexual, or involved in the destruction of property and is either repeated or threatened to be repeated in such a way as to cause fear in the victim. It is the systematic terrorization and/or domination of one person by another. Prior instances of

physical, sexual, or property abuse and threats to repeat them create an atmosphere of extreme terror and coerced accommodation of the perpetrator. Battering is the extreme on a continuum of abuse.

While the terrorization is purposeful, it can, in fact, not be fully conscious on the part of the batterer. The batterer's intentionality is not a measurement of battering. Battering is measured by the acts and patterns of abuse inflicted by the perpetrator and by the repercussions observed and reported by the victim.

COORDINATED COMMUNITY RESPONSE - A multiagency domestic abuse intervention strategy originally developed by the Domestic Abuse Intervention Project in Duluth, Minn., commonly referred to as the Duluth Model. It involves a system of networks, agreements, and service provision based on collaboration between the criminal justice system, courts, victim advocacy programs, and human service organizations and is designed to promote

victim safety and batterer accountability.

DOMESTIC VIOLENCE - Domestic violence is the concept that includes the entire spectrum of coercive control, abuse, and battering exercised by one intimate partner over another. It is defined in the North Dakota Century Code 14-07.1-01 as including "physical harm, bodily injury, sexual activity compelled by physical force, assault, or the infliction of fear of imminent physical harm, bodily injury, sexual activity compelled by physical force, or assault, not committed in self-defense, on the complaining family or household members."

DOMESTIC VIOLENCE PROVIDER - Domestic violence provider is defined in the North Dakota Century Code 14-07.1-01 as a "private, nonprofit organization whose primary purpose is to provide emergency housing, 24-hour crisis lines, advocacy, supportive peer counseling, community education, and referral services for victims of domestic violence."

APPENDIX A

DEFINITIONS

ENTITLEMENT -

Entitlement is a person's socialized expectation of certain privileges, powers, rights, regard, or treatment from others. Within the context of domestic violence, the sense of entitlement of a perpetrator is often reinforced by society through negative attitudes toward women and an imbalance of power between men and women. Some men believe they have male privileges that include deferential treatment from women, the right to be taken care of by women, and the right to control all decisions in the family. Some men see male privilege extending to the use of domination and violence in their intimate relationships and feel entitled to use it to gain power and control over their partners.

FACILITATOR - Facilitator refers to a batterer treatment group leader.

INTERVENTION -

Intervention refers to the spectrum of legal actions, family confrontations, employee assistance programs, neighborhood safety strategies, batterer intervention and treatment

services, and community education endeavors seeking to stop the violence of batterers and encourage them to develop skills and strategies to achieve violence-free lives.

PERPETRATOR -

Perpetrator means a person who commits an act of domestic violence.

VICTIM - Victim refers to the person against whom the perpetrator directs his abuse or battering, normally a family or household member. Family or household member is defined in the North Dakota Century Code 14-07.1-01 as a "spouse, family member, former spouse, parent, child, persons related by blood or marriage, persons who are in a dating relationship, persons who are presently residing together or who have resided together in the past, persons who have a child in common regardless of whether they are or have been married or have lived together at any time, and, for the purpose of the issuance of a domestic violence protection order, any other person with a sufficient relationship to the abusing person as determined by the

court under Section 14-07.1-02."

For the purposes of these standards, perpetrators are not referred to as victims of domestic violence even when those they abuse react to them by using violence or abusive acts to defend themselves or stop the abuse.

APPENDIX B

RESOURCES

The North Dakota Adult Batterer Treatment Standards were adopted from the following state coalition model standards:

- "Batterer's Treatment Program Guidelines" developed by the Los Angeles County Domestic Violence Council in June 1988.
- Pennsylvania Coalition Against Domestic Violence "Program Standards for Batterer Intervention Services," 1992, pp. 6-7, 11-14, 19-23.
- "New York State Standards for Batterer Intervention Programs," Draft, 1994, pp. 19-21, pp. 24-25.
- Wisconsin "Male Batterers Treatment Standards," 2007.
- "Florida Batterer Intervention Certification Minimum Standards," 2007.
- Colorado "Standards for the Treatment of Domestic Violence Perpetrators", 2010.
- American Psychological Association's "APA Ethical Principles of Psychologists and Code of Conduct," 2010.
- MN Statute 518B.02 – "Domestic Abuse Counseling Program or Educational Program Required".

APPENDIX C

NORTH DAKOTA DOMESTIC VIOLENCE VICTIM SERVICES

BISMARCK

Abused Adult Resource Center
Crisis Line: 866-341-7009
(701) 222-8370

BOTTINEAU

Family Crisis Center
(701) 228-2028
Crisis Line: 1-800-398-1098
Toll Free 1-888-755-7595

DEVILS LAKE

SAFE Alternatives for
Abused Families
(701) 662-7378
Crisis Line: (701) 622-7378
Toll-Free: 1-888-662-7378

DICKINSON

Domestic Violence &
Rape Crisis Center
(701) 225-4506
Crisis Line: (701) 225-4506
Toll Free: 1-888-225-4506

ELLENDALE

Kedish House
(701) 349-4729
Crisis Line: (701) 349-5118
Toll Free: 1-877-349-4729

FARGO

Rape & Abuse Crisis Center
(701) 293-7273
Crisis Line: (701) 293-7273
Toll Free 1-800-344-7273

FORT BERTHOLD

Coalition Against Violence
(701) 627-4171
Crisis Line: (701) 627-3617

GRAFTON

Domestic Violence &
Abuse Center Inc.
(701) 352-4242
Crisis Line: (701) 352-3059

GRAND FORKS

Community Violence
Intervention Center
(701) 746-0405
Crisis Line: (701) 746-8900
Toll Free: 1-866-746-8900

JAMESTOWN

Safe Shelter
(701) 251-2300
Crisis Line: (701) 251-2300
Toll Free: 1-888-353-7233

MCLEAN CO.

McLean Family
Resource Center
(701) 462-8643
Crisis Line: (701) 462-8643
Toll Free: 1-800-651-8643

MERCER CO.

Women's Action &
Resource Center
(701) 873-2274
Crisis Line: (701) 873-2274

MINOT

Domestic Violence
Crisis Center
(701) 852-2258
Crisis Line: (701) 857-2200
Toll Free: 1-800-398-1098

RANSOM CO.

Abuse Resource Network
(701) 683-5061
Crisis Line: (701) 683-5061

SPIRIT LAKE

Spirit Lake Victim Assistance
(701) 766-1816
Crisis Line: (701) 766-1816
Toll Free: 1-866-723-3032

STANLEY

Domestic Violence
Program NW ND
(701) 628-3233
Crisis Line: (701) 628-3233
Toll Free: 1-800-273-8232

TURTLE MOUNTAIN

Hearts of Hope
(701) 477-0002
Crisis Line: (701) 477-0002

TRENTON

Domestic Violence Program
(701) 774-1026
Crisis Line: (701) 774-1026

VALLEY CITY

Abused Persons
Outreach Center
(701) 845-0078
Crisis Line: (701) 845-0072
Toll Free: 1-866-845-0072

WAHPETON

Three Rivers Crisis Center
(701) 642-2115
Crisis Line: (701) 642-2115
Toll Free: 1-800-627-3659

WILLISTON

Family Crisis Shelter
(701) 572-0757
Crisis Line: (701) 572-9111