

*North Dakota*  
***Battering  
Intervention  
Standards***

THIRD EDITION

# EDITION NOTES

The North Dakota Adult Batterers' Treatment Standards were originally written in 1996 as a joint project of the North Dakota Department of Corrections Division of Parole and Probation and the CAWS North Dakota (*previously known as North Dakota Council on Abused Women's Services [NDCAWS] and Coalition Against Sexual Assault in North Dakota [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 Batterers' Treatment Standards was reviewed and revised by the North Dakota Batterers' Treatment Forum.

This publication was made possible by 2012 G991540 Family Violence Prevention and Services Act (42 USC 10401) grant in October 2012. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services.

In 2018, the third edition of the North Dakota Battering Intervention Standards was enhanced by the ND Alliance to End Partner Abuse, previously known as the North Dakota Batterers' Treatment Forum. The alliance made enhancements and will be looking into further reconstruction of the standards and explore a few areas in depth including minimum training standards and lethality.



[cawsnorthdakota.org/index.php/nd-alliance-to-end-partner-abuse](http://cawsnorthdakota.org/index.php/nd-alliance-to-end-partner-abuse)

# TABLE OF CONTENTS

## PREFACE

Introduction.....	4
Formation of the Batterers' Treatment Forum.....	5
ND Alliance to End Partner Abuse Membership.....	6
Battering Intervention Standards Review Committee.....	7

## FUNDAMENTALS OF INTERVENTION STANDARDS

Vision and Mission.....	8
Philosophy Statement.....	8
Purposes of Intervention 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 INTERVENTION

Process Overview.....	17
Waiting Periods.....	17
Intake: Assessment and Intervention Contract.....	18-20
Intervention Content and Curriculum Outline.....	20
Intervention 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, 92% of all domestic violence victims reported in North Dakota are women.

According to the Women's Health Organization, one in three women will experience domestic or sexual violence during their lifetime, which equates to approximately 93,000 women in North Dakota. According to data collected by the North Dakota Council on Abused Women's Services (now CAWS North Dakota), there has been a 29% increase in the number of domestic violence incidents reported during the last decade by domestic violence programs in North Dakota, ranging from 4,496 incidents in 2007 to 5,787 incidents in 2017. Intervention needs for victims continue to increase, further supporting the need to address offender intervention services.

Underreporting is an ongoing 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 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 those who batter accountable through incarceration and mandated intervention services. 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 ND Alliance to End Partner Abuse (*previously known as North Dakota Batterers' 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 20 domestic violence programs in our state, please refer to [www.cawsnorthdakota.org](http://www.cawsnorthdakota.org).

# PREFACE

## FORMATION

The rising demand for battering intervention services, as well as the lack of consistency in the provision of services, led to the formation of the North Dakota Batterers' 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 intervention 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 battering intervention 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 Batterers' 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.

In 2010, the North Dakota Batterers' Treatment Forum met to review and update the North Dakota Adult Batterers' Treatment Standards to again provide practice guidelines 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.

The ND Alliance to End Partner Abuse, (*previously known as the North Dakota Batterers' Treatment Forum*) meets ongoing to collaborate, network, and train battering intervention providers statewide.

At this point, the standards serve as mandatory guidelines to receive state funding and the group has left open the possibility of statutory enforcement. Although the alliance 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 Batterers' 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 Services	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 Service Center	Bismarck
Linda Zent	Centre, Inc	Bismarck
Darci Jelleberg	Bottineau County Coalition Against DV	Bottineau
Jackie Aronson	Lake Region Human Service Center	Devils Lake
Kathy Waller	Badlands Human Service Center	Dickinson
Roberta Biel	Domestic Violence & Rape Crisis Center	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 Program 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 Service 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 Services, PC	Bismarck
Shelley M Guida	Rape and Abuse Crisis Center of F-M	FargoMoorhead, 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 Center	Grand Forks
Steve Saum	Solutions	Moorhead, MN
Becky Devries	Three Rivers Crisis Center	Wahpeton
Chris Peterson	Kids Connection	Wahpeton

### 3rd Edition Standards Review Committee Members

<i>Name</i>	<i>Affiliation</i>	<i>Location</i>
Janelle Moos	CAWS North Dakota	Bismarck
Linda Isakson	CAWS North Dakota	Bismarck
Dennis Larkin	Lutheran Social Service of ND	Bismarck
Lisa Peterson	Department of Corrections	Bismarck
Staci Jensen	Domestic Violence Abuse Center	Grafton
Stacey Benson	STAND	Fargo
Sandra Bercier	First Nations Women's Alliance	Devils Lake
Andrew Gerde	Community Violence Intervention Center	Grand Forks
Faye Kihne	Alliance Coordinator	Cavalier

For a comprehensive list of agencies involved in the ND Alliance to End Partner Abuse and for a list of standards-compliant battering intervention providers in the state, please refer to [www.cawsnorthdakota.org](http://www.cawsnorthdakota.org).

# FUNDAMENTALS OF INTERVENTION

## VISION AND MISSION

The vision of the ND Alliance to End Partner Abuse is to realize an end to domestic violence in North Dakota.

It is our mission to uphold battering intervention standards in North Dakota that will create a network promoting the safety of victims and assisting those who offend to stop abusive behavior.

## PHILOSOPHY STATEMENT

Domestic violence is an ongoing pattern of dominant behavior used by an offender against a current or former intimate partner, requiring swift and sure consequences for the person offending to ensure victim safety. 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 intervention programs, schools, and child protection services. As identified by the Duluth Model, a coordinated community response is characterized by having clearly shared assumptions and theories about the source of battering and how to deter it; empirically tested intervention strategies that build safety and accountability; and methods of inter-agency cooperation guided by advocacy programs.

If the battering behavior is found to be illegal, the swift and sure consequences and intervention necessary to end domestic violence includes an arrest of the individual offending, a mandatory assessment, and require battering intervention services in compliance with the ND Battering Intervention Standards ordered by the courts.

Standards-based battering intervention services are intended to engage participants in exploring their beliefs and behaviors connected to the use of their violence, and to realize the benefits to treating their partner with respect and dignity. Whether or not participants choose to change their behavior remains their responsibility.

# FUNDAMENTALS OF INTERVENTION

## PURPOSE OF INTERVENTION STANDARDS

The Battering Intervention Standards provide minimum guidelines for group intervention providers to prioritize the safety of abused partners, hold participants accountable, facilitate change in their behavior, and promote the elimination of domestic violence in North Dakota.

### Providers

- Intervention standards require that providers uphold the highest level of ethics while working with group members.
- Intervention standards offer information about methods that are specific to intimate partner violence and are mindful of partner safety.
- Intervention standards provide a measure against which program performance can be evaluated, while providing a basis for future program development.
- Intervention standards encourage communication and interaction among providers and promote consistency of intervention standards statewide.

### Individuals Who Batter

- Intervention standards supports communities to hold offenders accountable for their behavior, explore their beliefs about violence, and engage in behaviors that are respectful.

### Community

- Intervention standards require investment by the community and must be considered as just one element in a comprehensive community plan to eliminate domestic violence.
- Intervention standards encourage communication among community members and promote a coordinated system response to domestic violence.
- Intervention standards heighten public awareness of domestic violence and encourage a society that will not tolerate domestic violence.
- Battering behavior entails a patterned use of coercion, threats, intimidation, including violence and other forms of abuse, whether legal or illegal (*link to the Power and Control Wheel: <http://www.theduluthmodel.org/wheels>*).
- Violence is a choice. It is not the result of provocation by others, nor is it directly caused by alcohol, drugs, or psychiatric illness.
- Battering is not a disease or an illness, but a learned behavior. There can be a complicated interplay between social learning, chemical abuse, psychiatric disorders, personality and character development and the political realities of sexism (gender-based violence).
- Anger is not the cause of battering. As a result, anger management can never be an effective or a viable treatment alternative to a standards-based long-term domestic violence intervention program.

# FUNDAMENTALS OF INTERVENTION

## PRINCIPLES OF PRACTICE

- Marriage, couples, or family counseling should never be an initial intervention. Such counseling is not precluded forever, but should never occur during battering intervention services. 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 intervention providers, lethality assessments, safety planning, verifying information with partners and criminal justice entities, intervention participation rules, or a structure of accountability. Individual counseling may be used when the group participant has completed the program, the violence has stopped, and the participant demonstrates a consistent ability to describe how they have preserved hierarchy in their relationship and how they will approach an equal relationship.
- Individual counseling may be used as an initial intervention as determined by standards-based intervention 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*). Battering intervention programs shall work closely with domestic violence centers on establishing policies in regard to working with women who use force, as many of them may be better served by the domestic violence center than through an offender-based intervention group. Women may only be served in women only groups or individually if there are not enough women to make a group.
- The responsibility for the battering behavior lies with the abuser. Battering a family member or intimate partner can be a crime and is never the fault of the victim. Intervention programs must promote the safety of abused partners and children, require accountability for the person offending, 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 for any level of domestic violence is preferred. Battering intervention assessments should be completed within thirty days of adjudication.

CONTINUED

# FUNDAMENTALS OF INTERVENTION

## PRINCIPLES OF PRACTICE CONTINUED

- A collaborative process is necessary for successful intervention and prevention. Intervening with individuals that batter must be a cooperative coordinated community response effort involving—at a minimum—the police, probation, courts, victim advocates, offender specific intervention groups, and child protection services.
- Intervention for individuals battering is an ongoing process, providing participants with education and groups designed to assist them in stopping their abusive behavior. Intervention groups, however, does not imply cure; whether individuals choose to change their behavior remains their responsibility.
- If appropriate, intervention groups should be accessible on an ongoing basis.
- Abuse victims should not be mandated into any treatment or intervention program.

## ETHICAL STANDARDS

### PROGRAM ETHICS

#### ***Battering intervention programs must comply with the following:***

- Meet standards developed by the ND Alliance to End Partner Abuse, as well as those outlined by professional groups with which the intervention providers 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 ND Alliance to End Partner Abuse. Any legislative initiatives for state funding or programming shall be developed in collaboration with the domestic violence coalition.
- 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 intervention objectives.
- Develop and enforce policies addressing ethical standards for their staff, including sexual harassment, equal opportunity, and best intervention practice.

CONTINUED

# FUNDAMENTALS OF INTERVENTION

## ETHICAL STANDARDS CONTINUED

- 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 battering intervention 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 group participant 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 INTERVENTION

## COMMUNITY INVESTMENT

Individuals that batter 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 those who batter 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 and pro-prosecution policies, trauma-informed victim advocates within the criminal justice system, and the use of probation and incarceration as well as intervention programs for those that batter.

According to expert, 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 those who batter. 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

CONTINUED

# FUNDAMENTALS OF INTERVENTION

## COMMUNITY INVESTMENT CONTINUED

appropriately intrusive sentences, including supervised probation and incarceration. *(Research 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

Battering intervention programs shall establish procedures regarding contact with the partners of group participants in intervention groups. 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 group participants are in the intervention program.
- Informing victims of their right to be free of violence and to access legal protections.
- Requesting domestic violence victim feedback regarding the group participant's history of violence, as well as other issues and concerns believed to be important in assessments. 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 battering intervention program staff.
- Giving victims of domestic violence informed referrals to domestic violence programs, victim-witness assistance, supervised visitation/exchange and legal services.
- Assessing the lethality of battering at intake and periodically throughout the intervention programming.
- Warning domestic violence victims and appropriate law enforcement agencies of potential violence by the group participant.

# FUNDAMENTALS OF INTERVENTION

## JUSTICE SYSTEM

### PROVIDER KNOWLEDGE AND PARTICIPATION

- Battering intervention programs must collaborate with all components of the justice system that come in contact with individuals who batter and their victims in order to improve and coordinate the justice system's response to domestic violence cases. To accomplish this, battering intervention 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 INTERVENTION: INFORMATION EXCHANGE

***Programs providing mandated battering intervention 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 intervention groups, 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.
- Develop a written document describing how the intervention program will be reporting back to the court system. The intervention program shall submit participant status reports to the court when appropriate and/or any other designated agency. Reports may include information on registration, assessment of appropriateness for participation, attendance, dismissal, and justification, and recommendations for further intervention. Intervention programs should never provide the court system with documents or testimony rating the group participant's level of participation as this information can be misused and taken out of context in the court system.
- Document further incidents of violence, including dates, brief descriptions and outcomes, and if appropriate, 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 battering intervention programming.

# FUNDAMENTALS OF INTERVENTION

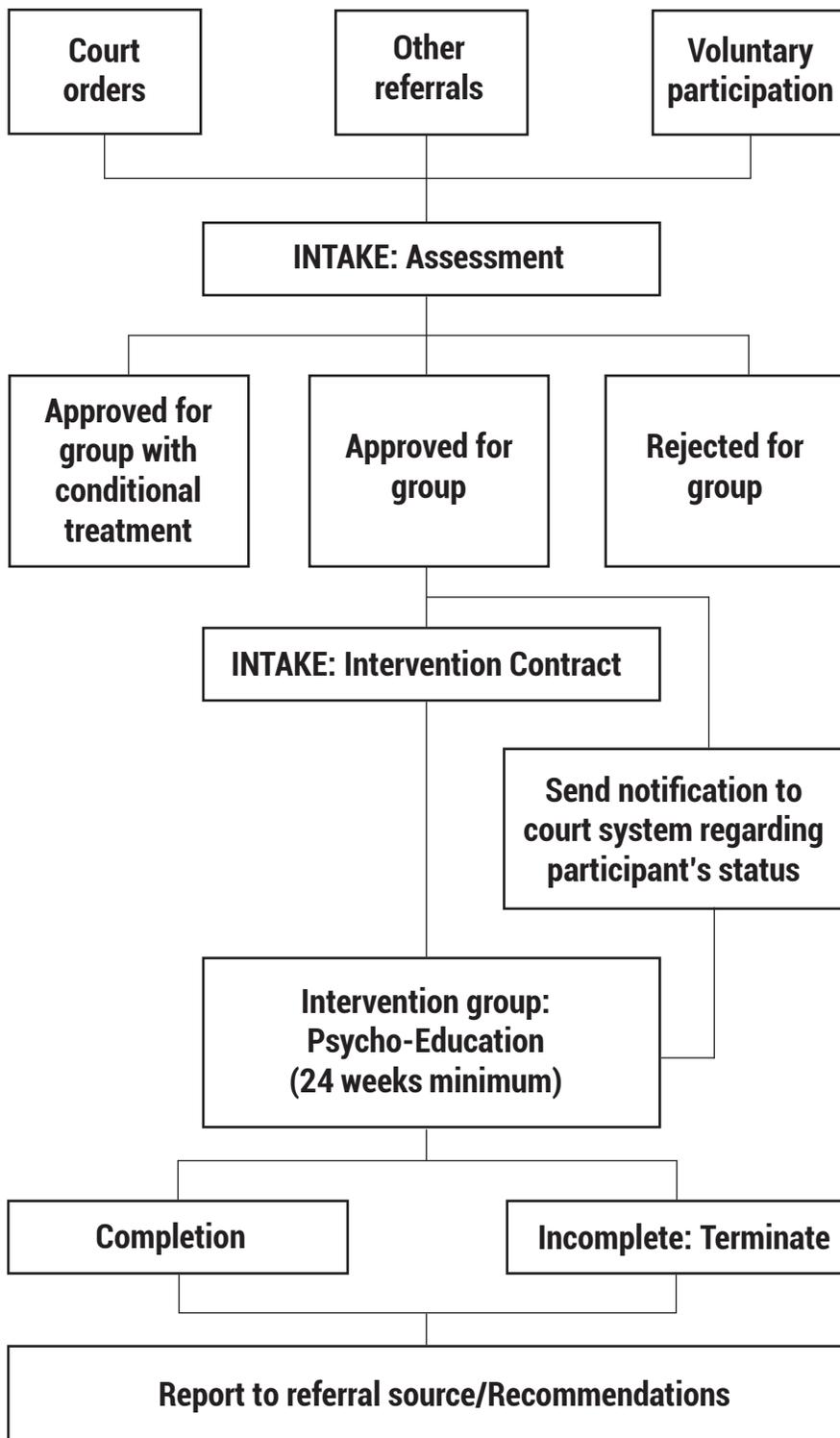
## DOMESTIC VIOLENCE PROGRAMS

Battering intervention programs should 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 ND Alliance to End Partner Abuse. To meet the North Dakota Battering Intervention 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 their partners are in a battering intervention program.
- Development and distribution of information packets for domestic violence victims about battering intervention programs, including program philosophy and curriculum content, confidentiality and any limitations regarding communications by the partner, confidentiality and its limitations for group participants, mechanisms by which partners are advised of any risks posed by group participants, and supportive services provided by the local domestic violence program to the partner and children of individuals participating in the battering intervention program.
- Establishment and maintenance of a referral process between domestic violence programs, visitation and exchange centers, and battering intervention programs.
- Support of strategies to protect children in the course of participation in the battering intervention program.
- Consultation and collaboration in advertising and public information campaigns relating to battering intervention.
- Consultation and collaboration in the training of professionals in the community about domestic violence, related legal issues, and services for victims and those that batter.
- The battering intervention program shall work with the local domestic violence program to establish the parameters of intervention and to develop a process for the utilization of feedback.
- In order to ensure accountability to victims, any written policies governing battering intervention 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 battering intervention programs and the justice system concerning group member's participation in intervention programs shall be negotiated in close consultation with local domestic violence programs.
- Cooperation between domestic violence and battering intervention 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 the individual that uses violence and intervention with those that batter.

# COMPONENTS OF INTERVENTION

## PROCESS OVERVIEW



## WAITING PERIODS

The demand for battering intervention 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 should be accessible on an ongoing basis. When the court orders an assessment and intervention programming as recommended, the intake assessment should be completed in a timely fashion (preferably within 30 days). Actual entry into an intervention group, however, may be delayed, for example, if an individual needs preliminary mental health/addiction 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 battering intervention 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 intervention to batterers. Battering intervention programs, while striving to serve individuals quickly and efficiently, should note that the quality of intervention services is critical.

# COMPONENTS OF INTERVENTION

## INTAKE PROCESS: ASSESSMENT AND GROUP INTERVENTION

The intake process is a critical element of any battering intervention program, consisting of three primary elements: **1)** Assessment of the participant's history, current situation and condition to determine appropriateness for group. **2)** A group contract that includes an explanation of the participant's rights and program policies and expectations. **3)** Referral to domestic violence program to connect with the participant's partner(s) to inform them about the programming and the participant's status and offer safety and supportive services.

### ASSESSMENT

**The intake assessment must include the following elements:**

- Referral source.
- Use of violence history of the participant, including pertinent independent descriptions from the participant, 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 battering intervention staff or partner elects not to, or is unavailable to participate in intervention 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 participant's own experience as the victim of abuse*).
- The participant's criminal record, including police reports and protection orders or other court orders filed.
- **Lethality assessment.** During the intake and periodically thereafter, battering intervention providers must assess the potential lethality of the participant. Continuous lethality assessments must be built into both the intake and the group process to protect the safety of abuse victims and group 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 participant's battered partner
- History of episodes of rage
- History of depression
- History of using 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 battering intervention program, if determined to be appropriate by the group provider.
- Statement of the participant appropriateness for group participation. For additional information on appropriate and inappropriate group 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 INTERVENTION

## INTAKE PROCESS: ASSESSMENT AND GROUP INTERVENTION

### GROUP CONTRACT

During the initial intake interview, group providers shall also provide 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 group contract signed by both the provider and the participant. The group contract process must address the following:

- Philosophy statement consistent with the North Dakota Battering Intervention Standards.
- **Confidentiality policy regarding participants.** Participants in battering intervention 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 group 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, providers, victim advocates, or law enforcement agencies.
  - The group 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 battering intervention program, a program must establish what releases need to be in place to share 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 group programming requirements does not guarantee that the participant is no longer abusive or will not continue to be abusive in the future. The group process provides tools for participants to change; whether they choose to change their behavior remains their responsibility.)*
- The group participant consents to the release of information in cases other than listed above.
- Batterer intervention 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 of 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 the group participant.
- **Confidentiality regarding group members.** Participants in battering intervention programs must agree to protect the identities and information provided by other group members. In addition, groups are closed to those other than participants and staff of battering intervention programs.
- Commitment to stop violent and threatening behaviors, to be non-abusive and non-controlling in relationships, to adhere to the group contract, 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.

# COMPONENTS OF INTERVENTION

## INTAKE PROCESS: ASSESSMENT AND GROUP INTERVENTION

- 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 intervention 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.

## GROUP CONTENT AND CURRICULUM OUTLINE

The content and curricula of battering intervention groups must be in accordance with the philosophy, purposes, and principles of practice mentioned at the beginning of the North Dakota Battering Intervention Standards. Group consists of using a curriculum designed to provide participants with the psychoeducation and support to stop abusive and violent behavior. Group providers shall also be prepared to assess risk and lethality of offenders and respond to lethality concerns on a timely basis. Group provides the space to reflect about beliefs and behaviors that lead to dominance over one's intimate partner and to realize the benefit and importance of respect and equality in one's intimate relationships; whether they choose to change their behavior remains their responsibility.

### PSYCHO-EDUCATION

***The educational curriculum addresses the belief systems that legitimize and sustain domestic intimate partner 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 have domination over one's intimate partner.
- Intergenerational patterns of violence.
- Victimization dynamics, including an attempt at heightening awareness of and empathy toward the damaging and potentially lethal consequences of the participants' 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 participant taking responsibility for his own thoughts and feelings, identifying and articulating feelings respectfully, and improving empathic listening and identifying healthy boundaries.
- Gender role training and its connection to inequality in violent relationships.
- Engage in meaningful dialogues about abusive behaviors and healthy boundaries.

# COMPONENTS OF INTERVENTION

## **OFFENDER RISK MANAGEMENT**

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

If a provider suspects that a group participant may inflict harm upon himself or anyone else, the provider should notify the parties involved as well as the appropriate law enforcement agency. The participant'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 group member continued participation in group and may choose to renegotiate the intervention contract or suspend or terminate the individual from the program.

# COMPONENTS OF INTERVENTION

## BATTERING INTERVENTION APPROACHES

### PSYCHOEDUCATION GROUP

The group approach is the intervention approach of choice for individuals that batter. Group 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, intervention programs are free to creatively develop additional comprehensive services.

### INDIVIDUAL PSYCHOEDUCATION SERVICES

Intervention programming 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 concerns, but treatment for substance abuse may not be substituted for domestic violence group intervention.

### INAPPROPRIATE INTERVENTION

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 battering group intervention phase. It may be used only when the group member has completed the program, the violence has stopped, and the group member'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.
- Online batterers' intervention courses, as it does not address victim safety nor offender accountability.

# COMPONENTS OF INTERVENTION

## GROUP CONSTITUTION

### APPROPRIATE MEMBERSHIP

Battering intervention groups are primarily designed for adult males who are violent toward others in intimate relationships. However, the ND Alliance to End Partner Abuse recognizes the need for other specialized programs to treat female and juvenile individuals that batter and individuals who identify as Lesbian, Gay, Bisexual, Transgender, or Queer (LGBTQ).

Females in need of group intervention services for use of violence will not participate in group with males. The ND Alliance to End Partner Abuse develops its standards around research findings on women's use of violence in intimate relationships. See more on page 10. Individuals who identify as Gay, Bisexual, Transgender, or Queer may enroll in programs for heterosexual males if the provider determines such group intervention to be emotionally/physically safe and 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, unless addiction provider and group provider assess it would be okay for participant to be in both.
- Persons determined to be at high risk for lethality. Such persons shall be referred to other resources at the discretion of the provider.
- Persons for whom group intervention is not appropriate as determined by group staff. However, this does not preclude other types of treatment, such as individual intervention sessions.

### SIZE

- Intervention groups shall not exceed 15 members on the group's roster.
- A minimum of two facilitators, preferably one male and one female, shall be present at each intervention group. A waiver provision is possible upon approval by the ND Battering Intervention Standards Compliance Review Committee.

### LENGTH OF INTERVENTION

Battering intervention groups must include a minimum of 24 weekly sessions, each averaging 1.5 hours. Providers have the option of extending participants' group membership indefinitely based on group outcomes. If the program is using a curriculum based on best practices that is less than 24 weeks, the program should obtain approval from the ND Battering Intervention Standards Compliance Review Committee.

# COMPONENTS OF INTERVENTION

## FUNDING AND FEES

Battering intervention programs can charge a fee for participation, whether or not it is court ordered. Sliding fee scales may be available for indigent clients.

## DISCHARGE CRITERIA

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

### Completion

When participants have completed the minimum 24 weeks of group, as well as abiding by the group 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 program does not guarantee that batterers will no longer be abusive. The group provides the process for participants to change; whether they choose to change their behavior remains their responsibility. The program will communicate to the court system regarding the status of the group member.

### Punitive Discharge

If participants violate the group 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 program. Intervention providers must document reasons for discharging participants and, if participants have been ordered to programming by the court or other agency, provide reasons for discharge and any recommendations to the appropriate office.

# COMPONENTS OF INTERVENTION

## QUALIFICATIONS OF GROUP FACILITATORS

Within each intervention 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 ND Alliance to End Partner Abuse*), the following requirements must be met:

- A bachelors' degree in a human-related field.
- Prefer experience in working with both victims and offenders of domestic violence, knowledge on client ethics are required (*refer to ethic guidelines provided by CAWS North Dakota*).
- A minimum of one facilitator in each group must complete a formal domestic violence intervention 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 and the correlation to domestic violence
- power and control tools
- gender roles and contextual impact on domestic violence
- victim dynamics and impact of trauma
- interviewing & assessment
- lethality risk assessment and management
- legal issues
- group process
- working with resistive clients
- cultural competency
- personality disorders and the correlation to domestic violence
- diversity

All battering intervention 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 battering intervention program that is in accordance with the ND Battering Intervention Standards and has been violence free for no less than two years.

# APPENDIX A

## DEFINITIONS

**ABUSE** (aka Domestic Violence, Intimate Partner 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 in an intimate partnership to maintain dominance over any other family member or intimate partner. Abuse is not a loss of control. Individuals who batter 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 individuals who batter 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 their own conduct, particularly as it relates to any victim, current partner, and 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 participants 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.

# APPENDIX A

## DEFINITIONS

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 individual to choose accountability.

**BATTERING INTERVENTION PROGRAM** - Battering intervention program is an individual or organization that provides psychoeducation, while safeguarding victims and supporting offenders to change.

**BATTERING INTERVENTION PROVIDER** - A battering intervention provider is an individual facilitator within an intervention program who provides direct care to individuals that batter. All intervention providers must meet the minimum qualifications specified in the ND Battering Intervention 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.

While the terrorization is purposeful, it can, in fact, not be fully conscious on the part of the individual offending. The offending individual's intentionality is not a measurement of battering. Battering is measured by the acts and patterns of abuse inflicted by the person 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, MN, 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 accountability of the individual that is battering.

**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-

# APPENDIX A

## DEFINITIONS

hour crisis lines, advocacy, supportive peer counseling, community education, and referral services for victims of domestic violence."

**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 battering intervention group leader.

**INTERVENTION** -

Intervention refers to the spectrum of legal actions, family confrontations, employee assistance programs, neighborhood safety strategies, battering intervention services, and community education endeavors seeking to stop the violence of individuals who batter and encourage them to develop an understanding 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 Battering Intervention Standards were adopted from the following state 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 COUNTY**

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

### **MERCER COUNTY**

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 COUNTY**

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