

North Dakota
Adult
Batterers'
Treatment
Standards

PREFACE

The North Dakota Batterers' Treatment Standards Forum is a joint project of the North Dakota Division of Parole and Probation and the North Dakota Council on Abused Women's Services

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PREFACE

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FUNDAMENTALS OF

TREATMENT STANDARDS

Introduction

North Dakota has consistently seen an increase in domestic violence cases in the last several years. In 1996, nearly 6,500 incidents of domestic violence were reported to crisis intervention centers in North Dakota. Almost 100 more new victims were seen in 1996.

5,300 children were impacted by these incidents. Over 900 Orders for Protection were filed with the assistance of domestic violence program staff. Weapons were used in more than 20% of all incidents.

North Dakota's homicide rate over the past ten years has consistently reflected a disproportionately high rate of murders involving domestic violence.

In North Dakota as elsewhere, domestic violence happens to all people of all ethnic, racial, economic, religious and educational backgrounds, of all ages, abilities, personalities and lifestyles. Although men can be victims of battering, 95% of all abuse victims in North Dakota are women. 72% are Caucasian. Nearly 25% come from rural areas and towns under 1,500. Most are employed, and many are able-bodied, 10% of all new victims suffer some kind of physical or mental challenge. Most are between the ages of 18 to 44, but increasing numbers are younger and considerably older.

The good news is that public awareness of the crime of domestic violence in North Dakota has also been gradually on the rise. More victims of violence are seeking assistance through shelters and the legal system. The numbers of perpetrators arrested and prosecuted for crimes involving domestic violence are beginning to increase. The courts have increasingly assumed the responsibility of holding batterers accountable through incarceration and mandating them to complete intervention and treatment programs. The legislature has consistently refined and strengthened our domestic violence laws.

Against this backdrop, and in keeping with this broad-based response to domestic violence, the North Dakota Batterers' Treatment Forum was established 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.

Formation of the Adult Batterers' Treatment Forum

The rising demand for batterers' treatment services in recent years, as well as the lack of consistency in the provisions of these services, led to the formation of the Adult Batterers' Treatment Forum in the fall of 1994.

The effort was initiated by the ND Council on Abused Women's Services in conjunction with the 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 which they hoped would some day govern batterers' treatment services in North Dakota. The group met periodically throughout 1995 to meet this goal.

At this point, the standards serve as non-mandatory guidelines. The group has left open the possibility of statutory enforcement, however. 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.

Stage two of the Forum's work will involve broad circulation of the draft standards in order to solicit input from as many stakeholders as possible before finalizing the document.

Stage three will involve making the standards accessible by developing succinct brochures designed specifically for the courts, treatment providers, victims of domestic violence and others.

Federal Funding from the federal Department of Justice will facilitate stage four and involve a pilot implementation of the standards in the Fargo area.

The work of the past eighteen months has been intense and sometimes difficult. Forum members would acknowledge that this document is truly a work in progress. We invite all interested and concerned parties to become part of the process.

Adult Batterers' treatment Forum Membership

The Adult Batterers' Treatment Forum consists of the members listed below. In addition, several individuals from the judiciary, etc., have served in liaison and advisory capacities to the form.

Members

<u>Name</u>	<u>Affiliation</u>	<u>City/Town</u>
Lisa Weisz	Women's Action & Resource Center	Beulah
LaVerne Lee	ND State Health Department	Bismarck
Jo Eastvold	Bureau of Criminal Investigations	Bismarck
Audrey Benno	Consumer Advocates	Bismarck
Bonnie Palecek	ND Council on Abused Women's Services	Bismarck
Rick Hoekstra	Parole and Probation	Bismarck
Warren Emmer	State 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	Center, Inc.	Bismarck
Darci Jelleberg	Family Crisis Center	Bottineau
Jackie Arnson	Lake Region Human Service Center	Devils Lake
Kathy Waller	Badlands Human Service Center	Dickinson
Roberta Biel	Domestic Violence and Rape Crisis Center	Dickinson
Jane Austinson	Lutheran Social Services	Fargo
Bill Lopez	Centre Incorporated	Fargo
Beth A. Haseltine	Rape and Abuse Crisis Center	Fargo
Barb Breiland	State Parole/Probation	Fargo
Pam Novak	Domestic Violence Program of Walsh Co.	Grafton
Tim Megorden	Pastor/Therapist	Grand Forks
Tara Muhlhauser	UND	Grand Forks
Kristi Hall-Jiran	Community Violence Intervention Ctr.	Grand Forks
Wally Klostreich	South Central Human Service Ctr.	Jamestown
Judy Benson Zuyli	MSU, Women Resource Center	Minot
Dena O. Filler	Domestic Violence Crisis Center	Minot
Colleen Reese	Domestic Violence Program, NW ND	Stanley
Edward McPeck	Northwest Human Service Center	Williston
Jeri Weiss	Northwest Human Service Center	Williston

FUNDAMENTALS OF TREATMENT STANDARDS

Vision and Mission

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

It is our mission to develop standards for the treatment of batterers in North Dakota that will create a network which promotes the safety of victims and assists batterers in stopping abusive behavior.

Statement of Philosophy

Domestic violence is a crime involving power and control requiring swift and sure consequences for batterers in order to protect victims. Cooperation with and intervention by the police, courts, and probation services, as well as victim advocates, offender-specific treatment programs, schools, and child protection services are all necessary to deter this abusive behavior.

The swift and sure consequences and intervention necessary to end domestic violence must include the arrest of the perpetrator, 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.

Batterers' treatment provides tools for participants to change; whether participants choose to change their behavior remains their responsibility.

Purposes of Treatment Standards

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

Providers

- Treatment standards require that providers uphold the highest level of ethical and informed practice and establish a minimum level of responsibility, service and accountability.
- Treatment standards offer information about appropriate intervention methods in providing batterers' 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 will facilitate change in their behavior.

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.

Principles of Practice

- Battering behavior involves issues of safety, violence, abuse and terrorism. Thus, marriage, couples or family counseling should never be an initial intervention. While such counseling is not to be precluded forever, it is prohibited during the batterers' treatment phase. It may be used only when the batterer has completed the program, the violence has stopped and the victim is in agreement.
- The responsibility for the battering behavior lies with the perpetrator. Battering a family member or intimate partner is a crime and is never the fault of the victim. Treatment programs must prohibit victim blaming, require perpetrator accountability and promote the safety of victims and children.
- Swift and sure consequences for batterers are critical, particularly those imposed by the criminal justice system. Two years of probation should be the minimum consequence for any level of domestic violence.
- A collaborative process is necessary for successful intervention and prevention. Intervening with batterers must be a cooperative effort involving at least the following: police, probation, courts, victim advocates, schools, offender-specific treatment and child protection services.
- The Adult Batterers' Treatment Forum recognizes that violence and abuse are tolerated by social permission and that there are strong political and cultural dimensions to male battering behavior. Battering is primarily part of an oppressive pattern of male violence.
- Treatment groups should be accessible on an ongoing basis.
- Batterers should assume financial responsibility for the cost of their treatment.
- 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.
- Domestic violence is not an illness. 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 provoked or elicited by the battered partner, nor is it directly caused by alcohol, drugs or psychiatric illness.
- Victims of domestic violence should not be mandated into any treatment or intervention program as a result of their seeking redress for having been victimized.

Ethical Standards

Program Ethics

Batterers' treatment programs must comply with the following standards:

- Meet standards promulgated by the Adult Batterers' 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 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 Batterers' Treatment Forum. Any legislative initiatives for state funding or programming shall be developed in collaboration with domestic violence programs.
- Refrain from seeking funding for batterers' treatment services that competes with funding for victims' 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.

Ethical Standards

Staff Ethics

The staff of batterers' 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 moral turpitude.
- Model respectful personal and professional relationships with both men and women 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. Adopted in large part from the Pennsylvania Coalition Against Domestic Violence "Program Standards for Batterer Intervention Services," 1992, pp. 6-7; the "Colorado Standards for the Treatment of Domestic Violence Perpetrators," 1989; the "Florida Coalition of Batterers Programs Minimum Program Standards," 1989, and the American Psychological Association's "APA Ethical Principles of Psychologists," 1989.

**COOPERATIVE
WORKING
RELATIONSHIPS**

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 hold batterers accountable for their behavior and ensure victims' safety, is critical to the success of a community's efforts to effectively respond to domestic violence.

In addition, multiple coordinated interventions are 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 Edward W. Gondolf, "A batterer's participation in a batterer's program never occurs in isolation. . . . Batterers also are likely to be influenced by such legal interventions as protection orders, court-mandated counseling, arrest, or bail conditions." (Gondolf, 1987a) And furthermore, "it may be that program effectiveness is related more to the system of interventions present in a particular community than to the activity of one particular program." (Gondolf, 1987b) According to a review of research literature by Tolman and Bennet (1990), positive results attributed to a particular program intervention are very likely "the result of multiple systems and factors." These include the criminal justice system, support for victims and a community's attitude of intolerance for violence.

Adopted in large part from the "New York State Standards for Batterers Intervention Programs," Draft, 1994, pp. 24-25.

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 battered partners and children and should include a minimum of the following:

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

Adopted in large part from the "Batterer's Treatment Program Guidelines" developed by the Los Angeles County Domestic Violence Council in 1988 and the Pennsylvania Coalition Against Domestic Violence "Program Standards for Batterer Intervention Services," 1992.

Justice System

Providers' knowledge and participation

Batterers' treatment programs must collaborate with all components of the justice system that come in contact with batterers and their partners in order to improve and coordinate the justice system's response to domestic violence cases. To accomplish this, batterers' 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 task force or coalition in their community.

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 a court order mandating batterers' treatment.

Justice System

Agreements with the Courts

Batterers' treatment programs should develop agreements and/or memoranda of understanding with the courts concerning court-ordered participation in the program. These should address the following issues:

- Information exchange with the justice system as outlined above.
- Financial support by the court for batterers' treatment services and fee requirements for participation.
- Definition of the batterers' treatment programs' authority over intake and screening, case management, duration of services and parameters of confidentiality.
- Consequences of discharge before completing the program and the role of batterers' treatment staff in providing documentation to the court on the participant's failure to comply with program requirements.
- Submission of periodic status reports of registration, attendance or discharge from the program to the court or designated agency. Status reports must include a statement that attendance and compliance with any or all program requirements does not imply that the person has stopped being abusive or will not be abusive in the future.
- Provisions for making available, upon request, to the victims of court-ordered program participants information concerning the participants' registration, attendance, dismissal or completion of the program.

Adopted in large part from the Pennsylvania Coalition Against Domestic Violence "Program Standards for Batterer Intervention Services," 1992, pp.11-12; the "Batterer's Treatment Program Guidelines" developed by the Los Angeles County Domestic Violence Council in June 1988, and the "New York State Standards for Batterers Intervention Programs," Draft, 1994, pp.

Domestic Violence Programs

Batterers' treatment programs shall not exist in isolation; they must establish cooperative, accountable relationships with local domestic violence programs, the North Dakota Council on Abused Women's Services and the Adult Batterers' Treatment Forum. This relationship should include the following:

- Collaboration to ensure that battered partners are offered and, if amenable, provided outreach, advocacy, safety planning and other assistance while batterers are participating in batterers' treatment programs.
- Development and dissemination of information packets for domestic violence victims about batterers' 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 program participants, and supportive services provided by the local domestic violence program to partners of men participating in the batterers' treatment program.
- Establishment of referral mechanisms between the domestic violence and batterers' treatment programs.
- Development of strategies to protect children in the course of participation in the batterers' treatment program.
- Agreement with the local domestic violence program regarding noncompetitive fundraising.
- Consultation on and potential collaboration in advertising and public information campaigns relating to batterers' treatment.
- Collaboration on the training of professionals in the community (such as justice system, medical, school, mental health, religious, drug and alcohol treatment and child protective services personnel) about domestic violence, legal issues, services for victims and batterers, safety strategies for battered partners and children and the necessity of holding batterers solely accountable for their abuse.
- The batterers' 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.

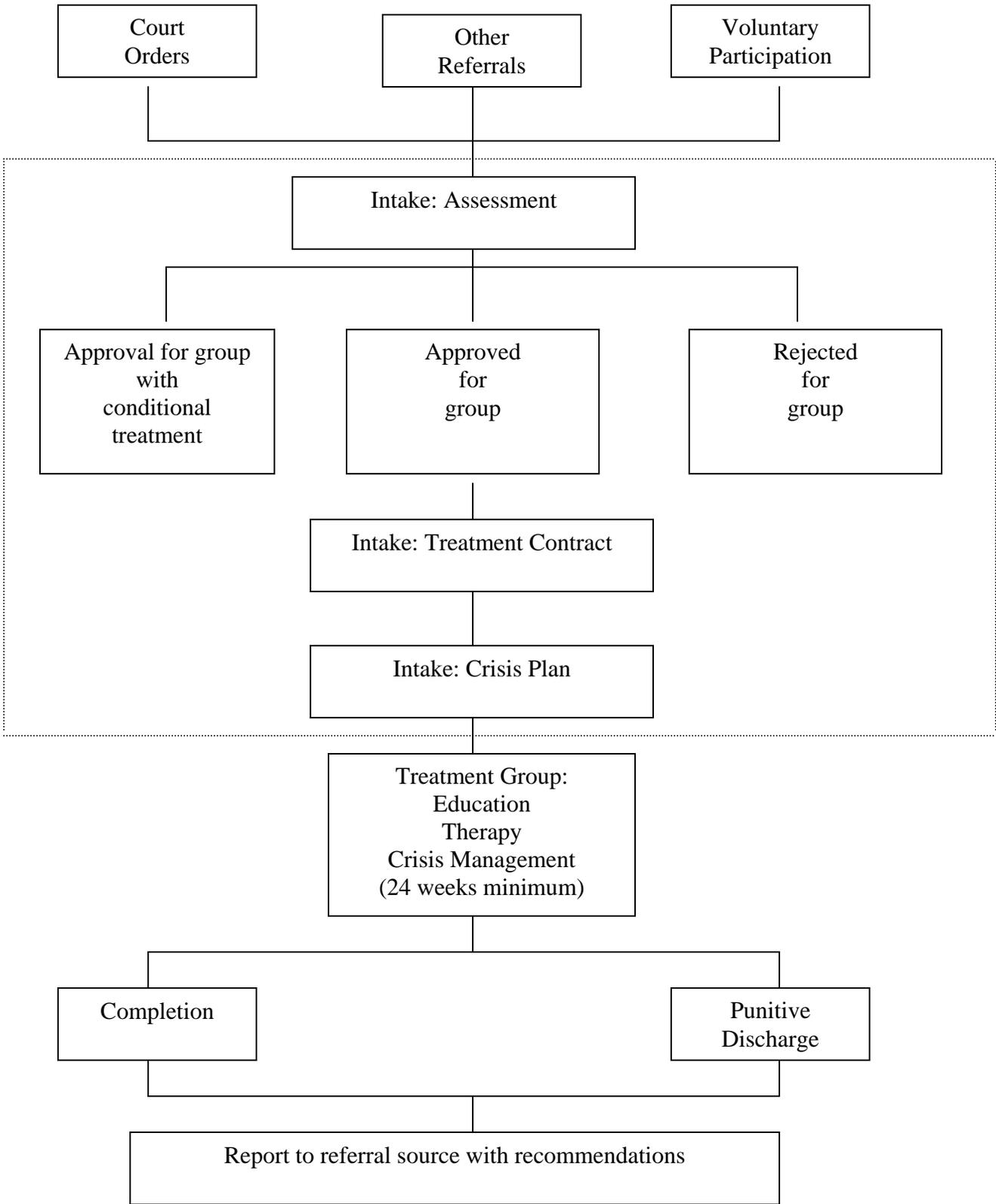
Domestic Violence Programs

- In order to ensure accountability to victims, any written policies governing batterers' treatment programs that are established in addition to these standards shall be developed in close consultation with local domestic violence programs. In addition, written or informal agreements and/or memoranda of understanding between batterers' treatment programs and the justice system concerning batterers' participation in treatment programs shall be negotiated in close consultation with local domestic violence programs.
- Cooperative creation of any research agenda on domestic violence and batterers' treatment programs, and collaborative production and dissemination of the findings.
- Collaboration on issues of public policy related to the safety of domestic violence victims and children and intervention with batterers.

Adopted in large part from the Pennsylvania Coalition Against Domestic Violence "Program Standards for Batterer Intervention Services," 1992, pp. 13-14, and the "New York State Standards for Batterers Intervention Programs," Draft, 1994, pp. 19-21.

COMPONENTS OF TREATMENT

PROCESS OVERVIEW



Waiting Periods

The demand for batterers' 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 eliminated. 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 to begin a new group at that time.

In cases where batterers' 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. Batterers' treatment programs, while striving to serve batterers quickly and efficiently, should note that the quality of treatment services is critical.

Intake: Assessment, Contract, Crisis Plan

The intake process is a critical element of any treatment program, consisting of three primary elements:

1. Assessment of the individual's history, current situation and condition and appropriateness for treatment.
2. Treatment contract that includes an explanation of the client's rights and program policies and expectations.
3. Crisis plan for victims and perpetrators in crisis.

Intake: Assessment

The intake assessment must include the following elements:

- Referral source.
- Violence history of the perpetrator, including pertinent independent descriptions from the perpetrator, the justice system, other treatment providers and the battered partner (gathered by direct contact with the victim unless the victim's safety would be jeopardized by contact with the treatment provider or the victim is unavailable to participate). This history should include violence in present and past relationships, violence involving non-intimate others, as well as the participant's own experience as the target of abuse.
- The perpetrator'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 identify high-risk offenders and protect the safety of the victim and children, the offender and the provider. 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 the battered partner and others
 - Access to the battered partner
- 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.

Intake: Assessment

- Any conditions imposed on participation in the treatment program, if determined to be appropriate by the treatment provider.
- Statement of the perpetrator's appropriateness for treatment. For additional information on appropriate and inappropriate membership, please refer to Group Constitution on

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

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

Taken in part from the Pennsylvania Coalition Against Domestic Violence "Program Standards for Batterer Intervention Services," 1992, pp. 20.

Intake: Treatment Contract

During the initial intake interview, treatment providers also shall 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:

1. Statement of philosophy consistent with these Batterers' Treatment Standards.
2. Confidentiality policy regarding participants. Participants in batterers' 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 then victim, children, family members, treatment providers, victim advocates or law enforcement.
 - 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 batterers' 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 client consents to the release of information in cases other than listed above.
3. Confidentiality regarding victim information. Batterers' treatment providers shall maintain the confidentiality of 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 victims to waive confidentiality and shall inform victims in writing of the limits to confidentiality. To avoid unintended disclosure to participants of confidential victim information, it is preferred that workers having contact with victims be staff other than those providing direct services to the participants. Confidential information on victims should be kept in files separate from those of perpetrators.

Intake: Treatment Contract

4. Confidentiality regarding group members. Participants in batterers' 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, staff of batterers' treatment programs and monitors, unless the group unanimously agrees to visits by others such as newspaper reporters, grants-makers and family and friends of participants.
5. 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.
6. Length of the program and a clarification of the number of weeks needed to complete the program.
7. Statement that attendance and progress will be monitored and that any violations will be reported to the court, along with further recommendations.
8. Statement that any violation of the treatment contract will result in the renegotiation of the contract or other consequences.
9. Statement requiring abstinence from drug and alcohol use for at least 24 hours prior to the group session.
10. Suspension and termination policies.
11. Statement relating to fee payment.

Adopted in part from the Pennsylvania Coalition Against Domestic Violence "Program Standards for Batterer Intervention Services," 1992, pp. 19-23, and the "Batterer's Treatment Program Guidelines," County of Los Angeles, Domestic Violence Council, 1988.

Intake: Crisis Plan

Treatment programs must have a crisis plan to respond to both victims and perpetrators 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 Intake: Assessment on Page 15.
2. Crisis plans must include a process to assess the safety of the victim, any children and other family members and make plans for their protection. Treatment programs should refer victims to local domestic violence programs, informing them of available advocacy and emergency services. 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.
3. Crisis plans must also include a process for perpetrators 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 and other problems.

Treatment Content and Curriculum Outline

The content and curricula of batterers' treatment groups must be in accordance with the philosophy, purposes and principles of practice mentioned at the beginning of these Batterers' Treatment Standards. Treatment consists of three areas designed to provide batterers with the education, therapy and crisis management components that they would 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, examining the cultural and social context in which this violence is used.
- Power and control issues, 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 issues, including an attempt at heightening awareness of the damaging and potentially lethal consequences of batterers' violence and abuse on domestic violence victims and children.
- Legal intervention issues, including details regarding the criminality and consequences of specific forms of abuse.
- Skills building, including managing stress, identifying and articulating feelings, and improving listening and communication skills.
- Conflict resolution, including time-out techniques and safety control plans.
- Gender role training.
- Cognitive restructuring.

Treatment Content and Curriculum Outline

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 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 assessments must be built into the group process in order to identify high-risk offenders and protect the safety of victims, children, and offenders, as well as the providers.

If the provider suspects that a participant may inflict harm upon himself or the victim, children or another third party, the provider should notify the parties involved, as well as the appropriate law enforcement officers. 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.

Providers may at this time reconsider the perpetrator's continued participation in group and may choose to renegotiate the treatment contract or suspend or terminate him from the program.

Treatment Approaches

Group Therapy

Group therapy is the treatment of choice for domestic violence perpetrators. 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. Treatment for substance abuse may not be substituted for a client's treatment for domestic violence behavior.

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 batterers' treatment phase. It may be used only when the batterer has completed the program, the violence has stopped and the victim is in agreement.
- Anger management therapy that attributes the primary cause of violence to anger.
- Addiction counseling that defines violence as an addiction and the victim and children as enabling or codependent in the violence.

Group Constitution

Appropriate Membership

- Batterers' treatment groups are primarily designed for adult males who are violent toward others in intimate relationships. However, the Adult Batterers' Treatment Forum recognizes the need for other specialized programs to treat female, juvenile and gay batterers.
- In providing batterers' treatment to females, the following issues must be addressed before admitting them into treatment: 1) Is the female applicant a victim of battering who used violence in self-defense? In this case, she should be referred out for other services. 2) Is she a victim of battering who has learned to fight back with violence? She also should be referred out for other services. 3) Is she actually a perpetrator of domestic violence and thus is in need of batterers' treatment?
- Gay batterers 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. 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 shall be present at each treatment group. (A waiver provision is possible upon approval by the Adult Batterers' Treatment Forum.)

Length of Treatment

- Batterers' 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.

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 perpetrators 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.

Qualifications of Group Facilitators

1. 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 Adult Batterers' Treatment Forum), s/he must meet all of the following requirements:

- 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 perpetrators of domestic violence, including a minimum of 50 hours of direct clinical work with perpetrators and one year of direct clinical work with victims.

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

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

3. All batterers' 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 he has successfully completed a batterers' treatment program that is in accordance with these Batterers' Treatment Standards and has been violence-free for no less than two years.

Funding and Fees

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

Definitions

ABUSE - Domestic abuse encompasses all of the following:

- *Physical abuse* includes a wide range of behaviors, including pushing, restraining, slapping, hitting, kicking, throwing, choking, 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 or intimate partner to maintain power and control over any other family member or intimate partner. Abuse is not loss of control. Perpetrators 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.

Definitions

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 with their intimate partners.

BATTERERS' TREATMENT PROGRAM - Batterers' treatment program is an individual or organization that provides education, counseling and/or treatment for batterers which are both aimed at safe-guarding victims and changing perpetrators.

BATTERERS' TREATMENT PROVIDER - Batterers' 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 Batterers' 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.

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."

Definitions

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.”

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 by 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 batterers’ treatment group leader.

INTERVENTION - Intervention refers to the spectrum of legal actions, family confrontations, employee assistance programs, neighborhood safety strategies, batterers’ intervention and treatment services and community education endeavors seeking to stop the violence of batterers and to 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.

Taken in large part from the Pennsylvania Coalition Against Domestic Violence “Program

Standards for Batterer Intervention Standards,” 1992, pp. 15-18.