

MRS Conference Call Notes  
January 2010

Counties Participating 1/7: Bladen, Burke, Chowan, Clay, Craven, Gaston, Graham, Halifax, Harnett, Jackson, Northampton, Person, Polk, Rockingham, Swain, Union, Wake, Wilson.

Counties Participating 1/14: Alleghany, Brunswick, Cabarrus, Johnston, Hoke, McDowell, Wake.

Counties Participating 1/22: Avery, Caswell, Catawba, Chatham, Davie, Gaston, Gates, Jackson, Johnston, Nash, Pitt, Rowan, Rutherford, Wake, Washington,

Agenda

Announcements from Raleigh

Presentation on Abuser Treatment Programs

News from Raleigh

Letters

- 12/18 Annual case load survey – due 1/31.
- 12/23 Reaching for Excellence and Accountability in Practice – an initiative to develop a technical assistance model. Work group being formed to determine how best the state can do that. Note from Candice – at this time this opportunity is closed as the Division has received an adequate response.
- 1/11 Pilot opportunity starting in February – looking for 13 counties to take part in a pilot looking at assessments on child care facilities. Perhaps deferring those assessments to Division of Child Development. If you are interested please respond. This is still an open opportunity.

Other Announcements

- Holly has been working to ensure that the MRS list is as up to date as possible. Many counties have new email addresses. She has tried to catch all of those that she is aware of, but if yours has changed, please let her know, or, if you stop getting announcements, make her aware of that so that she can make sure you are back on.

Presentation

Katheleen Balough and Robin Colbert with the Council for Women/DV Commission discussed topics regarding the availability and use of the Abuser Treatment Programs. They included a powerpoint which Holly sent out with the call announcement email. If you would like a copy of this, please let Holly know.

Want the name changed from Abuser treatment to Batterer Intervention. Treatment leads people to believe that this abusive behavior is a mental illness or some other type of problem that could be treated and potentially charged off to insurance. It is not a treatment program, it is group work and re-education, psycho-educational process. However the current terminology is mandated by the state and therefore that is what they are using.

**North Carolina Administrative Code**  
**Title One – Administration Chapter 17**  
**Council on the Status of Women**  
**Section .0700**  
**Abuser Treatment Programs**  
**[www.nccfwdvc.com](http://www.nccfwdvc.com)**

Slide 2 - North Carolina Abuser Treatment Programs Mission Statement  
*DV has a subcommittee of about 10 people. That committee is charged with dealing with the issues around abuser treatment and is working on best practices. The committee has done a lot of work do get a procedure in place for terminating programs that are not accomplishing their goals. Adopted the mission statement below.*

North Carolina Abuser Treatment Programs Mission Statement  
NC Abuser Treatment Programs work to:

- Bring about social change necessary to end battering and all forms of domestic abuse;
- Aid in the elimination of domestic violence by providing services to batterers to hold them accountable and;
- Promote safety and justice for all victims of domestic violence.

Slide 3 - Procedure for Abuser Treatment Program Approval  
*The subcommittee referenced before is the review committee.*

- Submit initial application for review
- Demonstrate community support
- Provide documentation of program adherence to all rules
- Provide MOU in each county of service
- Provide AT program 'philosophy'
- Programs may apply in February or August for consideration of April or Oct. approval

Slide 4 - What services are provided by an ATP?

- Complete intake and assessment
- Lethality Assessment
- Initial and ongoing referral services
- Open or closed mandatory 26-week group curriculum
- On-going communication with various community partners involved in the case, including the victim if they want

Slide 5 - Intake and Assessment

- Because of the severity of injuries and the number of deaths caused by domestic violence, lethality assessment shall be ongoing and not limited to intake.
- Abuser treatment programs shall provide initial and ongoing referral services for participants who have concurrent substance abuse, medical, or mental health problems.

#### Slide 6 - Victim Safety

All abuser treatment programs shall establish and comply with written policies and procedures regarding victim safety. These policies and procedures shall include the following:

- Good faith attempts by the program to contact the victim.
- Same program staff may not serve both parties.
- All information from the victim must be kept confidential.
- Victim groups and abuser groups will not be scheduled simultaneously at the same facility.
- There shall exist an MOU with the victim services provider in the county and the abuser treatment program

#### Slide 7 - Safety of the Victim must be the first priority

The program should always assess victim safety when communicating with them.

- The program should never disclose, without victim permission, any information.
- The program should not misrepresent its' ability to change the batterer's behavior

#### Slide 8 - Program Structure

- Program provided in group sessions
  - no individual counseling sessions
  - Over 8 participants, two facilitators
- Group composition
  - no more than 16 in a group
  - No co-ed groups
- Program length
  - 39 hours over a minimum of 26 weeks
  - completed within 30 weeks
- Fees
  - locally determined

#### Slide 9 - The ATP Curriculum needs to address the root of the problem

- The content of the program should challenge the batterer's underlying belief system that he/she has the right to control and dominate the victim.
- Programs that address only anger, communication skills, and stress, do not get to the root of the problem.

#### Slide 10 - NC Abuser Treatment Program Curriculum

- All abuser treatment programs shall establish and comply with a written program curriculum. This curriculum must be evidence based.
- Written curricula shall define topics and content of sessions and must include the following;

#### Slide 11- NC Abuser Treatment Program Curriculum (content)

- Identification of all forms of physical, emotional, economic, sexual, and verbal abuse and violence;
- Impact of domestic violence on the victim and the abuser;
- Impact of domestic violence on children including children who are abused and children who witness domestic violence;

- Emphasis on the responsibility of the batterer for his or her violence and abuse;
- Identification of the personal, societal, and cultural values and beliefs that legitimize and sustain violence and oppression.

Slide 12 - NC Abuser Treatment Program Curriculum (content con't)

- Alternatives to violence and controlling behaviors;
- Identification of healthy relationships, promotion of accountability, self-examination, negotiation, and fairness;
- The relationship between substance abuse and domestic violence;
- The relationship between mental illness and domestic violence;
- Identification of the behavioral, emotional, and physical cues that precede escalating violence.

Slide 13 - The following methods shall not be the primary focus of intervention:

- Techniques that lay primary causality on anger;
- Theories or techniques that identify poor impulse control as the primary cause of the violence;
- Methods that identify psychopathology on either parties' part as a primary cause of violence;
- Interventions that base causation on a lack of communication skills; or
- The gradual containment or de-escalation of violence.

Slide 14 - The Program must hold the batterer accountable

- The program should recognize that the batterer's behavior is the problem and not allow him/her to use the victims behavior as an excuse.
- Programs should hold the batterer accountable for attendance, participation, and complying with the group's rules.

Slide 15 - Length of Programs

- The AT Program needs to last long enough.
- Change takes time.
- The longer the program, the better the chances are that the batterer will change.

Slide 16 - Prohibited Program Activities

**The following activities shall not be used by abuser treatment programs:**

- Couples therapy or counseling;
- Any therapy or counseling which places the responsibility for adult behavior on the children or the victim;
- Any theoretical approaches that treat the violence as an addiction and the children or adult victim as enabling or codependent.

Slide 17 - Participant Termination

- Without limiting a program's ability to make more stringent requirements, termination may occur when a participant:
  - has a known recurrence of violent conduct, intimidation, stalking or harassment behaviors;
  - fails to abide by the program rules, including absences;

- fails to participate and attend sessions;
- fails to comply with alcohol and drug policy;
- demonstrates increased risk of lethality as demonstrated by the lethality assessment.

Slide 18 - If a participant is terminated there is a Duty to Warn

- Program must document the reasons for termination without jeopardizing the victim's safety;
- Make specific recommendations to the probation officer or referring judge;
- Inform the program from which the victim is receiving services within seven days;
- Complete a risk assessment with the victim and make efforts to assist the victim in minimizing violence that may occur , unless the victim declines contact;
- Inform the probation officer and referring judge (or District Court Judge in the absence of the referring judge) and DA's office in writing of the participants termination within seven days.

Slide 19 - Program Assessment

- Programs shall submit quarterly statistical reports
- Program shall apply for approval on a yearly basis
  - Must provide continuing education hours documentation
  - Must provide renewed MOU from each county of service

Slide 20 - Provision of Direct Service

- All programs shall establish written policies and procedures for determining qualifications for all staff, consultants, or volunteers delivering services to participants.
- These policies shall address situations in which individuals have committed domestic violence and the program's guidelines for determining whether the conduct undermines the integrity of the program or will interfere with the individual's performance.
- All programs shall have a pre-service and continuing education plan for staff, consultants, and volunteers.

Slide 21- Participant Confidentiality

- All participant information is kept strictly confidential except under certain conditions;
  - threats to harm self or others
  - suspect of child abuse or neglect
  - release of information to court official
  - notification to victim of participant status
  - when a suit is filed against a program

Slide 22

- Information may be shared according to terms of Waivers of Confidentiality that may be signed by group participants;
- All ATP groups are confidential and closed to those other than participants, program staff, and other professionals;
- Visitors may be admitted only when the participants unanimously agree;

- ATP's will maintain separate locked files for participants and victims. There shall be no co-mingling of confidentially information in victim and participant records.

#### Slide 23 - Victim Confidentiality

- All ATP's shall keep all information provided by the victim confidential unless the victim gives written permission for the program to release the information.
- If the victim tells the ATP that the participant has committed a new offense, the ATP shall encourage the victims to contact:
  - Appropriate law enforcement; and
  - The local victim services program or other support services.

#### Slide 24 - ATP Investigation and Removal From Approved List

- A process has been established to remove a program from the approved list.
- An appeal process has been established.
- Failure to comply with reporting requirements and deadlines shall result in a program being non-compliant, which shall lead to termination and removal from the approved program list.

#### Slide 25 - *Behavior* differences between Domestic Violence & an Anger Problem DV Batterer Behavior

- Batterer looks for or sets up provocation to use as an excuse for "losing it" or "getting pushed over the edge" and is often able to delay the acting out of the anger; thus controlled and premeditated.
- "Loss of temper" is strategic and often unrelated to trigger,
- Batterer often has plan for outcome of assault May threaten before hand and then carry it out as promised.
- "Loss of temper" is only, or most often, directed at partner.
- Victims are often those whom the batterer has control over or is seeking control; always an intimate partner or ex-partner.

#### Anger Problem Behavior

- Batterer responds impulsively to provocation and therefore needs to manage his response.
- Loss of temper is immediate response to trigger, or provocation.
- No strategy; no plan.
- "Loss of temper" is directed at anyone, both close to and unfamiliar to offender.
- Victims may be anybody who is in close proximity or who has triggered their anger Ex: Road Rage.

#### Slide 26 - *Program* difference between an AT and Anger Management State Approved ATP (regulated)

- Court Ordered, usually ordered under supervised probation; ATP reports non-compliance which is then reported to courts.
- Minimum 26 weeks at 1.5 hours each: *More intensive. Allows time to examine underlying issues.*

- Offenders are screened carefully - Complete a Lethality Assessment – Program is unlikely to have “anger offenders” and not know it - Screen for substance abuse and refer for treatment if necessary.
- Doesn’t allow excuses, minimizations, denials, or blaming victim.
- Participants are given tools to understand underlying need for control.
- Curriculum follows *State Rules and Standards*: Strict Guidelines.

#### Anger Management Program (unregulated)

- Often ordered without supervised probation; non-compliance may not be a violation and may not be viewed seriously.
- Usually run from 4-12 weeks.
- May not fully screen for DV - Do not do Lethality Assessment – May have DV offenders in program and not know it - May not screen for substance abuse.
- Teaches an understanding of reasons and triggers.
- Given tools to control rage and teaches coping strategies
- No approved curriculum or best practices; several popular programs.

#### Slide 27

#### State Approved

- More focus on worldviews that support battering behaviors, more confrontation, facilitators *Hold the batterer accountable* for their behavior.
- GOAL: Victim safety.
- Required to contact all available victims and involve them through education in process, their rights resources.
- Report threats to victim by contacting them, calling police, accessing DV resources and supports.
- Addresses anger management problems in a bigger context - often as tool to control victim.

#### Anger Management Program

- More cognitive focus or clinical focus; less confrontation; often process-based.
- GOAL: To prevent, diffuse, or redirect anger.
- Only contact victim if there is direct serious threat on their life.
- Reports *only* what they deem serious threats, usually to police or psychiatric emergency evaluation.
- Does not address the DV/offender need to maintain power over victim.

#### Slide 28 - Making the Call: Know the Black and Blue Facts

How can I tell if the batterer needs a BIP or an Anger Management program?

- Asking the following questions may help:
  - Do they have an anger impulse control issue, or is their violence planned and controlled?
  - Do they try to commit their violence behind closed doors?
  - Is their victim an intimate partner, or someone they are trying to control?
  - If so, then a Batterer Intervention Program is the best choice.

Remember:

- People with bad tempers don't just victimize their loved ones, anyone can be a target.
- If other issues on the Domestic Violence Power and Control Wheel are present, it is safe to guess that this isn't just an anger management problem.
- Is there a history of physical violence? Or other abuse present such as:
  - Stalking
  - Harassing
  - Isolating
  - Verbal Abuse
  - Control of finances
  - Restraining or limiting victim's movements
- Is the 'rage' witnessed in public? Or does he/she wait until they get home to 'lose it'.

Slide 29 - Other Questions

- How are ATP services marketed/advertised in a community?
- What can a county do to address needs if there are no ATP's?
  - Coordinated Community Response or Community DV Task Force

Slide 30 - For further information

- [www.nccfwdvc.com](http://www.nccfwdvc.com) Click the link for programs, on the left side of the Council home page, then you will see an option to view an interactive state map listing all state approved Abuser Treatment, DV, SA, and DH programs by county.
- [www.ncpat.net](http://www.ncpat.net) North Carolina Providers of Abuser Treatment. A membership coalition of ATP's in the state providing training and education links for providers.

Slide 31 - Thank You & Contact Information

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Questions/Comments 1/7:

Wake county was a part of a DV workgroup and were concerned with the number of people enrolled in these types of programs (700) versus the number who complete the program (200). Disturbing difference.

- One, with the open ended enrollment and the way the statistics are collected, there are some people will have been enrolled and will not show as being completed in the year they are enrolled.



- Also people who referred in from mental health or DSS, or from civil court, - those not being referred my criminal court, there is no way to follow up and track those people.

Holly asked about people who were terminated – can they ever come back?

- Most programs will immediately do a lethality assessment. Then, depending on what the action was to get them terminated and what actions happen after that, may be able to come back but they will have to start over from the beginning.

What agencies are directly involved in the MOU?

- The abuser treatment program and the DV agency in that county.
- There is different MOU that is out there that is from DOC and it is a MOU that has probation and parole, DSS, any task group, abuser treatment program, and the DV program and the way that she understands it, this MOU was sent from the state down to the county level and each county should have their own MOU that is signed by all 5 agencies (if they all exist in a given county).

#### Questions/Comments 1/21:

One county understand that some counties supplement the fees that batterers have to pay. Wondering what funds are used for this?

- Mecklenburg is trying to see if they can work out fees for community service.
- The fees are an important part of the program as they help to hold the perpetrators accountable. Also the concern if there was some type of assistance for the perpetrators that would eventually take money away from victim services.
- Some counties will sit down with a batterer if he says he can't afford it and look at his budget and see if they can't trim other things, but if there is no money they may supplement a bit, but not sure where they get this supplement money from.