

**2015 HOUSE JUDICIARY**

**HB 1368**

# 2015 HOUSE STANDING COMMITTEE MINUTES

## House Judiciary Committee Prairie Room, State Capitol

HB 1368  
2/3/2015  
Job #23144

☐ Subcommittee

☐ Conference Committee

Committee Clerk Signature

*Kenneth M. Fisher*

### **Explanation or reason for introduction of bill/resolution:**

Relating to the minimum guidelines for domestic violence offender treatment programs.

### **Minutes:**

Testimony 1,2,

**Chairman K. Koppelman:** Opened the hearing with testimony in support.

**Rep. Lois Delmore:** Introduced the bill. Programs for domestic violence treatment have come a long way since the 1970s. They hold offenders accountable and help to keep victims safe. Coordinated efforts in these programs help to assure the programs are successful. Batterers treatment has shown to be more effective than anger management. We need to use the programs which are most successful to help put families back together. Incarceration and mandated treatment are used by the courts and coordinated efforts and standards have made the program more successful. Domestic violence offenders can change with proper treatment, which helps them acknowledge, examine and change beliefs that make them violent and controlling. The programs teach offenders to also recognize how their abuse affects their partners and children, and to practice alternatives to abusive behaviors. This bill will endorse standards that are working to help those offenders to change. There are others here who will give you more information. I ask for a do pass on HB 1368.

**Rep. D. Larson:** When you are talking about putting something in the statutes regarding the batterer's treatment forum, is that something that is always going to be around, that has always been around? I have not heard about that.

**Rep. Lois Delmore:** (See testimony #1) It is a program that has worked in Grand Forks, it has been around for a while, and they have compiled statistics that show it's a more successful program, as far as the person repeating an offense, the victim needing another protective order and so on. And I know there'll be some more statistics and information on it.

**Vice Chairman Karls:** You said something was more effective than anger management. I didn't catch that.

**Rep. Lois Delmore:** It is the batterer's treatment, and that's what she'll be talking about.

**Janelle Moos, Executive Director, CAWS ND:** (See testimony #2) (6:00-12:20) This bill is a working group of our organization since 1994. We've been around since 1978. Our organization is actually defined in statute under Chapter 14, under the domestic violence statute. We used to be identified by name under administrative rule 34 for the protection order process. We're still considered the certifying entity, but we're not actually named there. So our name does appear in several places, both in administrative rule as well as under the domestic violence statute. So, the forum is obviously a commitment that we've made for a very long time to support this batterer's treatment forum. It's actually funded through one of our Federal grants that we receive. It's a formula grant that we receive every year because we're the state coalition for ND, and if Congress would decide not to fund the Family Violence Prevention Services Act, and it's a program that's been funded by Congress since 1984, and it funds not only coalitions like ours, but every shelter across the country. So, if that funding went away, the forum wouldn't exist any more unless I found some additional funding. But it's been something that has been long-standing in our organization, and we'll continue to support it.

(14:36)

**Rep. D. Larson:** When you are saying your organization is in statute, did you mean CAWS or did you mean the batterer's treatment forum?

**Janelle Moos:** CAWS is listed under Chapter 14. It's referenced under the domestic violence prevention code section of Chapter 14. We're the state coalition, and we are the only one that exists in the state. The forum is actually not defined in statute anywhere.

**Rep. D. Larson:** Is there someplace in statute where batterers treatment standards are listed? Are we always going to have a batterer's treatment forum? Because if we put this in the way it's written, then they will have to use a treatment that's certified by that particular group.

**Janelle Moos:** It is our intent to always have the forum. We fund this forum. Whether or not you want to put that in statute, or if you want to reference our organization, that's where Vonette and I went back and forth in terms of what was the most appropriate place that we, as CAWS, it's a working group of ours, so it includes both public and private providers that are out there working in the field every day. And that's why they make up the forum, so however best, I think it's more important that we want judges to refer to programs that meet the standards. But again, they still have the out in terms of writing a written finding of fact, saying it's not do-able in those communities. So I can work with the committee members to work on language if that's necessary for a change.

**Chairman K. Koppelman:** Who, if anyone, is this disenfranchising? Are we picking winners or losers here? What if another program comes in next year that is wonderful, and we have in our statute that only your organization or its program is who the courts must refer to?

**Janelle Moos:** If a program did start up and come online, they'd be able to submit an application to be considered, just like any other program right now. I think that's the important piece of this. If a program feels like they can provide the service, and meet the standards, they can submit an application to the forum. They'd be considered for that. I would hate to say that we're picking winners and losers, but that's often what is happening in communities. Anger management is a quicker program. It's not 27 weeks like our batterer's treatment program is. So judges often refer to anger management because it is shorter and more cost effective, but what we've seen is it's not the most appropriate place to put domestic violence offenders. They should be in this longer treatment program. We do offer a sliding fee scale, so we make it more accessible to offenders. But ultimately it's going to come down to what's more appropriate for that specific offender.

(18:26)

**Rep. D. Larson:** I have had training in teaching anger management and domestic violence, but I am concerned about how it is going to work past today? Does this forum get any kind of appropriation? If they're going to be the ones that have to be responsible for certifying something in state law, then is there going to be an appropriation to that forum? I'm just trying to figure out how all this works.

**Janelle Moos:** Currently we, as an organization, don't receive any state general funds directly, and the forum doesn't receive any general funds. It's funded through a federal grant. It's a \$10,000 line item in our federal grant that we contract out to the rape and abuse crisis center in Fargo and community violence intervention center in Grand Forks. They are the ones that co-facilitate the batterer's treatment program. They have a staff person in Grand Forks and one in Fargo that co-facilitate the forum. They meet on a quarterly basis. So that's the current appropriation to that. The treatment programs that currently meet the standards, so Bismarck, Dickinson and Grand Forks receive money, state general funds. Like Grand Forks, CVIC applies for money through the state Department of Health, state general fund dollars, and they use that money to support the batterer's treatment program. If more of these programs come online, and are in compliance with the standards, there's a couple of revenue sources they can apply for in order to support the facilitation of their group in their local community.

**Rep. G. Paur:** How many people are treated under this mandated treatment of domestic abuse?

**Janelle Moos:** I can get that information.

**Rep. G. Paur:** I would be interested in how many offenders there are and how many you treat.

**Rep. K. Wallman:** If someone is sentenced for domestic violence, the courts make a recommendation for them to receive this treatment, which sounds to be best practice, based on the data and outcomes.



**Rep. Lois Delmore:** That is already in statue. There are multiple programs so public and private entities can pick this up in communities and be trained. There are ways they can learn, meet the standards and hopefully have the same success.

**Janelle Moos:** We've actually brought in trainers from Duluth to help more facilitators be trained on this model, that meets the standards. We've also had programs, most recently the Williston one, applied for some federal money to send their facilitators over to Duluth to be trained. We don't just put those standards out there and say good luck meeting them. We obviously follow up with training and resources, making sure they can comply with the standards, and that they have ongoing education regarding what is best practice.

**Rep. Mary Johnson:** What was the source of your standards throughout this whole process? Were they developed by the forum themselves? Where did these standards originate?

**Janelle Moos:** The standards originated from that original group back in the mid 90s, so it's private and public service providers that got together to develop common standards. But it was based on what was being proposed by the domestic abuse intervention project or the Duluth Model. They had already started to see outcomes from their projects. So most of our batterer's treatment programs and our standards are modeled after the Duluth model.

**Rep. Mary Johnson:** So these standards would be commonly accepted by medical professionals, psychiatric professionals?

**Janelle Moos:** We had several of those folks involved in the development of the standards and the revisions of the standards, and they're available for folks. We've never had that in-depth a conversation with medical providers. Most of these that do this are nonprofit and they are reviewed. We've actually had several conversations with the Dept. of Corrections because they used to send staff to these forum meetings, that have kind of moved away from this specific model. They do more of an intensive kind of program in prison. I think there could be room for conversation within the forum. I think we've even learned more about domestic violence offender treatment since 2010, since we revised these standards. I think we would be open to having more conversations about what is working and what isn't. Our intent is to get more programs online.

**Rep. Mary Johnson:** So you have a continuing effort to continue to review and update standards?

**Janelle Moos:** Yes. They meet on a quarterly basis and learn from each other. I think they're learning something new every day about offenders that are being referred to treatment, and what's working and what isn't.

**Rep. Mary Johnson:** You would review any new standards and maybe try to integrate them into program.

**Chairman K. Koppelman:** What are the best practices standards around the country? Are they all using this Duluth model?

**Janelle Moos:** The Duluth model is really the flagship in terms of what has worked, in terms of not only offender treatment, but also law enforcement response. I can pull other state statutes that have similar language in terms of offender treatment and the standards they abide by, and how similar it is to what we have.

**Chairman K. Koppelman:** This makes your organization a gate keeper. I am hesitant to name an entity or an organization to say, every court in ND has to go here for any of these programs. I could see situations where courts may, maybe there is a case where a judge says this person needs anger management. He doesn't need this. Your efforts are laudable. I'm just concerned about how this is written.

**Rep. P. Anderson:** I think we need to somehow figure it out. Because when you look at these statistics, 70 percent, 86 percent, 89; these aren't just a little bit better. These are huge. The more domestic violence you grow up in, you're next. If this can get rid of some of that cycle, I think our group can figure something out.

**Janelle Moos:** We already serve as a gatekeeper around domestic violence protection order process. We can help with doing that.

**Rep. D. Larson:** I know you and I know you are going to put out a good product. But when you retire, you know what I mean? I wonder if it would be better to even say something in there, just even in terms of like evidence-based, rather than saying specifically a particular group is going to be the gatekeeper. That's where my discomfort with this whole thing comes. I don't like the mechanics of it.

**Chairman K. Koppelman:** Maybe you can work with some members of the committee and come up with something that gets at this, but maybe in a more generic rather than specific way, I think that would be helpful.

**Rep. Kretschmar:** Line 13 it states the adult batterer's treatment centers of ND. Are those written down someplace?

**Janelle Moos:** Yes. They are on our website, but are available in print copies as well. It is a document we produced in 2010. We paid for this document out of federal funds.

**Rep. L. Klemin:** That phrase, adult batterer's treatment standards of ND, makes the implication that this is something that has been officially adopted as a rule by a government agency, something like that. It's not an official rule of an agency like the Dept. of Human Services. Would that be correct?

**Janelle Moos:** It is available to all the judges.

**Rep. L. Klemin:** Who did it? Who promulgated these standards?

**Janelle Moos:** The batterer's treatment forum. So it's the group of both public and private service providers that created these standards, vetted it throughout the state of ND, including judges and other folks. Offender treatment is actually mentioned because it is in statute. It's in the domestic violence benchbooks that all judges have.

**Rep. L. Klemin:** We would think it was something officially done, but this is a public and private group that came up with these standards without actually going through any kind of regulatory process.

**Vice Chairman Karls:** Are these words trademarked or are they a living breathing thing you can change?

(34:27)

**Janelle Moos:** They are not trademarked or copyrighted in any way. The facilitators have outlined the use for the forum and we help programs move and become compliant with the standards and understanding what's working best in terms of offender treatment.

**Vice Chairman Karls:** Looking at the chart, this whole column is anger management. The other one is domestic violence offender intervention. Is that the same as batterer's treatment?

**Janelle Moos:** That is correct. Those words are often used interchangeably.

**Rep. K. Wallman:** I just want to thank you for doing this. It appears there is no state agency that licenses anybody to do this, and that federal funds are used to sort of facilitate a movement toward a program that works pretty darn well. I'm wondering if this committee thinks it would be a good idea if there's no curriculum and there's no agency or no licensure or anything, that it is the gatekeeper and we don't like this gatekeeper for any reason, or we do, and we're just not quite sure how to codify it, that might be a way to go. And then your organization could be contracted to do the facilitation since you clearly have a lot of expertise in the area.

**Janelle Moos:** We are open to help in any way we can. The state contracts with us to do several pieces. We administer the access and visitation grant for the child support division. We used to manage the sex offender containment team contract for the Dept. of Human Services, so we have a lot of experience in administering state programs or federally funded programs through the state agencies.

**Chairman K. Koppelman:** No members of the committee are questioning your organization's value or expertise. When you put something in law saying, we're it, that's kind of what's raising some of the questions.

**Janelle Moos:** We struggled with that. You can find me.

**Rep. Lois Delmore:** The people that are the batterers are often victims as well. We are looking to put broken pieces back together. I hope we can find some language that will work.

Opposition: None

Neutral:

**Jim Ganje, on behalf of the Judicial Conference's Legislative Committee:** The current statutes say that courts must order subject to written finds to the contrary, offenders into domestic violence treatment programs. Right now there is a certain amount of fluidity to that; a certain amount of soft edges, because there's no particular criteria or anything. Once you anchor a mandatory requirement in a statute, things are drawn into a little sharper relief. It's a tough row to hoe when you're trying to establish a statutory framework for something that there is no current statutory anchorpoint for. When the legislative committee looked at it, from the standpoint of judges who would be in the place of delivering offenders into these programs, the first question they had was, What is the batterer's treatment forum and where is it? Once you put it in statute, and there is no tether-point, it makes judges uneasy. Judges tend to like hard laws and firm points to apply law. There was the thought that the nature and the status of the forum was a little unclear. What happens if the forum ceases to exist, which may be a remote possibility. But what if it does, what happens to the standards which are now mandatory in statute? Another question they had was, how do you create and adopt the standards? What's the process for it? What can a judge look to, to decide whether the program is compliant or not? There was a thought that there might be a more formal process for adopting the standards. But with formality comes burden. Whether requiring compliance might shrink the pool of eligible programs that they would then be able to order an offender into. Those are just some of the practical issues that some of the judges saw. They certainly did not quibble with the point that the batterer's treatment program process and the invaluable results that it brings. But, once you begin building a statutory framework, to kind of implement that, that's when the hard questions come, and that's a concern.

**Rep. Lois Delmore:** Have you talked with them about the language and something that might be a preference to them? I can't believe that this wouldn't be a program that would be manageable through training, pretty much throughout the state, and we seem to have a lot of core centers now. Did they have a language preference? Something that would work?

**Jim Ganje:** The one thought that surfaced at 5PM yesterday was perhaps there could be rules adopted by the Dept. of Human Services. But they kind of backed away from that because there is a whole process that is burdensome. It does represent a significant effort. There is something of a template for it. If I have to build this, you might have more complicated than what you want. And you may wind up with statutorily creating and then sustaining the batterer's treatment forum, which may not be a bad thing to do. And giving it the responsibility of promulgating standards. Once you begin formalizing that process, there are downsides to that. There are some uncertainties of simply tacking into statute references to things that kind of float in the background.

**Rep. Mary Johnson:** Would it be not solid enough to maybe state program that is not too wishy-washy for your judicial use?

**Jim Ganje:** I don't know. It may be simply just a two line recognition that the forum exists. You know, there is hereby established a batterer's treatment forum, something like that. There's understanding there's complication associated with that because it's currently now supported by federal funding that comes with operation in how it works. You'd have to think about it.

**Chairman K. Koppelman:** Is there a way to soften the must and maybe rephrase the naming of these specific groups? So we could come up with that generic reference that we're all searching for. The objective is to make for sure judges know that and is there a way to say the court may consider?

**Jim Ganje:** Ultimately those standards are going to have to be the binding force for operation of the programs. You can call them whatever you want, but the nut of the problem is identifying the standards and where they come from, and how you recognize their official existence.

**Chairman K. Koppelman:** So if it said best practice standards such as? Or something like that that's a little more generic?

**Rep. L. Klemin:** I wouldn't be very agreeable to putting in our ND statutes that certain programs follow minimum guidelines established by standards certified by a forum, which is all pretty vague, and I don't know what the minimum guidelines are. Are there maximum or medium guidelines? Where are the standards? How were they adopted? Who participated in adopting them? The forum sounds like a loose group, like there's a lot of internet forums; anybody can join them. We're talking about something being done by the court for a domestic violence offender treatment program. For example, the Supreme Court has adopted guidelines for a number of things like child support guidelines. This could be done through the Supreme Court without putting anything in statute like this, because the existing law refers to something that apparently doesn't exist yet.

**Jim Ganje:** Officially they don't exist; unofficially they do. I suspect the Supreme Court is the last place you'd want to put something like this. They are not in the batterer's treatment business, so to speak, except on the back end. Since this is a collaborative effort between CAWS and probation and parole and what not, if DOCR is agreeable, maybe it is a simple matter of anchoring it in DOCR. Something that gives it an anchorpoint with an identifiable state entity. But that's on whether they continue to do it.

**Rep. L. Klemin:** I think the way it is written, it is open to legal challenge. There is really nothing in here that gives any authority for anything. It's just a reference to some other program that's been unofficially adopted by a group of people. If someone violated an order based on these minimum guidelines established by these standards, I just don't see how that would hold up in court.

**Jim Ganje:** It's not as simple as it looks. Let's put it that way.

**Dr. Lisa Peterson: DOCR:** I have been thinking throughout the conversation that the Dept. of Human Services does license substance abuse treatment programs. And there's extensive administrative rules that govern that process, and they have staff assigned to go visit programs, and observe sessions and look at documentation. If there is interest in doing that, there is a significant amount of work and staff time that would go into something like that. DOCR might be open to something like that. We do fulfill a fair amount of court orders for domestic violence treatment, especially with more violent offenders, who end up sentenced to prison. We like to be able to fulfill those court orders because we offer a

treatment option at no cost. And community treatment programs do require the offender to pay. So, if we can get that done, it decreases the chances they would be in non-compliance with their order due to not financially being able to afford it. One example of the concerns you're raising is relevant to us: the batterer's forum did include a representative from DOCR, but her perspective was on community programs. The forum's standards have some very prescriptive business practices that don't necessarily lend themselves well to incarcerated programs. Even though, philosophically, our program meets the standards and we are engaging in a best practice, and I think we have a solid, empirically-supported intervention, we would not be in compliance at this point because of some of the business practices. So we don't do ongoing lethality assessments because our offenders are away from the community and do not have access to their intended victims. So it's something that would take a lot of staff time that's not necessarily relevant to do it throughout the program. We would look at that when the person is nearing release, but as far as during their incarceration, it's not something I would necessarily want to devote staff time to. We provide three sessions per week over 14 weeks, so we end up providing 42 sessions, but the standards require 27 sessions over 27 weeks, once a week. There's some things like that that are not necessarily related to best practices that are called for by the standards that might create some problems.

**Rep. K. Hawken:** It wouldn't be worth staff time while they were incarcerated?

**Dr. Lisa Peterson:** They don't have access to their partners, so they don't have any contact with their victims while they're incarcerated. So lethality assessment is very specific, and it requires specific tools, their empirically-derived tools.

**Rep. K. Hawken:** You are talking about a specific program, but not that a program might not be worthwhile. It seems to me that that would a place where staff time would be very well served, to work with them in some manner.

**Dr. Lisa Peterson:** The intervention, for sure. We have taken steps to increase capacity for domestic violence offender treatment over the past three years. So we're offering much more than we used to, and treating more people. Lethality assessment is a specific aspect that is called for by the standards, and the standards call for it to be done periodically throughout the person's participation in the program, which is absolutely beyond important when the person is living in the community and has access to their victim. For us, they don't, so that's something that we look at upon release, in terms of whether we need to make notifications to local law enforcement, or victims and so on. But we do it once, rather than periodically.

**Chairman K. Koppelman:** Further neutral testimony on HB 1368? None?

Hearing closed.

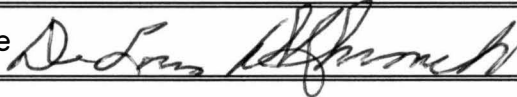
# 2015 HOUSE STANDING COMMITTEE MINUTES

**Judiciary Committee**  
Prairie Room, State Capitol

HB 1368  
2/11/2015  
#23605

☐ Subcommittee  
☐ Conference Committee

Committee Clerk Signature



## Minutes:

Proposed amendment #1

**Chairman K. Koppelman** met on this bill.

**Rep. Lois Delmore:** (See proposed amendment .01002.) This was the bill on domestic violence offender treatment programs and we did some work. Minnesota does put into statute what it should include instead of naming a specific program in here we went with what the program should include that would be included in many programs.

**Chairman K. Koppelman:** Is this a hog house amendment?

**Rep. Lois Delmore:** Yes

**Chairman K. Koppelman:** So if this passes we would ask our intern to put into proper form. Went through the amendment. How does a treatment program hold perpetrators accountable? Does it basically deal with the victim?

**Rep. Lois Delmore:** Part of what we want these people to do are accept what they have done wrong and how they have affected their family and that is what I am saying.

**Rep. D. Larson:** Usually an offender is not really about anger, it is about control and power so when they go into treatment they figure out how this would affect them is they were the precipitant of this and it helps them gain a better understanding of what they are actually doing as the perpetrator. Rather than just being told you can't do that anymore.

**Rep. L. Klemin:** There are quite a few drafting issues that need to be taken care of by legislative counsel. I am not sure the definition is the right word to use and all the rest of this there are a number of language things that would need to be corrected.

**Chairman K. Koppelman:** We could ask Rep. Klemin to confer with our intern to check on these things and she can visit with counsel and maybe draft this in an updated version.

Closed.

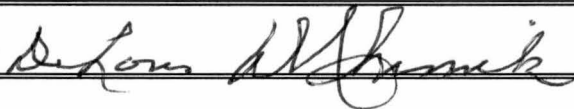
# 2015 HOUSE STANDING COMMITTEE MINUTES

**Judiciary Committee**  
Prairie Room, State Capitol

HB 1368  
2/11/2015  
#23685

☐ Subcommittee  
☐ Conference Committee

Committee Clerk Signature



**Minutes:**

Handout #1

**Chairman K. Koppelman:** reopened the meeting on HB 1368.

Rep. Lois Delmore: You will recall this is the bill I introduced trying to provide some solutions in domestic violence and to put families back together and to try some things that we have found can work with the offender. This would put into code as it has been done in Minnesota what that program would be. Many people had some questions about and some concerns and it think it is pretty basic in what we want to offer the offenders. We had a question on the Department of Corrections on the number of sessions and number of days so we went to 24 sessions; if that is still a concern we could do suggested 24 session, but I think it is pretty reasonable in what programs are offering. Unless there are objections I would move the amendment.

**Motion made to move the amendment by Rep. Lois Delmore: Seconded by Rep. Maragos**

**Rep. D. Larson:** My question is the 24 sessions. That is my only concern.

**Rep. Lois Delmore:** We changed from 24 day which is what many do. If it is something that is significant I think we can amend it to say offer a treatment program that is provided that would be OK too. I would be open to passing this amendment and then further amending it so we can do that.

**Chairman K. Koppelman:** I do think it is a great improvement because I was one that supported the idea fully but had some concerns about the specific that might focus on one particular program when others might be currently available or be offered in the future that might be just as viable.

**Voice vote carried.**

**Chairman K. Koppelman:** We have the amended bill. I have had an email exchange with Lisa Peterson from the Dept. of Corrections. She had shared the amendments and I asked the same questions Rep. Larson asked. I just got her response. The question I asked her



was don't you believe identifying a specific number of sessions is too specific. Couldn't there be a successful program now or in the future which may have a different number of sessions. Do we want that kind of specific thing in law? I do believe removing the reference to number of sessions is a good idea. Perhaps we could say offer either a comprehensive multi session treatment.

**Rep. Lois Delmore:** I think multi might cover it because then it is up to the courts.

**Rep. L. Klemin:** Is there some agency that has to approve these programs?

**Rep. Lois Delmore:** If the court ordered I believe so. You have to meet certain criteria and this is set up to do more in depth rather than anger management. Look at part 3. This is a protection saying we have tried to provide the best treatment possible.

**Chairman K. Koppelman:** If you look back on the bill it says that it must include an order to complete a domestic violence offender treatment program unless the court makes written findings for the record explaining why such an order would be inappropriate and then it goes into the description we are talking about. Often time's people are being sent to this anger management which maybe the court would find it more appropriate; but most of the time we are being told it is not effective for domestic violence treatment.

**Rep. Mary Johnson:** I understand Rep. Klemin's concern and I appreciate the definition, but if a qualified domestic treatment program doesn't have standards and isn't governed by standards then what good is it. In the 90s in Fargo there was one substance abuse and tie chi? She got you in and out in two sessions so what good is that do. I think this definition is a guard against that.

**Rep. D. Larson:** In order to stay generic enough that we can involve all the kinds of programs that might work, but yet specific enough to say what we want in it I think this bill does it for me.

**Rep. K. Hawken:** That is exactly what I was going to say. If we get so specific then we can have room to apply to different personalities.

**Chairman K. Koppelman:** Do you think that suggested language offer a comprehensive multi session treatment rather than offer a 24 session would be better?

**Rep. Lois Delmore:** I think it does because it gives some specificity.

**Motion made to further amend by Rep. Lois Delmore: Seconded by Rep. D. Larson:**  
By striking 24 sessions in section b on the amended version and replacing it with comprehensive multi sessions.

Discussion:

**Rep. K. Wallman:** (See handout #1) Referred to this handout. It does have in it the recommendation of 24 weeks. This could change so my concern is a minimum becomes a standard and it is not effective.

**Rep. Lois Delmore:** As we have just discussed the problem comes with people who think they can do it in less than that. It is still comprehensive and it is coming out of the Dept. of Corrections who is also in on that and I think we trust them.

**Chairman K. Koppelman:** We try to be careful when we are crafting law. Law if more general and rules or policies gets more specific.

**Voice vote carried.**

**Do Pass As Amended Motion Made by Rep. D. Larson: Seconded by Rep. K. Hawken:**

**Roll Call Vote: 13 Yes 0 No 0 Absent Carrier: Rep. K. Wallman:**

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1368

Page 1, line 2, replace "minimum guidelines for" with "requirements of"

Page 1, after line 6 insert:

"1."

Page 1, line 11, remove "The domestic violence offender treatment"

Page 1, replace lines 12 through 14 with:

- "2. A domestic violence offender treatment program is a program offered by an individual or an organization which provides education, counseling, or treatment for offenders and which is aimed at safeguarding victims and changing the behavior of offenders. A domestic violence offender treatment program must:
- a. Establish an intake process that includes assessment of the offender's history, the appropriateness for treatment, and crisis planning for the victim and offender;
  - b. Offer a twenty-four session treatment curriculum that is provided by at least one facilitator who has completed a domestic violence treatment training program designed to provide education, therapy, and crisis management to stop violent and abusive behavior;
  - c. Develop procedures regarding contact with the victim of the offender in treatment;
  - d. Collaborate with all components of the judicial system which have contact with the offender and the victim; and
  - e. Establish an informational exchange process with the judicial system.
3. To be considered a qualified domestic violence offender treatment program under this section, a provider must submit a notarized certificate of compliance to the court."

Renumber accordingly

February 11, 2015

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2/11/15

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Page 1, replace lines 12 through 14 with:

- "2. A domestic violence offender treatment program is a program offered by an individual or an organization which provides education, counseling, or treatment for offenders and which is aimed at safeguarding victims and changing the behavior of offenders. A domestic violence offender treatment program must:
  - a. Establish an intake process that includes assessment of the offender's history, the appropriateness for treatment, and crisis planning for the victim and offender;
  - b. Offer a comprehensive multi-session treatment curriculum that is provided by at least one facilitator who has completed a domestic violence treatment training program designed to provide education, therapy, and crisis management to stop violent and abusive behavior;
  - c. Develop procedures regarding contact with the victim of the offender in treatment;
  - d. Collaborate with all components of the judicial system which have contact with the offender and the victim; and
  - e. Establish an informational exchange process with the judicial system.
3. To be considered a qualified domestic violence offender treatment program under this section, a provider must submit a notarized certificate of compliance to the court."

Renumber accordingly

Date: 2-10-15  
Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 1368

House JUDICIARY Committee

☐ Subcommittee ☐ Conference Committee

Amendment LC# or Description: Add - offender treatment program that is provided

Recommendation: ☒ Adopt Amendment  
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation  
☐ As Amended ☐ Rerefer to Appropriations  
Other Actions: ☐ Reconsider ☐ \_\_\_\_\_

Motion Made By Rep. Delmore Seconded By Rep. Maragos

Representative	Yes	No	Representative	Yes	No
Chairman K. Koppelman			Rep. Pamela Anderson		
Vice Chairman Karls			Rep. Delmore		
Rep. Brabandt			Rep. K. Wallman		
Rep. Hawken					
Rep. Mary Johnson					
Rep. Klemin					
Rep. Kretschmar					
Rep. D. Larson					
Rep. Maragos					
Rep. Paur					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

Date: 2-10-15  
Roll Call Vote #: 2

2015 HOUSE STANDING COMMITTEE

ROLL CALL VOTES

BILL/RESOLUTION NO. 1368

House JUDICIARY

Committee

☐ Subcommittee

☐ Conference Committee

Amendment LC# or Description: \_\_\_\_\_

Recommendation: ☐ Adopt Amendment

☐ Do Pass

☐ Do Not Pass

☐ Without Committee Recommendation

☐ As Amended

☐ Rerefer to Appropriations

Other Actions:

☐ Reconsider

☒ Further Amend.

Motion Made By Rep. Delmon Seconded By Rep. Larson

Representative	Yes	No	Representative	Yes	No
Chairman K. Koppelman			Rep. Pamela Anderson		
Vice Chairman Karls			Rep. Delmore		
Rep. Brabandt			Rep. K. Wallman		
Rep. Hawken					
Rep. Mary Johnson					
Rep. Klemin					
Rep. Kretschmar					
Rep. D. Larson					
Rep. Maragos					
Rep. Paur					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

b. offer a multi session

Date: 2-11-15  
Roll Call Vote #: 3

2015 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 1368

House JUDICIARY Committee

☐ Subcommittee ☐ Conference Committee

Amendment LC# or Description: 15.0835.01003

Recommendation: ☒ Adopt Amendment  
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation  
☒ As Amended ☐ Rerefer to Appropriations  
Other Actions: ☐ Reconsider ☐

Motion Made By Rep. Larson Seconded By Rep. Hawken

Representative	Yes	No	Representative	Yes	No
Chairman K. Koppelman	✓		Rep. Pamela Anderson	✓	
Vice Chairman Karls	✓		Rep. Delmore	✓	
Rep. Brabandt	✓		Rep. K. Wallman	✓	
Rep. Hawken	✓				
Rep. Mary Johnson	✓				
Rep. Klemin	✓				
Rep. Kretschmar	✓				
Rep. D. Larson	✓				
Rep. Maragos	✓				
Rep. Paur	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Rep. Wallman

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**HB 1368: Judiciary Committee (Rep. K. Koppelman, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1368 was placed on the Sixth order on the calendar.

Page 1, line 2, replace "minimum guidelines for" with "requirements of"

Page 1, after line 6 insert:

"1."

Page 1, line 11, remove "The domestic violence offender treatment"

Page 1, replace lines 12 through 14 with:

- "2. A domestic violence offender treatment program is a program offered by an individual or an organization which provides education, counseling, or treatment for offenders and which is aimed at safeguarding victims and changing the behavior of offenders. A domestic violence offender treatment program must:
- a. Establish an intake process that includes assessment of the offender's history, the appropriateness for treatment, and crisis planning for the victim and offender;
  - b. Offer a comprehensive multi-session treatment curriculum that is provided by at least one facilitator who has completed a domestic violence treatment training program designed to provide education, therapy, and crisis management to stop violent and abusive behavior;
  - c. Develop procedures regarding contact with the victim of the offender in treatment;
  - d. Collaborate with all components of the judicial system which have contact with the offender and the victim; and
  - e. Establish an informational exchange process with the judicial system.
3. To be considered a qualified domestic violence offender treatment program under this section, a provider must submit a notarized certificate of compliance to the court."

Renumber accordingly



**2015 SENATE JUDICIARY**

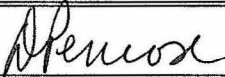
**HB 1368**

# 2015 SENATE STANDING COMMITTEE MINUTES

**Judiciary Committee**  
Fort Lincoln Room, State Capitol

HB 1368  
3/23/2015  
25256

☐ Subcommittee  
☐ Conference Committee

Committee Clerk Signature 
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**Minutes:**

1,2,3,4
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Ch. Hogue: We will open the hearing on HB 1368.

Rep. Lois Delmore: Sponsor, support (see attached #1).

Ch. Hogue: Thank you. Further testimony in support.

Janelle Moos, Exec. Director, CAWS, ND: Support (see attached #2,3,4).

Sen. Armstrong: Who determines whether or not the program is licensed or certified? In most cases, the court subcontracts out to a private organization. I assume that most of them in the state are private but there are public ones as well. In the smaller communities there aren't public ones. Who determines whether or not that facility qualifies under this?

Janelle Moos: Most of them are private. The only public one is at DOCR; they run an offender treatment program. The rest of them are run by non-profits. That's something that we talk with the court about; we have a list of offender treatment programs that they can provide to the judges that are often in their bench books. That's the sticky part that the court really wanted to work through and whether or not this is the right language because they didn't feel like they could necessarily endorse a program. It does still allow the judge to do up a written finding of fact if they don't feel that the treatment is appropriate. It gives the judge some discretion around this idea. I think we can work in concert with the court and if they want to certify compliance with the standards, we had proposed in the original draft that the batter's treatment program, programs would apply to the forum. We would say they are in compliance and then communicate that to the court. That is similar to what we do for the advocacy program right now, under administrative rule 34, we

train all the advocates, certify them, send a letter to the court, who then sends it out to the judges.

Sen. Armstrong: An admin rule is different than NDCC, which is something I have an issue with too. On line 1 at the end, something about reasonably available. In larger communities this is fine. In smaller communities, if there is a fight amongst the private people as to what somebody is teaching or training or whatever. Now if that is the only one reasonably available but they don't meet these qualifications, then you're into another situation. When you mandate something that isn't directly run by the court system, you have to be careful how you do it; whether substance abuse or domestic violence, anger management, etc. that is my pause for concern on some of this.

Janelle Moos: We don't want to leave out rural communities, because we obviously know that there might not be as many treatment providers available in rural communities, but our hope through the battered treatments program is to get more programs up and running. We had toyed with whether or not this should be in statute, which we felt in order for judges to start referring more to offender's treatment it should be here in statute. Similar to under chapter 14 it mentions the protection order process; outlines the process in chapter 14 and then the administrative rule outlines what we do in terms of certifying advocates and making sure that they are in compliance with the court. Our hope is to get more offenders into this type of treatment, not anger management. We don't want to pigeon hole judges and say that it has to be this. We know they are still going to order for other programs if it isn't available to them.

Sen. Grabinger: The first suggestions you made in subsection 2, line 12 where you suggest that we put in a team of individuals and I'm questioning that because there might not be the opportunity to sentence them to a place that has a team of individuals but the judge may have the opportunity to send them to a counselor. That is better than nothing. Why you want that, you're kind of taking away the opportunity for the job to make that call.

Janelle Moos: I think the bill still allows judges to refer to individual counseling. If they can write a written finding of fact saying that it's not appropriate, or for example, in Jamestown we're trying to get a program up and running, but it's not available yet. I think we are really encouraging a group, but it doesn't have to be a group. We hope for at least two people (male and female), because in the group meetings, having only 1 person facilitate the group, it doesn't lead to as much accountability. If you have

someone who can co-train with you, or co-facilitate the group with you that is a much better situation. If things are going on in the group and offenders are saying things that minimize the violence that they had in their lives. Co-facilitators can keep the meeting more fluidity and allows not only the offenders to keep themselves in line with the group and talking about their violence, and holding each other accountable. It gives the trainer a back-up. I think it still allows the judge, until we get a program up and running in Jamestown, it still allows them to move forward and provide for counseling if that is appropriate.

Ch. Hogue: Thank you. Further testimony in support. Testimony in opposition. Neutral testimony. We will close the hearing.

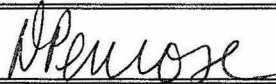
# 2015 SENATE STANDING COMMITTEE MINUTES

**Judiciary Committee**  
Fort Lincoln Room, State Capitol

HB 1368  
3/25/2015  
25382

☐ Subcommittee  
☐ Conference Committee

Committee Clerk Signature



**Minutes:**

1,2

Ch. Hogue: Let's take a look at HB 1368. Sen. Armstrong has some amendments.

Sen. Armstrong: Explained the amendments (see attached 1,2). I had an issue with how they codified what is a qualified program and my biggest issue is simple, it is required as part of a criminal judgment and it is subcontracted out to third parties and they are attempting to get courts to order domestic violence orders instead of anger management or regular counseling. The data is actually pretty clear that domestic violence treatment programs are an effective way to deal with these situations as far as recidivism. There are areas in the state that do not have any of these programs to be able to participate in. If you have participated in a class before and you are charged again, often times that class will not take you the second time. If they are in smaller communities, there may be personal conflicts whereby the class would say that they don't think they can handle that; they can't deal with that defendant because he/she might be related to the offender. These are realities that happen in small towns. This tries to push the court toward mandatory domestic violence treatment programs. I worked with Jim Gange and Janelle Moos on this amendment. The amendment actually came from them because I told them what my concerns were and these concerns were raised by some other people too. I talked with the prosecutor in Dickinson and she said we were being way too specific in Code as to what is required. Our program in Dickinson was shut down for 6 months because they couldn't find anybody to work it. This does what they wanted to do without being so specific in NDCC. The finding on the record can be done in a Rule 43 if it's a paper plea; you just have to specify it out. We do that now.

Ch. Hogue: That was one of my questions. It requires a written finding from the court; my concern is why we make the court put it on the record. Why can't the court, during sentencing, say that they don't think it is appropriate to go to anger management or domestic violence treatment because of reasons a, b, c.

Sen. Armstrong: The written finding part is already in code. When these occur, from the defense attorney's standpoint, when I do a Rule 43, for one of these cases, if I and the prosecuting attorney agree that the lady that runs the domestic violence program is related to the defendant then we bold out the language that has been agreed upon. The offender can't go to that class. We're going to substitute anger management class. We will do that in rule 43. In the judgment, they always put in a written finding on the record as ordering anger management is what they do. They don't delineate out why.

Ch. Hogue: They only have to make a written finding on if they're not going to order it.

Sen. Armstrong: Domestic violence.

Ch. Hogue: Yes.

Sen. Armstrong: The amendment makes the bill better, but you may still not like the bill.

Ch. Hogue: What are the committee's wishes?

Sen. Grabinger: What if we said the court decides in order to complete and we eliminate the "written" findings for the record explaining why. Instead we just put "court decides in order to complete a domestic violence offender treatment program would be inappropriate or not available".

Sen. Armstrong: Even simpler than that, you can strike the word "written". They can do it on the record. Before available, I want to say, "reasonably available to the defendant". I don't want it to be reasonably available for the district. I want it to be reasonably available to the defendant. Because most often it's not that there is unavailability in a program, but because for whatever reason, that program won't see that defendant, whether it is a relationship, if he's been there before and they don't him want him back. That occurs. You need the specificity to say that it needs to be reasonably available to the defendant. The court has to have options and some counseling, even though

you think that domestic violence is the best treatment option, anger management is better than nothing. Counseling is better than nothing.

Sen. Grabinger: I move the amendments.

Sen. Armstrong: Second the motion.

Ch. Hogue: Voice vote - motion carried. We now have the bill before us as amended.

Sen. Grabinger: I move a Do Pass as Amended.

Sen. Luick: Second the motion.

**6 YES 0 NO 0 ABSENT**

**DO PASS AS AMENDED**

**CARRIER: Sen. Armstrong**

TU  
3/25/15

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1368

Page 1, line 2, replace "the requirements" with "mandated treatment"

Page 1, line 2, replace "offender treatment programs" with "offenders"

Page 1, line 7, remove "1."

Page 1, line 10, after "program" insert ". A court may not order the offender to attend anger management classes or individual counseling"

Page 1, line 10, after "unless" insert "a domestic violence offender treatment program is not reasonably available to the defendant and"

Page 1, line 10, overstrike "written"

Page 1, line 11, overstrike "such"

Page 1, line 11, after "order" insert "to complete a domestic violence offender treatment program"

Page 1, remove lines 12 through 24

Page 2, remove lines 1 through 3

Renumber accordingly



Date: 3/25/15  
Voice Vote # 1

2015 SENATE STANDING COMMITTEE  
VOICE VOTE  
BILL/RESOLUTION NO. 1368

Senate Judiciary Committee

☐ Subcommittee

Amendment LC# or Description: Sen. Armstrong's Amendment (#1) (#2)

Recommendation: ☒ Adopt Amendment

☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation

☐ As Amended ☐ Rerefer to Appropriations

☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ \_\_\_\_\_

Seconded By

Motion Made By Sen. Grabinger Sen. Armstrong

Senators	Yes	No	Senators	Yes	No
Ch. Hogue			Sen. Grabinger		
Sen. Armstrong			Sen. C. Nelson		
Sen. Casper					
Sen. Luick					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

Voice: Carried

Date: 3/25/15  
Roll Call Vote #: 2

2015 SENATE STANDING COMMITTEE  
ROLL CALL VOTE

BILL/RESOLUTION NO. 1368

Senate

**JUDICIARY**

Committee

☐ Subcommittee

Amendment LC# or Description: 15.0835.02002 03000

Recommendation: ☐ Adopt Amendment  
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation  
☒ As Amended ☐ Rerefer to Appropriations  
☐ Place on Consent Calendar  
Other Actions: ☐ Reconsider ☐ \_\_\_\_\_

Motion Made By Sen. Grabinger Seconded By Sen. Luick

Senators	Yes	No	Senators	Yes	No
Chairman Hogue	✓		Sen. Grabinger	✓	
Sen. Armstrong	✓		Sen. C. Nelson	✓	
Sen. Casper	✓				
Sen. Luick	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. Armstrong

**REPORT OF STANDING COMMITTEE**

**HB 1368, as engrossed: Judiciary Committee (Sen. Hogue, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1368 was placed on the Sixth order on the calendar.

Page 1, line 2, replace "the requirements" with "mandated treatment"

Page 1, line 2, replace "offender treatment programs" with "offenders"

Page 1, line 7, remove "1."

Page 1, line 10, after "program" insert ". A court may not order the offender to attend anger management classes or individual counseling"

Page 1, line 10, after "unless" insert "a domestic violence offender treatment program is not reasonably available to the defendant and"

Page 1, line 10, overstrike "written"

Page 1, line 11, overstrike "such"

Page 1, line 11, after "order" insert "to complete a domestic violence offender treatment program"

Page 1, remove lines 12 through 24

Page 2, remove lines 1 through 3

Renumber accordingly

**2015 CONFERENCE COMMITTEE**

**HB 1368**

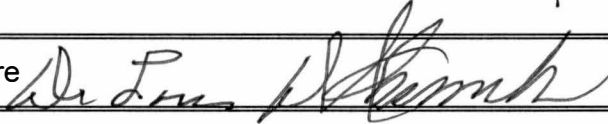
# 2015 HOUSE STANDING COMMITTEE MINUTES

Judiciary Committee  
Prairie Room, State Capitol

HB 1368  
4/15/2015  
26110

☐ Subcommittee  
☒ Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

Relating to the minimum guidelines for domestic violence offender treatment programs.

## Minutes:

**Rep. Kretschmar:** Opened the conference committee meeting on HB 1368. All committee members were present.

**Senator Casper:** We thought limiting the language. Rather than laying out in the code the exact requirements required for the program; leaving the language in there that would allow them develop the program and those standards along the lines we chose instead of putting in the exact language and exact requirements of the program and micromanaging the program.

**Senator Armstrong:** It seems like the House may have been uncomfortable with the language and our concern was primarily in areas in western ND where are high rates of growth; high potential for employment and we didn't want to codify what could potentially become an interdisciplinary fight between domestic violence groups, but at the same time we wanted to make sure that courts treated everyone the same with the layout frame work and nudge the court in the way they want to go as opposed to requiring it. We could have a domestic violence program that didn't meet these requirements. The data is very compelling in this area. Anger management and counsel are better management than nothing.

**Rep. Lois Delmore:** It is probably wiser to have it in general terms and leave it up to court hopefully recognize that the programs that are in the community; that the standards that we keep.

**Rep. Kretschmar:** The court now should send them to the domestic violence offender treatment unless that is not available and then they can take anger management or the counseling? So domestic violence offender is the first thing they go to.

**Senator Armstrong:** If they don't they have to make a finding. There might be only one program in the area and it might be the offender's second incident and some of these

programs have had falling out with the defendant. That is why it says reasonably available to the defendant because we don't want it to be an all or nothing.

**Rep. L. Klemin:** We have three alternatives and the picking order if domestic violence treatment; then anger management and individual counseling. So there are three different kinds of things that could be done and I am not sure how readily available anger management classes are? Certainly individual counseling is probably available everywhere at some level. So I think one of these would be available.

**Motion Made by Rep. L. Klemin that the House accedes to the Senate Amendments;  
Seconded by Rep. Lois Delmore:**

**Roll Call Vote:    6   Yes    0   No    0   Absent**

Date: 4-15-15  
Roll Call Vote #: 1

**2015 HOUSE CONFERENCE COMMITTEE  
ROLL CALL VOTES**

BILL/RESOLUTION NO. 1368 as (re) engrossed

**House Judiciary Committee**

- Action Taken ☒ **HOUSE accede to Senate Amendments**  
☐ **HOUSE accede to Senate Amendments and further amend**  
☐ **SENATE recede from Senate amendments**  
☐ **SENATE recede from Senate amendments and amend as follows**  
  
☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Rep Klemin Seconded by: Rep Delmore

Representatives	<u>4/15</u>			Yes	No		Senators	<u>4/15</u>			Yes	No
Rep. Kretschmar (Chair)	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Senator Casper	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Rep. Klemin	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Senator Armstrong	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Rep. Delmore	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Senator Grabinger	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Total Rep. Vote							Total Senate Vote					

Vote Count Yes: 6 No: 0 Absent: 0

House Carrier NO CARRIER Senate Carrier NO CARRIER

LC Number \_\_\_\_\_ of amendment

LC Number \_\_\_\_\_ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

**REPORT OF CONFERENCE COMMITTEE**

**HB 1368, as engrossed:** Your conference committee (Sens. Casper, Armstrong, Grabinger and Reps. Kretschmar, Klemin, Delmore) recommends that the **HOUSE ACCEDE** to the Senate amendments as printed on HJ page 1220 and place HB 1368 on the Seventh order.

Engrossed HB 1368 was placed on the Seventh order of business on the calendar.



**2015 TESTIMONY**

**HB 1368**

Testimony on HB 1368  
House Judiciary Committee  
February 3, 2015

#2  
HB 1368  
2-3-12  
pg 1

My name is Janelle Moos and I am the Executive Director of the CAWS North Dakota. Our Coalition is a membership based organization that consists of 20 domestic violence and rape crisis centers that provide services to victims of domestic violence, sexual assault, and stalking in all 53 counties and the reservations in North Dakota. I'm speaking this morning on their behalf in support of HB 1368.

Domestic violence treatment (or batterers treatment) programs were originally founded in the late 1970's. There is wide variation in content, style, and length of batterer's treatment programs from small group treatment to universal prevention efforts but they all have the same goal: to hold offenders accountable for their violence and to keep victims safe from future harm. This goal is accomplished most often when a community coordinates the services available to both the offender and the victim to ensure that policies, training and curriculum all form a cohesive, consistent response to violence. One of the earliest and most well-known coordinated responses is the Domestic Abuse Intervention Project (DAIP) in the city of Duluth, MN. The batterer's treatment programs and community response models in North Dakota are modeled after what has become known as the "Duluth Model".

Over the course of the past decade, the numbers of perpetrators arrested and prosecuted for crimes involving domestic violence have increased and courts have increasingly assumed the responsibility of holding batterers accountable through incarceration and mandated treatment. In order to align with a broad based community response to domestic violence, the North Dakota Batterer's Treatment Forum (BTF) was established in 1994 to integrate the concerns of victims, the courts, law enforcement, treatment providers in order to hold perpetrators accountable for the violence and to keep victims safe. The BTF was a joint effort initiated by the North Dakota Department of Corrections Division of Parole and Probation and has since grown to include other private and public treatment providers and victim service agencies. Throughout 1995, the BTF developed consensus on standards that they hoped would govern batterer treatment services in ND. The standards were then circulated throughout the state for feedback, finalized and then made available to service providers and judges throughout the state. A compliance application and approval process was developed in 1997 in order to foster the development and maintenance of standard-compliant programs. Today, three programs located in Grand Forks, Bismarck and Dickinson meet the standards. The BTF has continued to meet on at least a quarterly basis to collaborate, network and train other providers across the state.

HB 1368  
2-3-15  
PJ 2

The standards and application process were revised in 2010 and educational packets were created and distributed in every judicial district to encourage more referrals to batterers' treatment. There are currently seven other communities (Minot, Williston, Devils Lake, Jamestown, Fargo, Williston and Mountain) with BT programs in development and in the process of preparing to submit applications to meet the standards.

Domestic violence offenders can change, though it is usually a difficult and gradual process requiring many types of intervention over time. DAIP programs, home of the Duluth Model, approach couples a strong, consistent criminal justice reaction with non-violence (batterer's treatment) programming has shown great success. DAIP has found that 68% of offenders who pass through the classes have not reappeared in the criminal justice system over the course of 8 years. The BTF in ND believe in the same model or that the criminal justice system is the first step in holding offenders accountable, and the offering treatment to allow offenders to examine and change the beliefs they hold that allows them to be violent or controlling towards their partners.

Chapter 12.1-17-13 under the ND Century Code currently outlines the offenses that qualify an offender for domestic violence treatment and requires judges to order the offender to complete treatment unless the court makes a written finding stating why the order would be inappropriate. HB 1368 adds additional language in order to give further guidance to the courts regarding making orders for treatment to providers that meet the minimum standards set forth by the BTF. The current standards provide minimum guidelines for treatment providers including the curriculum, intake and assessment process, and components of treatment such as appropriate membership, size of the group, length of treatment, and the qualifications of the group facilitators.

I've included two handouts with my testimony that outline the difference between anger management and batterers treatment and a copy of the most recent statistics from the Grand Forks New Choices (BT) program. The reason for the inclusion of these two handouts is to highlight the important differences between the two types of groups (anger management and BT) and to demonstrate the effectiveness of programs like New Choices that meet the BT standards.

If you look favorably upon HB 1368 and move towards endorsing the standards for BT programs we will work alongside the BT Forum to encourage more service providers to apply for and be in compliance with the standards while also providing training and resources to keep them up to date with the best practices related to BT. I urge you to consider this bill favorably and move a DO PASS recommendation.

Thank you.

The standards and application process were revised in 2010 and educational packets were created and distributed in every judicial district to encourage more referrals to batterers' treatment. There are currently seven other communities (Minot, Williston, Devils Lake, Jamestown, Fargo, Williston and Mountain) with BT programs in development and in the process of preparing to submit applications to meet the standards.

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Chapter 12.1-17-13 under the ND Century Code currently outlines the offenses that qualify an offender for domestic violence treatment and requires judges to order the offender to complete treatment unless the court makes a written finding stating why the order would be inappropriate. HB 1368 adds additional language in order to give further guidance to the courts regarding making orders for treatment to providers that meet the minimum standards set forth by the BTF. The current standards provide minimum guidelines for treatment providers including the curriculum, intake and assessment process, and components of treatment such as appropriate membership, size of the group, length of treatment, and the qualifications of the group facilitators.

I've included two handouts with my testimony that outline the difference between anger management and batterers treatment and a copy of the most recent statistics from the Grand Forks New Choices (BT) program. The reason for the inclusion of these two handouts is to highlight the important differences between the two types of groups (anger management and BT) and to demonstrate the effectiveness of programs like New Choices that meet the BT standards.

If you look favorably upon HB 1368 and move towards endorsing the standards for BT programs we will work alongside the BT Forum to encourage more service providers to apply for and be in compliance with the standards while also providing training and resources to keep them up to date with the best practices related to BT. I urge you to consider this bill favorably and move a DO PASS recommendation.

Thank you.

#2  
HB1368  
2-3-15

## What's the Difference between Anger Management AND Domestic Violence Offender Intervention?

	Anger Management	Domestic Violence Offender Intervention
Who is served by the programs?	Individuals who misuse, have trouble managing anger, and communicate through aggression or intimidation with strangers and non-family members.	Individuals who have a pattern of abusive behaviors against intimate partners or family members.
Is there a cost to attend the programs?	Yes. Check with your health insurance company for coverage.	Yes. There is a sliding fee scale to meet the financial needs of the attendee.
Are programs certified?	Check on credentials of facilitators. Some may be state licensed to practice, others not.	Certification is voluntary and administered by the Batterer Treatment Forum through the North Dakota Council on Abused Women's Services.
How long are programs?	Usually 8-20 sessions, with an average program lasting 10 sessions.	27 successfully completed sessions.
Do programs address victim safety concerns?	No.	Yes. If victims choose, an advocate will remain in regular contact with them and provide them with referrals, safety planning, and information to help protect their children.
Are programs linked with a domestic violence advocacy agency?	No.	Yes. Each certified program must have a letter of understanding and formal linkage with a domestic violence advocacy agency.
Do programs assess offenders for lethality?	No.	Yes. While not a perfect prediction model, certified domestic violence offender treatment programs at the very least ask the questions which reveal how potentially lethal an offender may be, such as if the offender keeps a gun at home or has been convicted of other violent offenses.
What is the emphasis of the intervention?	Violence is seen as a momentary outburst of anger. Perpetrators are taught to use techniques like "time outs." Anger is a normal human emotion. Violence is an unacceptable expression of the normal emotion of anger. Persons who act with violence when angry will need to learn more positive ways to express anger.	Anger is seen as one of many forms of abusive behaviors chosen by offenders to control their intimate partners, including physical, sexual, verbal, emotional, and economic abuse. Domestic violence offender treatment programs hold offenders accountable for the violent and abusive choices they make. They teach offenders to recognize how their abuse affects their partners and children and to practice alternatives to abusive behaviors.
Are group facilitators trained about domestic violence?	Subject to agency discretion. Check on facilitators' credentials.	Certification standards specify 28 hours of specialized training and 12 hours of observation.

## 2013 Two Year Re-offense Rates after New Choices

<b>Offenders Who Completed New Choices Between 2004 and 2011 &amp; Law Enforcement and Court Activity</b> 219 Offenders						
	2 year before & year of completion		2 years after completion		Decrease	
	Activity Before	# Offenders with Activity Before	Activity After	# Offenders with Activity After	% Decrease in Activity	% Decrease in Offenders with Activity
LE Incident Reports	397	159	118	58	70%	64%
Charges	293	142	41	20	86%	86%
Convictions	237	142	22	14	91%	90%
Protection Orders	45	37	5	5	89%	86%

- New data suggests very positive results from offender treatment, based on reports collected from local law enforcement, the courts and CVIC's offender program. Tracking data on 219 offenders who successfully completed offender treatment between 2004 and 2011 indicated a drastic drop in system involvement during the two years after they completed treatment.
  - Domestic incident (911) reports: Offenders experienced a 70% drop in law enforcement involvement (calls made to their home because of domestic violence) two years after they completed treatment – from a total of 397 incident reports involving 159 offenders prior to completing treatment to 118 reports involving 58 offenders.
  - Domestic violence charges: Offenders had 86% decrease in criminal charges made for domestic violence within two years after they completed treatment – from a total of 293 charges on 142 offenders prior to completing treatment to 41 charges on 20 offenders.
  - Protection orders: Offenders had an 89% drop in protection orders placed on them within two years after they completed treatment – from a total of 45 orders placed upon 37 offenders prior to completing treatment to 5 orders on 5 offenders in the two years afterward.

#1  
HB 1368  
2-11-15  
pg 1

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1368

Page 1, line 2, replace "minimum guidelines for" with "requirements of"

Page 1, after line 6 insert:

"1."

Page 1, line 11, remove "The domestic violence offender treatment"

Page 1, replace lines 12 through 14 with:

- "2. A domestic violence offender treatment program is a program offered by an individual or an organization which provides education, counseling, or treatment for offenders and which is aimed at safeguarding victims and changing the behavior of offenders. A domestic violence offender treatment program must:

  - a. Establish an intake process that includes assessment of the offender's history, the appropriateness for treatment, and crisis planning for the victim and offender;
  - b. Offer a twenty-four session treatment curriculum that is provided by at least one facilitator who has completed a domestic violence treatment training program designed to provide education, therapy, and crisis management to stop violent and abusive behavior;
  - c. Develop procedures regarding contact with the victim of the offender in treatment;
  - d. Collaborate with all components of the judicial system which have contact with the offender and the victim; and
  - e. Establish an informational exchange process with the judicial system.
3. To be considered a qualified domestic violence offender treatment program under this section, a provider must submit a notarized certificate of compliance to the court."

Renumber accordingly



2-11-15

# NORTH DAKOTA ADULT BATTERER TREATMENT STANDARDS



SECOND EDITION



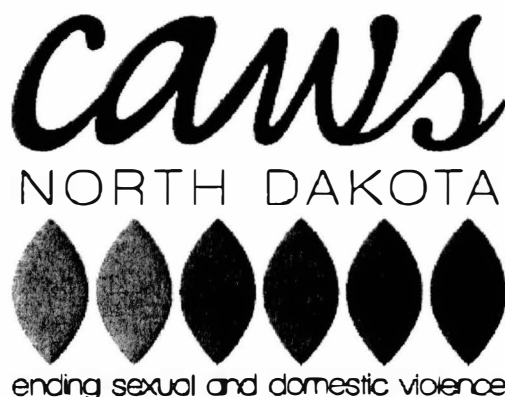
# EDITION NOTES

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

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

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

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.



[www.ndcaws.org](http://www.ndcaws.org)

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# PREFACE

## INTRODUCTION

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

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

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

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

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

For the most recent data reported to CAWS North Dakota by the 21 domestic violence programs in our state, please refer to [www.ndcaws.org](http://www.ndcaws.org).

# PREFACE

## FORMATION

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

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

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

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

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

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

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

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

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

# PREFACE

## MEMBERSHIP

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

### Founding Members

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

# PREFACE

## REVIEW COMMITTEE

### 2nd Edition Standards Review Committee Members

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

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

# FUNDAMENTALS OF TREATMENT

## VISION AND MISSION

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

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

## PHILOSOPHY STATEMENT

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

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

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

# FUNDAMENTALS OF TREATMENT

## PURPOSE OF TREATMENT STANDARDS

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

### **Providers**

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

### **Batterers**

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

### **Community**

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



# FUNDAMENTALS OF TREATMENT

## PRINCIPLES OF PRACTICE

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

# FUNDAMENTALS OF TREATMENT

## PRINCIPLES OF PRACTICE CONTINUED

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

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

## ETHICAL STANDARDS

### Program Ethics

Batterer treatment programs must comply with the following:

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

CONTINUED

# FUNDAMENTALS OF TREATMENT

## ETHICAL STANDARDS CONTINUED

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

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

### **Staff Ethics**

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

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

# FUNDAMENTALS OF TREATMENT

## COMMUNITY INVESTMENT

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

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

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

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

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

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

CONTINUED

# FUNDAMENTALS OF TREATMENT

## COMMUNITY INVESTMENT CONTINUED

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

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

## VICTIMS OF BATTERING

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

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

# FUNDAMENTALS OF TREATMENT

## JUSTICE SYSTEM

### **Provider knowledge and participation**

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

### **Mandated Treatment: Information Exchange**

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

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

# FUNDAMENTALS OF TREATMENT

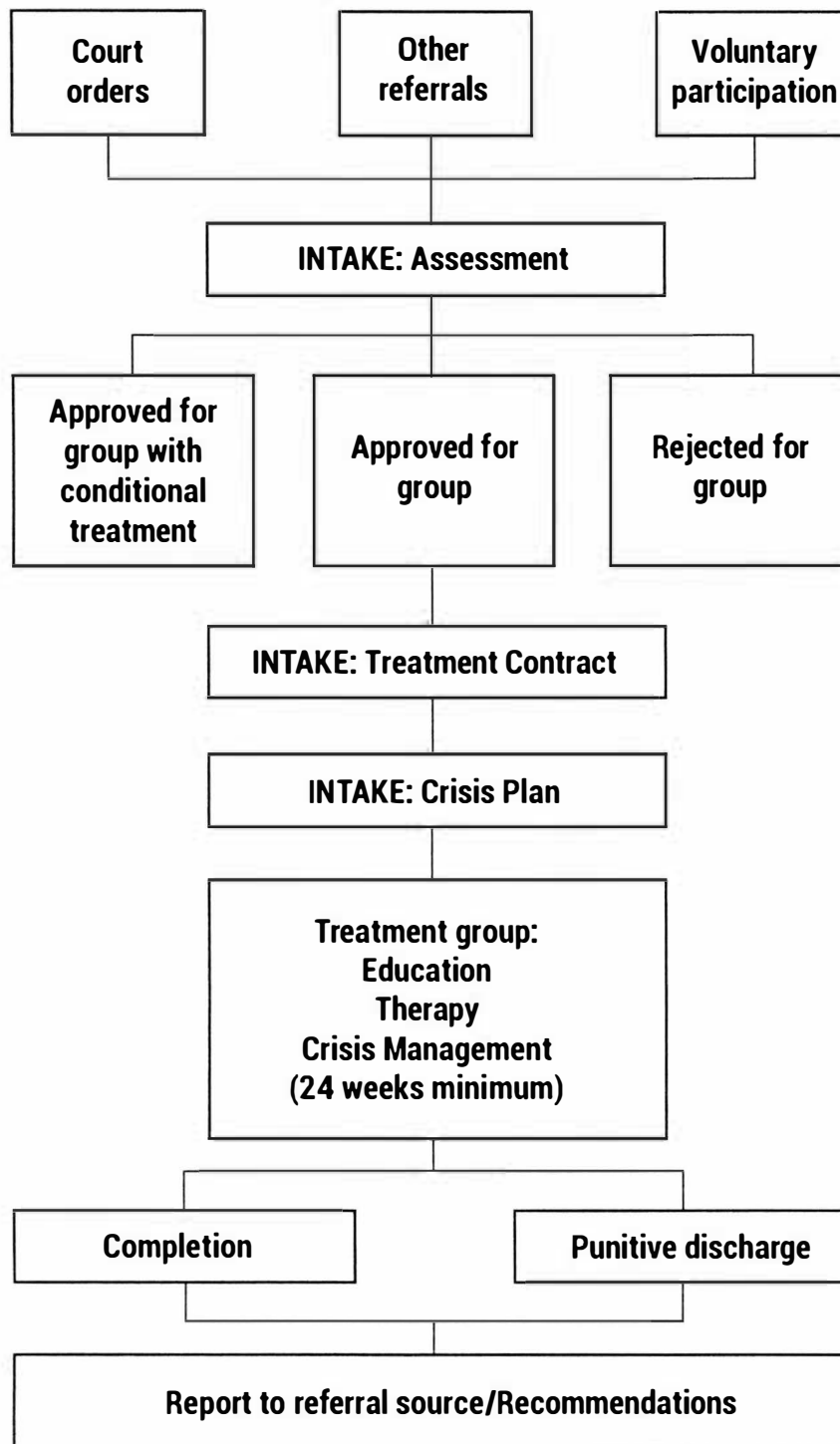
## DOMESTIC VIOLENCE PROGRAMS

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

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

# COMPONENTS OF TREATMENT

## PROCESS OVERVIEW



## WAITING PERIODS

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

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



# COMPONENTS OF TREATMENT

## INTAKE PROCESS: ASSESSMENT, TREATMENT, CRISIS PLAN

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

### Assessment

The intake assessment must include the following elements:

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

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

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

# COMPONENTS OF TREATMENT

## INTAKE PROCESS: ASSESSMENT, TREATMENT, CRISIS PLAN

### Treatment Contract

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

- Philosophy statement consistent with the North Dakota Adult Batterer Treatment Standards.
- Confidentiality policy regarding participants. Participants in batterer treatment programs have the right to confidentiality within specific limitations. Participants shall be provided a written copy of the confidentiality limitations and shall sign a written waiver describing the limitations upon entering the program. Providers may not disclose confidential information unless the following limitations and exceptions apply:
  - The treatment provider determines disclosure is necessary for the efficient and safe operation of the agency or for the protection of a third party, including but not limited to abuse victims, extended family members, treatment providers, victim advocates, or law enforcement agencies.
  - The treatment provider has reason to suspect a child has been abused or neglected as defined in the North Dakota Century Code 50-25.1-02.
  - A court of competent jurisdiction orders the disclosure. When the participant is court-ordered into a treatment program, information concerning the participant's application, enrollment, attendance, participation, discharge, or completion, and any threats of violence may be revealed to the court or other office as mandated by the court. (It should always be noted in communications with the court concerning group participation and completion that compliance with batterer treatment requirements does not guarantee that the participant is no longer abusive or will not continue to be abusive in the future. Treatment provides tools for participants to change; whether they choose to change their behavior remains their responsibility.)
- The treatment participant consents to the release of information in cases other than listed above.
- Batterer treatment providers shall maintain the confidentiality of domestic violence victims and any information they provide to the program, unless confidential information is specifically waived by victims in writing or there is reasonable cause to believe they may be in imminent danger. Providers shall not persuade nor coerce abuse victims to waive confidentiality and shall inform in writing as to the limits to confidentiality. To avoid unintended disclosure to participants of confidential domestic violence victims' information, it is preferred that workers having contact with victims be staff other than those providing direct services to the participants. Confidential information provided by domestic violence victims should be kept in files separate from those of batterers.
- Confidentiality regarding group members. Participants in batterer treatment programs must agree to protect the identities and information provided by other group members. In addition, treatment groups are closed to those other than participants and staff of batterer treatment programs.

# COMPONENTS OF TREATMENT

## INTAKE PROCESS: ASSESSMENT, TREATMENT, CRISIS PLAN

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

### Crisis Plan

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

1. Assessments for lethality are part of the intake assessment and must be considered carefully before devising a crisis plan. Lethality assessments are discussed in detail in the section entitled "Assessment" on page 18.

2. Treatment programs should always refer victims to local domestic violence programs, informing them of available advocacy and emergency services. Treatment programs should maintain ongoing contact with domestic violence programs regarding victim safety and duty to warn those potentially at risk. Treatment programs should have policies regarding contact with victims during intake and throughout the treatment process and are responsible for facilitating outreach to victims associated with the batterers in treatment. Ideally, this process occurs in close collaboration with the local domestic violence program as the primary agency in contact with domestic violence victims. Crisis plans should include a process to assess the safety of past and potential victims and make plans for their protection.

3. Crisis plans must also include a process for batterers in crisis. Based on the outcomes of ongoing lethality assessments, treatment providers may refer participants to other agencies for help with depression, alcohol or drug abuse, suicidal ideation, or other problems.

# COMPONENTS OF TREATMENT

## TREATMENT CONTENT AND CURRICULUM OUTLINE

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

### Education

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

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

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

### Therapy

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

### Crisis Management

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

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

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

# COMPONENTS OF TREATMENT

## TREATMENT APPROACHES

### **Group Therapy**

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

### **Individual Therapy**

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

### **Substance Abuse**

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

### **Inappropriate Treatment**

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

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

# COMPONENTS OF TREATMENT

## GROUP CONSTITUTION

### Appropriate Membership

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

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

### Inappropriate Membership

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

### Size

Treatment groups shall preferably not exceed 10 members.

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

### Length of Treatment

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

# COMPONENTS OF TREATMENT

## FUNDING AND FEES

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

### Discharge Criteria

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

- Completion

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

- Punitive Discharge

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

# COMPONENTS OF TREATMENT

## QUALIFICATIONS OF GROUP FACILITATORS

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

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

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

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

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



# APPENDIX A

## DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# APPENDIX A

## DEFINITIONS

with their intimate partners.

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

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

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

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

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

### **COORDINATED COMMUNITY RESPONSE**

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

victim safety and batterer accountability.

### **DOMESTIC VIOLENCE**

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

### **DOMESTIC VIOLENCE**

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

# APPENDIX A

## DEFINITIONS

### **ENTITLEMENT -**

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

**FACILITATOR -** Facilitator refers to a batterer treatment group leader.

### **INTERVENTION -**

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

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

### **PERPETRATOR -**

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

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

court under Section 14-07.1-02."

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

# APPENDIX B

## RESOURCES

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

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

# APPENDIX C

## NORTH DAKOTA DOMESTIC VIOLENCE VICTIM SERVICES

### BISMARCK

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

### BOTTINEAU

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

### DEVILS LAKE

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

### DICKINSON

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

### ELLENDALE

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

### FARGO

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

### FORT BERTHOLD

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

### GRAFTON

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

### GRAND FORKS

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

### JAMESTOWN

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

### MCLEAN CO.

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

### MERCER CO.

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

### MINOT

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

### RANSOM CO.

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

### SPIRIT LAKE

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

### STANLEY

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

### TURTLE MOUNTAIN

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

### TRENTON

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

### VALLEY CITY

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

### WAHPETON

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

### WILLISTON

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

1-1

Chairman Hogue and members of the Senate Judiciary Committee-

For the record, I am Lois Delmore, and I represent District 43, which is the southwest quadrant of Grand Forks. I am here today to ask your favorable consideration of House Bill 1368 which provides domestic violence offender treatment.

Programs for domestic violence treatment have come a long way since the 1970's. They hold offenders accountable and help to keep victims safe. Coordinated efforts in these programs help to assure that the programs are successful. Batterer's treatment has been shown to be more effective than anger management. We need to use the programs which are most successful to help put families back together.

Incarceration and mandated treatment are used by the courts, and coordinated efforts in standards have made the program more successful. Domestic violence offenders can change with the proper treatment which helps them acknowledge, examine, and change beliefs that make them violent and controlling. The programs teach offenders to also recognize how their abuse affects their partners and children and to practice alternatives to abusive behaviors.

This bill will endorse standards that are working to help these offenders to change, and I ask the committee's favorable consideration.

There are others here who will give you more information on the history and on the programs. I would be happy to answer any questions you may have.

Thanks so much for your time and ask for a Do Pass on House Bill 1368.

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3/23/15



#2-1

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Testimony on HB 1368  
Senate Judiciary Committee  
March 23, 2015

My name is Janelle Moos and I am the Executive Director of the CAWS North Dakota. Our Coalition is a membership based organization that consists of 20 domestic violence and rape crisis centers that provide services to victims of domestic violence, sexual assault, and stalking in all 53 counties and the reservations in North Dakota. I'm speaking this morning on their behalf in support of HB 1368.

Domestic violence treatment (or batterers treatment) programs were originally founded in the late 1970's. There is wide variation in content, style, and length of batterer's treatment programs from small group treatment to universal prevention efforts but they all have the same goal: to hold offenders accountable for their violence and to keep victims safe from future harm. This goal is accomplished most often when a community coordinates the services available to both the offender and the victim to ensure that policies, training and curriculum all form a cohesive, consistent response to violence. One of the earliest and most well-known coordinated responses is the Domestic Abuse Intervention Project (DAIP) in the city of Duluth, MN. The batterer's treatment programs and community response models in North Dakota are modeled after what has become known as the "Duluth Model".

Over the course of the past decade, the numbers of perpetrators arrested and prosecuted for crimes involving domestic violence have increased and courts have increasingly assumed the responsibility of holding batterers accountable through incarceration and mandated treatment. In order to align with a broad based community response to domestic violence, the North Dakota Batterer's Treatment Forum (BTF) was established in 1994 to integrate the concerns of victims, the courts, law enforcement, treatment providers in order to hold perpetrators accountable for the violence and to keep victims safe. The BTF was a joint effort initiated by the North Dakota Department of Corrections Division of Parole and Probation and has since grown to include other private and public treatment providers and victim service agencies. Throughout 1995, the BTF developed consensus on standards that they hoped would govern batterer treatment services in ND. The standards were then circulated throughout the state for feedback, finalized and then made available to service providers and judges throughout the state. A compliance application and approval process was developed in 1997 in order to foster the development and maintenance of standard-compliant programs. Today, three programs located in Grand Forks, Bismarck and Dickinson meet the standards. The BTF has continued to

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meet on at least a quarterly basis to collaborate, network and train other providers across the state.

The standards and application process were revised in 2010 and educational packets were created and distributed in every judicial district to encourage more referrals to batterers' treatment. There are currently seven other communities (Minot, Williston, Devils Lake, Jamestown, Fargo, Williston and Mountain) with BT programs in development and in the process of preparing to submit applications to meet the standards.

Domestic violence offenders can change, though it is usually a difficult and gradual process requiring many types of intervention over time. DAIP programs, home of the Duluth Model, approach couples a strong, consistent criminal justice reaction with non-violence (batterer's treatment) programming has shown great success. DAIP has found that 68% of offenders who pass through the classes have not reappeared in the criminal justice system over the course of 8 years. The BTF in ND believe in the same model or that the criminal justice system is the first step in holding offenders accountable, and the offering treatment to allow offenders to examine and change the beliefs they hold that allows them to be violent or controlling towards their partners.

Chapter 12.1-17-13 under the ND Century Code currently outlines the offenses that qualify an offender for domestic violence treatment and requires judges to order the offender to complete treatment unless the court makes a written finding stating why the order would be inappropriate. HB 1368 adds additional language in order to give further guidance to the courts regarding making orders for treatment to providers that meet the minimum standards set forth by the BTF. The current standards provide minimum guidelines for treatment providers including the curriculum, intake and assessment process, and components of treatment such as appropriate membership, size of the group, length of treatment, and the qualifications of the group facilitators.

I've included two handouts with my testimony that outline the difference between anger management and batterers treatment and a copy of the most recent statistics from the Grand Forks New Choices (BT) program. The reason for the inclusion of these two handouts is to highlight the important differences between the two types of groups (anger management and BT) and to demonstrate the effectiveness of programs like New Choices that meet the BT standards.

If you look favorably upon HB 1368 and move towards endorsing the standards for BT programs we will work alongside the BT Forum to encourage more service providers to apply for and be in compliance with the standards while also providing training and resources to keep them up to date with the best practices related to BT.

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As you can see from the engrossed version on HB 1368, the House Judiciary Committee made several changes that did improve the bill by taking out reference to the "standards" and the BT Forum and instead included an outline for requirements of a BT programs. I would like to suggest some further amendments including:

In Subsection 2, line 12 2. A domestic violence offender treatment program is ~~a~~ program offered by ~~a~~ team of individuals..... *Rational: I think it would be good to promote the idea of a team than just individual, I strongly feel like it is not a good idea to do this type of group alone.*

Subsection 2, subdivision b lines 18-21. Offer a comprehensive multi-session treatment curriculum that is provided by at least one facilitator who has completed a domestic violence offender treatment training program designed to provide .... *Rational: We don't want someone saying they have gotten DV101 and that suffices for training.*

Subsection 2 subdivision c, line 22. Develop procedures regarding contact with the partner ~~victim~~ of the offender in treatment; *Rational: Sometimes the victim is no longer living with offender and there is a different partner, it can be helpful to reach out to them also and they may not be the "victim".*

Subsection 2, subdivision d, lines 23-24 . Collaboration with ~~all components of the judicial~~ criminal justice system and the domestic violence advocacy program ~~which have contact with~~ in matters regarding the offender and the victim; and to promote victim safety and offender accountability. *Rational: The judicial seems too focused. I also added the dv agencies. I took the victim out as I think we should focus on disclosing info about the offender.*

And finally, Subsection 2, subdivision e, lines 2-3 Establish an informational exchange process with the judicial, prosecutorial, and probation systems. *Rational: GF County judges have made it clear that someone usually needs to file a motion for them to act on – so we have found it more effective to work closely with the prosecution and probation.*

Additionally, I think it would be important to add information related to the confidentiality of the records and you may want to consider:

Shall maintain confidentiality of offender and his/her partner's communication with the program, unless:

- i. The offender or partner consents to the release of information that relates only to that client or the client's dependents;
- ii. The facilitator determines that an individual is in imminent danger based on disclosure by the offender, the facilitator must warn the individual of the safety concerns.
- iii. A court of competent jurisdiction orders the disclosure of an offender's information.

2-4

- iv. The facilitator has knowledge or reasonable cause to suspect a child has been abused or neglected as defined by section 50-25.1-02.

I'd be more than happy to work with the Committee to continue working on the language in the bill and with that I urge you to consider this bill favorably with the amendments and move a DO PASS recommendation.

Thank you.

HB1368  
3/23/19

## 2013 Two Year Re-offense Rates after New Choices

Offenders Who Completed New Choices Between 2004 and 2011 & Law Enforcement and Court Activity 219 Offenders						
	2 year before & year of completion		2 years after completion		Decrease	
	Activity Before	# Offenders with Activity Before	Activity After	# Offenders with Activity After	% Decrease in Activity	% Decrease in Offenders with Activity
LE Incident Reports	397	159	118	58	70%	64%
Charges	293	142	41	20	86%	86%
Convictions	237	142	22	14	91%	90%
Protection Orders	45	37	5	5	89%	86%

- New data suggests very positive results from offender treatment, based on reports collected from local law enforcement, the courts and CVIC's offender program. Tracking data on 219 offenders who successfully completed offender treatment between 2004 and 2011 indicated a drastic drop in system involvement during the two years after they completed treatment.
  - Domestic incident (911) reports: Offenders experienced a 70% drop in law enforcement involvement (calls made to their home because of domestic violence) two years after they completed treatment – from a total of 397 incident reports involving 159 offenders prior to completing treatment to 118 reports involving 58 offenders.
  - Domestic violence charges: Offenders had 86% decrease in criminal charges made for domestic violence within two years after they completed treatment – from a total of 293 charges on 142 offenders prior to completing treatment to 41 charges on 20 offenders.
  - Protection orders: Offenders had an 89% drop in protection orders placed on them within two years after they completed treatment – from a total of 45 orders placed upon 37 offenders prior to completing treatment to 5 orders on 5 offenders in the two years afterward.

HB1368  
3/23/15

# 421

## What's the Difference between Anger Management AND Domestic Violence Offender Intervention?

	Anger Management	Domestic Violence Offender Intervention
Who is served by the programs?	Individuals who misuse, have trouble managing anger, and communicate through aggression or intimidation with strangers and non-family members.	Individuals who have a pattern of abusive behaviors against intimate partners or family members.
Is there a cost to attend the programs?	Yes. Check with your health insurance company for coverage.	Yes. There is a sliding fee scale to meet the financial needs of the attendee.
Are programs certified?	Check on credentials of facilitators. Some may be state licensed to practice, others not.	Certification is voluntary and administered by the Batterer Treatment Forum through the North Dakota Council on Abused Women's Services.
How long are programs?	Usually 8-20 sessions, with an average program lasting 10 sessions.	27 successfully completed sessions.
Do programs address victim safety concerns?	No.	Yes. If victims choose, an advocate will remain in regular contact with them and provide them with referrals, safety planning, and information to help protect their children.
Are programs linked with a domestic violence advocacy agency?	No.	Yes. Each certified program must have a letter of understanding and formal linkage with a domestic violence advocacy agency.
Do programs assess offenders for lethality?	No.	Yes. While not a perfect prediction model, certified domestic violence offender treatment programs at the very least ask the questions which reveal how potentially lethal an offender may be, such as if the offender keeps a gun at home or has been convicted of other violent offenses.
What is the emphasis of the intervention?	Violence is seen as a momentary outburst of anger. Perpetrators are taught to use techniques like "time outs." Anger is a normal human emotion. Violence is an unacceptable expression of the normal emotion of anger. Persons who act with violence when angry will need to learn more positive ways to express anger.	Anger is seen as one of many forms of abusive behaviors chosen by offenders to control their intimate partners, including physical, sexual, verbal, emotional, and economic abuse. Domestic violence offender treatment programs hold offenders accountable for the violent and abusive choices they make. They teach offenders to recognize how their abuse affects their partners and children and to practice alternatives to abusive behaviors.
Are group facilitators trained at domestic violence?	Subject to agency discretion. Check on facilitators' credentials.	Certification standards specify 28 hours of specialized training and 12 hours of observation.

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3/23/15

March 24, 2015

1-1

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1368

Page 1, line 2, replace "the requirements" with "mandated treatment"

Page 1, line 2, replace "offender treatment programs" with "offenders"

Page 1, line 7, remove "1."

Page 1, line 10, after "program" insert ". A court may not order the offender to attend anger management classes or individual counseling"

Page 1, line 10, after "unless" insert "a domestic violence offender treatment program is not reasonably available and"

Page 1, line 11, overstrike "such"

Page 1, line 11, after "order" insert "to complete a domestic violence offender treatment program"

Page 1, remove lines 12 through 24

Page 2, remove lines 1 through 3

Renumber accordingly

3/25/15

Sixty-fourth  
Legislative Assembly  
of North Dakota

## ENGROSSED HOUSE BILL NO. 1368

2-1  
3/25/15

Introduced by

Representatives Delmore, Keiser, Kretschmar, Oversen

Senators Carlisle, Casper, Grabinger, Poolman

1 A BILL for an Act to amend and reenact section 12.1-17-13 of the North Dakota Century Code,  
2 relating to ~~the requirements~~ mandated treatment of domestic violence ~~offender treatment~~  
3 ~~programs~~ offenders.

4 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

5 **SECTION 1. AMENDMENT.** Section 12.1-17-13 of the North Dakota Century Code is  
6 amended and reenacted as follows:

7 **12.1-17-13. Mandated treatment of domestic violence offenders.**

8 ~~1.~~ The sentence for an offense under section 12.1-17-01, 12.1-17-01.1, 12.1-17-02,  
9 12.1-17-03, 12.1-17-04, or 12.1-17-05 against an actor's family or household member, as  
10 defined in subsection 4 of section 14-07.1-01, must include an order to complete a domestic  
11 violence offender treatment program. A court may not order the offender to attend anger  
12 management classes or individual counseling unless a domestic violence offender treatment  
13 program is not reasonably available <sup>to the defendant</sup> and the court makes written findings for the record  
14 explaining why ~~such~~ an order to complete a domestic violence offender treatment program  
15 would be inappropriate.

16 ~~2.~~ A domestic violence offender treatment program is a program offered by an individual  
17 or an organization which provides education, counseling, or treatment for offenders  
18 and which is aimed at safeguarding victims and changing the behavior of offenders. A  
19 domestic violence offender treatment program must:

20 ~~a.~~ Establish an intake process that includes assessment of the offender's history,  
21 the appropriateness for treatment, and crisis planning for the victim and offender;

22 ~~b.~~ Offer a comprehensive multi-session treatment curriculum that is provided by at  
23 least one facilitator who has completed a domestic violence treatment training

2-2

Sixty-fourth  
Legislative Assembly

- 1 program designed to provide education, therapy, and crisis management to stop
- 2 violent and abusive behavior;
- 3 ~~c. Develop procedures regarding contact with the victim of the offender in treatment;~~
- 4 ~~d. Collaborate with all components of the judicial system which have contact with~~
- 5 ~~the offender and the victim; and~~
- 6 ~~e. Establish an informational exchange process with the judicial system.~~
- 7 ~~3. To be considered a qualified domestic violence offender treatment program under this~~
- 8 ~~section, a provider must submit a notarized certificate of compliance to the court.~~

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3/25/15