North Carolina
Batterer Intervention Programs

Council for Women & Youth Involvement
Department of Administration

A Guide to Achieving Recommended Practices
First Revision January 2019

Developed by the North Carolina Domestic Violence Commission Batterer Intervention Committee and the N.C. Council for Women and Youth Involvement
https://ncadmin.nc.gov/about-doa/divisions/council-for-women
Table of Contents

Acknowledgements 3-4

Introduction 5

Objectives and Purpose 6

Batterer Intervention Program Mission Statement and Philosophy 7

Fundamental Guiding Principles 8

Why Not Anger Management? Difference between Anger Management and Batterer Intervention Programs 9-11

Administrative Guidelines for Batterer Intervention Program Accountability and Safety 12

Batterer Intervention Program Rules and Recommendations 13-31
  NC Administrative Code NCAC 17.0704-0718

Topic-Related List of Resources

  A. Curriculum Discussion 32-35
  B. Causes and Dynamics of Domestic Violence 36-37
  C. Effects of Domestic Violence on Children 38
  D. Power and Control and Equality Wheel 39-41
  E. Voluntary Enrollment and DSS Referrals 42
  F. Serving Diverse Populations 42
  G. Working with Marginalized Communities 43-47
  H. Process for Investigating BIP Complaints 47-48
  I. Glossary of Terms 49
  J. Suggested Training Resources 50
  K. Recommended Memorandum of Understanding (MOU) 51-54
Acknowledgments

The N.C. Domestic Violence Commission’s Batterer Intervention Committee has created this *Guide to Achieving Recommended Practices* to assist abuser treatment service providers with interpreting the rules as established by N.C. Administrative Code. Domestic violence survivors and citizens of North Carolina using this resource will also increase their understanding of the purpose and intent of certified Batterer Intervention Programs.

Since 2002, when the N.C. Council for Women and Youth Involvement (CFW & YI) received the authority to approve Batterer Intervention Programs (BIP) utilized by the North Carolina court system, probation & parole and DSS. Over 85 programs have received certification and thousands of individuals have benefitted. These programs serve a vital role:

- To re-educate domestic violence offenders on their behavior, and
- To help batterers develop new, healthier methods of interacting with intimate partners and family members.

Thanks to members of the Batterer Intervention Committee for contributing content and to Kathleen Balogh, former Council for Women and Youth Involvement (CFW & YI) Region Director for coordinating production of the guidebook. The CFW & YI will assist the Domestic Violence Commission and service providers by periodically updating the online version of this guidebook. Visit our website [https://ncadmin.nc.gov/about-doa/divisions/council-for-women](https://ncadmin.nc.gov/about-doa/divisions/council-for-women) for the latest updates.

**The Domestic Violence Commission** assesses, examines and evaluates the causes, prevalence and prevention of domestic violence in North Carolina to assure that necessary services, policies, and programs are available. The Commission coordinates and collaborates with the NC Council for Women and Youth Involvement in strengthening existing domestic violence and sexual assault programs and establishing new domestic violence programs. The Abuser Treatment Committee reviews and approves applications for certification of N.C. Batterer Intervention programs on a semi-annual basis.

**The NC Council for Women and Youth Involvement** is the leading voice on key issues impacting women and their families. The Council advises the Governor, the North Carolina legislature and state agencies. The Council directs funds to serve domestic violence and sexual assault victims, coordinates production of the *North Carolina Status of Women Report*, and monitors grant programs that provide self-sufficiency for women in transition.
How language is used in this Guide

- The pronouns “they, them, their” are used throughout this guide. It is recognized that domestic violence is not gender specific and occurs in all types of intimate partner relationships. Although gender specific pronouns are not used in this guide, it should be known that statistics demonstrate that most domestic violence is perpetrated by a male upon a female. *Gendered pronouns may appear in materials from external sources.*

- Abuser, perpetrator, offender, and batterer are used interchangeably when referring to the individual committing the domestic violence.

- Abuser Treatment and Batterer Intervention are used interchangeably when referring to the N.C. 26-week psycho-educational group.

- Batterer Intervention Program is referred to as BIP.
Introduction

Batterer Intervention Programs (BIP) provide individual participants with the information they need in order to address their abusive behavior. Approaches used in batterer programs hold offenders solely responsible for their acts and prioritize victim safety in every aspect of the program.

Programs designed to stop battering begin with, and continually focus on, the thesis that “The vast majority of men who batter are not psychologically disturbed in the conventional sense… Their abuse is related to cultural, social, and political practices.” (Gondolf, 1985). BIP’s designed to address domestic violence offender behavior are not to be confused with the idea that a batterer may well need or want other services.

Regardless of race, ethnicity, socioeconomic status, sexual orientation, gender identity/expression, religion, or physical and mental abilities, domestic violence is a widespread problem that has serious consequences for the victim, their children and the community. “Domestic Violence” is the term used to describe an extensive range of tactics used by an offender to control the life of their intimate partner. Tactics include patterns of physical, sexual, economic, and psychological abuse resulting in an atmosphere of fear and/or terror for the victim.

Domestic violence may result in death, permanent or other significant physical injury and almost always causes serious psychological damage to the victim. A batterer’s controlling and abusive tactics impact the primary victim as well as their children.

Battering tends to escalate over time, increasing in frequency and severity. Danger especially escalates when the batterer perceives that their victim/partner may leave the relationship. Three-fourths of all domestic violence homicides occur when the victim leaves the abuser.

Domestic Violence is a crime, and batterers must be held accountable. It is the community’s responsibility to provide consequences by arresting, convicting, and punishing batterers for their criminal acts.
Objectives and Purpose

This guide is intended to:

- clarify state regulations, policies, operations, recommendations and services, and
- serve as a central resource for prospective service providers interested in beginning a BIP in North Carolina.

Rules regulating North Carolina BIPs are found in the North Carolina Administrative Code Title One – Administration Chapter 17 Council on the Status of Women Section 0700 – Abuser Treatment Programs. The rules are listed at the NC CFW & YI website https://ncadmin.nc.gov/about-doa/divisions/council-for-women, and are included in this guide under the section entitled: Administrative Guidelines for Batterer Intervention Programs.

BIP’s complying with NC Administrative code will be certified by the Domestic Violence Commission/CFW & YI. The Domestic Violence Commission recognizes that the field of batterer intervention is evolving and will periodically convene experts to review and update recommendations available on our website.

The purpose of this guide is to provide:

- An understanding of BIP service provider’s responsibilities and services;
- Statewide communication and interaction among service providers and interrelated agencies;
- Public information on guidelines and services of batterers’ programs;
- Criteria for program performance, efficacy, measurement, monitoring and program evaluation;
- Opportunities for data collection and research;
- Support for batterer intervention service providers collaborating with victim advocates to share expertise and seek common ground.

The objectives of this guide are to promote and encourage:

- Consistency of operating practices in North Carolina;
- Safety of domestic violence victims;
- Accountability to victims, agencies, and the community;
- Knowledge of effective strategies for battering intervention;
- Offender accountability as a means to change behavior;
- Collaboration between stakeholders.
Batterer Intervention Program Mission Statement and Philosophy

In 2009 the Domestic Violence Commission’s Abuser Treatment Committee adopted the following mission statement to frame the committee’s work in North Carolina with BIPs:

“The mission of North Carolina Batterer Intervention Program (BIP) is to aid in the elimination of domestic violence by providing services to batterers, to hold them accountable, promote safety and justice for victims and children, and to bring about social change necessary to end battering and all forms of domestic violence.”

Program Philosophy

Batterer Intervention Programs:

• Maintain that domestic violence offenders are solely responsible for their actions and reject the assumption that abuse occurs due to provocation or loss of control. Batterers carefully select the targets of their abuse, their partners, and choose the circumstances of their violence, including the amount of injury inflicted by their assaults, the location of those injuries, the use of weapons, the presence or absence of witnesses, and the amount of terror accompanying the assaults.

• Recognize that offenders choose violence; they can also choose to stop violence and eliminate coercive and controlling tactics in their intimate relationships.

• Educate offenders to consider the options for ceasing abusive behavior. The decision to forsake violence rests exclusively with the batterer.

• Are committed to the safety of the partner and children of offenders participating in their programs.

• Must develop a philosophical statement which clearly states the intervention theory of the program, and a philosophy that provides a clear picture of how group leaders will conduct the intervention program.
Fundamental Guiding Principles

Below are principles and a theoretical framework for education groups for batterers and intervention programs according to *The Duluth Mode* (one of the approved BIP curricula in NC):

- Domestic violence cuts across all lines of race, ethnicity, education, social class, sexual orientation, age, religion, geography, and physical or mental ability.

- Domestic violence is rooted in the institutionalized imbalance of power between men and women based on gender, in sex-role stereotyping, in gender-based values and in misogyny. Most batterers' use of violence is reflective of a belief system based on the widespread assumption that men are entitled to impose their will on their partners.

- Offenders believe themselves ‘entitled’ to the use of abuse with intimate partners. The widespread epidemic of domestic violence is not the result from individual personal or moral deficits, diseases, diminished intellect, addiction, mental illness or other external persons or events.

- Violence is a learned and chosen behavior and therefore it can be changed. New ways of participating in intimate relationships can be implemented.

- Domestic violence is illegal. Other forms of abuse are morally wrong. Family and criminal courts have sanctions available to stop domestic and intimate partner violence. Offenders need to be held accountable for their choices. Intimate partners and their children must be protected.

- Offender programs are NOT to be used as a substitute or a way to circumvent arrest, incarceration, or other legal sanctions; nor should they be used as a mitigated legal consequence.

- Abuse will likely increase in frequency and severity when the batterer thinks that their partner may be leaving, or when they are leaving, or when they have left the relationship. These times may be the most dangerous time for the battered partner.

- The safety and rights of the victim must always be respected. The victim has a right to live free of violence and that right supersedes other considerations. The victim’s feelings, as well as the potential for further harm should always be of utmost consideration when making policy/program decisions.

- Intervention with offenders may give the partner a false sense of security and may serve as a substantial disincentive to separation and other safety planning. Service providers must implement Intervention education with particular care to safeguard the victim and the children.
• Batterer intervention requires coordinated community response with the domestic violence agency, law enforcement, the judicial and probation to system.

Why Is Anger Management not an acceptable approach for domestic violence offenders?

Anger Management programs teach strategies to recognize anger and provide healthy, constructive avenues for the expression and management of anger. The overall objective of this type of program is to diffuse future anti-social behavior on the part of clients by teaching them to recognize and deal with anger in healthy ways.

Anger management does not challenge or explain the value system supporting domination and violence and creates the false assumption that loss of emotional control is the cause of domestic abuse. The anger management model fails to explain or confront the batterer’s selective targeting of abuse and may serve to increase the batterer’s skills in nonphysical control over others. Anger or other emotions are not the root of battering. Learning to reduce stress and manage anger does not necessarily reduce a batterer’s belief that domination of a partner is not appropriate.

Domestic violence offenders exhibit behavior that is covert, deceptive, manipulative, and secretive. These behaviors are often present long before they are recognized publicly. Abusers may deny and minimize the facts, severity, and frequency of their offenses. Domestic violence abusers often maintain a socially acceptable guise to hide their abusive behaviors.

BIP education content which focuses on anger and the development of anger management skills does not meet the approved curriculum for N.C. BIP certification.

The following listing includes requirements of BIP’s that are distinct from Anger Management programs or private therapies:

• Court ordered domestic violence offenders receive services from providers certified by the NC CFW & YI.
• Individual treatment goals are developed to reduce recidivism and increase victim and community safety.
• BIP’s consult and communicate with the domestic violence agency, victim advocates, and other involved agencies.
• Victims have confidentiality, but abuser confidentiality is limited by the criminal justice system requirements and needs for victim safety.
• Victim advocacy is an essential component of batterer intervention.
• Education involves challenging the abusers’ perceptions and beliefs.
# Differences between Anger Management Programs and Approved BIP’s

<table>
<thead>
<tr>
<th>Questions</th>
<th>Anger Management Programs</th>
<th>N. C. Approved Batterer Intervention Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are programs state certified?</td>
<td>No</td>
<td>Yes. State approval of programs is granted and monitored by the CFW &amp; YI</td>
</tr>
<tr>
<td>Who is served by the programs?</td>
<td>Perpetrators of stranger or non-intimate partner violence</td>
<td>Specifically designed to work with intimate partner violence and domestic violence offenders</td>
</tr>
<tr>
<td>How long are programs?</td>
<td>Usually 6 - 20 sessions, with the average program lasting 10 sessions</td>
<td>A required minimum of 26 weeks</td>
</tr>
<tr>
<td>Do programs contact victims?</td>
<td>No</td>
<td>Yes. Victim confidentiality is maintained however if the victim chooses, the program will remain in regular contact with them to provide referrals, updates, and safety planning.</td>
</tr>
<tr>
<td>Are programs monitored by a state agency?</td>
<td>No</td>
<td>Yes. By the Domestic Violence Commission/BIP Committee through the CFW &amp; YI</td>
</tr>
<tr>
<td>Are programs linked with a Domestic Violence agency?</td>
<td>No</td>
<td>Yes. Each approved provider must have a linkage with a domestic violence agency and a current Memorandum of Understanding*</td>
</tr>
<tr>
<td>Do programs assess batterers for lethality?</td>
<td>No</td>
<td>Yes. While not a perfect prediction model, approved BIPs' perform risk and other forms of assessment and evaluation. The intake evaluation explores many sources of information such a criminal history</td>
</tr>
</tbody>
</table>

* See the Resource Section for a sample of a Memorandum of Understanding
<table>
<thead>
<tr>
<th><strong>Anger Management</strong></th>
<th><strong>Approved BIP</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is the emphasis of the intervention?</strong></td>
<td>Violence is seen as a momentary outburst of anger, so perpetrators are taught to use techniques like “time outs”</td>
</tr>
<tr>
<td><strong>Are group facilitators trained in DV?</strong></td>
<td>Subject to agency discretion</td>
</tr>
<tr>
<td><strong>How would I address grievances with this type of program?</strong></td>
<td>Talk to the director of the program</td>
</tr>
<tr>
<td><strong>What type of data collection occurs?</strong></td>
<td>No statewide system</td>
</tr>
</tbody>
</table>
**Administrative Guidelines for BIP agencies**

A BIP may be administrated by an agency, private-for-profit, not-for-profit, government or a domestic violence agency – separate from victim services. In the application, the BIP must demonstrate adequate administrative capabilities to operate an offender’s program.

BIP’s are required to demonstrate policy and procedures that address all areas of the North Carolina Administrative Code, Title One, Chapter 17, Section .0700, and present at time of application for program approval.

**Accountability**

Due to safety concerns, BIPs hold their clients and staff accountable and conduct staff background checks and may require drug/alcohol screenings. The programs shall adopt a Code of Ethics. The Code of Ethics includes a policy that addresses any staff that commits an act of abuse in their personal relationships.

Routine evaluations tracking client completion rates, recidivism and terminations ensure client accountability and program effectiveness.

**Safety**

BIP’s must acknowledge in all services, policies, and procedures, that the safety of victims and their children is of primary importance and takes precedence over all other program objectives.

Staff shall establish and maintain cooperative working relationships with any local Victim Service Agency, Domestic Violence Task Forces, Probation and Parole, the Courts, and the DV Commission.
Batterer Intervention Program Rules and Recommendations
Each of the following sections begins with a recitation of the NC Administrative Code
(The Administrative Code is in italics)

Intake and Assessment NCAC 17.0704:

(a) All abuser treatment programs shall establish and comply with written policies and procedures regarding abuser intake and assessment.
(b) Intake: A comprehensive intake and assessment shall be administered to all participants. The intake shall include:
   (1) Family and social history;
   (2) Medical health history;
   (3) Relationship history;
   (4) History of violent, abusive, and controlling behavior;
   (5) History of past criminal behavior;
   (6) Substance abuse history and screening;
   (7) Assessment of participant’s cognitive or social skills
   (8) Any other factors that might interfere with the participation in a group program; and
   (9) Lethality assessment
(c) Lethality Assessment: Because of the severity of injuries and the number of deaths caused by domestic violence, lethality assessment shall be ongoing and not limited to intake. A lethality assessment shall include the following indicators of increased lethality risk:
   (1) violence that increases in severity, frequency, and specificity;
   (2) a high degree of ownership that the abuser expresses regarding the victim
   (3) violation of court orders and conditions of probation;
   (4) change in access to and relationship with victim;
   (5) accessibility to weapons, especially firearms;
   (6) life stressors (e.g., divorce, chronic illness, death of loved one, and unemployment);
   (7) frequent or severe intoxication from alcohol or other drugs;
   (8) threatened or attempted homicide or suicide;
   (9) stalking behavior;
   (10) history of holding victim captive;
   (11) pet abuse;
   (12) victim making plans to leave or has already left;
   (13) extreme isolation of the victim;
   (14) increased level of risk-taking by the abuser;
   (15) history of sexual abuse
   (16) acute mental health problems, including depression and anti-social behavior;
   (17) past use of weapons or objects;
   (18) strangulation behaviors; and
violence in the family of origin.

(d) Abuser treatment programs shall also provide initial and ongoing referral services for participants who have concurrent substance abuse, medical, or mental health problems.

Client Intake

Orders for an offender to attend a BIP come from a variety of sources including; Civil and Criminal Courts, Probation and Parole, Department of Social Services, Mental Health or Substance Abuse programs, self-referral or voluntary.

The purpose of the intake and assessment is not used to determine if an individual is a DV offender, but to determine how dangerous the client may be to the victim and children. The DVC/CFW & YI strongly recommends the BIP not conduct an intake where the BIP is asked to determine if the client is a domestic violence abuser. The assessment process is also used to determine the appropriateness of the client for admission to the BIP group.

The intake process provides an opportunity for the client to discuss their history of violence in a one-to-one context with the assessor. Clients may need additional services for mental health/psychiatric assistance, drug and alcohol treatment, parenting education, or other issues. Clients should be screened for these issues and referred to appropriate resources. These treatments are in addition to, not in lieu of, BIP services.

The intake process includes an orientation to the BIP, staff, program rules and the participation contract. (See Program Structure for more information on orientation)

It is essential the BIP obtain the client’s criminal record at intake. The client should provide all copies of pertinent papers and forms. If the client has been arrested, they should provide the arrest report from the most recent incident, and from the incident that led to program referral if that is different.

The client should not be the sole source of information on their case history. A complete assessment includes statements from any DSS caseworker, the victim (if possible), warrants, probation, law enforcement reports, and criminal history.

Lethality Assessment

Lethality assessment is an ongoing process throughout the 26-week BIP process, and is conducted during intake, mid-way through the program, and upon completion.

Lethality assessment forms are not completed by the client alone, nor should BIP providers depend on a simple check-the-box format or yes-no responses. Questions should be asked in a variety of ways, using different language (i.e. strangled/choked/put their hands around the victims’ neck). Answers should be explored.
Important Factors

When conducting the lethality assessment always take the following list of important factors seriously:

- The victim has a strong “gut” sense that the offender could kill them or the children, carry out a serious and dangerous assault against any of them or against themselves.
- The victim is taking steps to end the relationship or has already done so.
- The offender has exhibited extreme behaviors when their current partner or past partners have made attempts to leave the relationship.
- The offender is extremely jealous, possessive, and obsessive of their partner. The victim is constantly at the center of their thoughts and they are unable to conceive of life without them. For example, they have made statements such as, “If I can’t have you, nobody will.”
- The offender follows the victim, monitors their whereabouts, uses high-tech means to keep tabs on them, or stalks them. The offender knows where the victim lives and works, knows names and addresses of friends or relatives, and/or is very familiar with the victims’ daily routines.
- The offender has a history of severe or very frequent violence toward their victim, or toward other individuals such as past partners.
- The offender was violent towards the victim during a pregnancy.
- The offender threatens to kill or to hurt the victim, has strangled them, or threatened with a weapon (including making verbal reference to using a weapon, even if they did not actually brandish it).
- There are children in the home that are not the biological children of the offender.
- The offender has threatened to kill the children, stepchildren or the whole family, is violent with the children and/or has killed or has been violent to pets.
- The offender is depressed, suicidal, or shows signs of not caring what happens to them. They have for example, threatened to kill themselves if the victim leaves them.
- The offender is not close to anyone, has no current relationships with friends or relatives and/or is unemployed.
- The offender has a significant criminal history and/or a history of using violence or threatening violence against other people. They have access to weapons and is familiar with their use.
- The offender abuses alcohol or drugs heavily, especially if their habits involve daily or nearly daily intoxication.
- The offender uses pornography heavily and has a history of perpetrating sexual violence or degradation against their partner or others.

When an offender appears particularly dangerous, based upon the above factors, the professionals working with them should inform the victim as soon as it can happen safely. It is strongly recommended that staff inform appropriate police departments, mental health or child protection professionals involved with the client, and anyone who might be able to prevent a dangerous assault from taking place.
Victim Safety NCAC 17.0705

All BIP’s shall establish and comply with written policies and procedures regarding victim safety. These policies and procedures shall include the following:

1. The program shall make good faith attempts, which shall be documented, to make contact with the victim upon the participant’s enrollment in the program. This contact must include information about the program and its limitations, victim confidentiality, and local resources for victims. The program shall attempt, in collaboration with the victim service agency, to contact the victim when the program participant has completed half of the sessions, and at termination, unless the victim declines contact or is unable to be located.

2. Program participants and person who have been victimized by those participants may receive direct services from the same agency. In those instances, the same staff person or volunteer shall not provide services to both parties.

3. All information about or from the victim shall be kept confidential from the program participant, except with written permission from the victim.

4. The program shall not schedule victims’ groups and Batterers Intervention groups to occur simultaneously at the same facility.

5. The BIP shall network with its local victim services program and have a current memorandum of understanding regarding cooperation with that program in place.

Whenever possible and if the victim agrees, it is preferable that BIP staff contact the victim with a face-to-face interview. During the interview BIP staff provides information about the purpose of the program, the procedure for reporting further offenses, a preliminary assessment for the victim’s own use in determining risk, limitations of the program, resource information regarding victim services and opportunity for the victim to provide input in the assessment process.

Phone and/or mail contact can be used after assessing victim safety, or if the victim does not permit a face to face interview.

The following are general guidelines managing partner contact:

- BIP staff must understand they have a duty to warn and protect victims, partners, children and others the client may have threatened.
- Ensure telephones, mail and other communication is as secure as possible against intrusion by the offender or others.
- Tell the victim about their right to confidentiality. The victim may consent to disclose their report but caution them to do so only if they have a safety plan and believe disclosure will not affect their safety.
- Inform the victim that no one can guarantee their safety, nor guarantee that disclosure of their information will not result in a violent reaction by the offender.
• Notify the victim that their option to provide a witness statement or a complaint to the legal system is not confidential or anonymous.

• Advise the victim before they provide any information involving suspected child abuse and/or neglect, or abuse of elder adults, that such a disclosure cannot be confidential and will be reported to the legal system.

• Carefully document, in writing, the victims wishes regarding the use of the information they has given, including consent or lack thereof.

• Unless the victim explicitly states otherwise and staff documented that wish in writing, assume they deny consent to disclose information to anyone, including the facilitator, legal system, participant, or others.

• Do not pressure or convince the victim that they should agree to disclose information, confront the offender, make a report, or take any action unless they feel it is in their best interest for safety and empowerment.

The safety and rights of domestic violence victims is the highest priority. The BIP is responsible for ensuring that practices and activities do not increase danger to the victim. All practices should be evaluated by how well they advance or jeopardize the safety of the victim and their children. The BIP working directly with or through a domestic violence victim services program assists victims in developing a safety plan. It is strongly recommended that BIP staff receive training in safety planning development from the local domestic violence agency.

BIP staff should provide the victim with information about what their offender learns in group sessions, legal information and referrals to other local agencies and victim service agencies. The victim should also receive information about procedures used to inform the justice system of treatment contract violations, the victim must clearly understand that the batterer may continue to be abusive during or after treatment, and encourage they develop a safety plan.

In the event a victim tells the BIP the participant has committed a new offense, BIP staff will encourage the victim to contact an appropriate law enforcement agency, the local victim services program or other support services. BIP staff should offer assistance in making the necessary contacts.

Victim consent is required before BIP staff reports information from partner contacts to the legal system. This is tantamount to confronting the participant and should not be conducted without express informed consent from the victim.

When, by law, BIP staff report an incident without victim consent (i.e. suspected child abuse and or neglect), staff must inform the victim of said report, provide safety planning, and work with the victim and the legal system to determine the timing and method of reporting to maximize victim safety.
Program Structure NCACV 17.0706

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

(1) Treatment shall be provided in group sessions unless same gender, age, geographic or language restrictions apply. Individual counseling sessions are not permitted in place of group sessions but may be provided as supplemental to group treatment.

(2) Group composition:
   a. Each group shall have at least two facilitators per session if the size of the group exceeds eight participants.
   b. Each group shall have no more than 16 participants
   c. Female participants who are referred to the program shall not attend or be enrolled in groups with male participants.

(3) Program length:
   a. All abuser treatment programs shall provide intervention for a total of 39 hours of group treatment over a minimum period of 26 weeks.
   b. The 39 hours of group treatment shall be completed within 30 weeks.
   c. Each group session shall last at least one and one-half hours.

(4) Fees: Programs shall establish locally-determined fees.

A wide variety of techniques are used to confront abusive behavior, including group participatory exercises, structured feedback, self-evaluation, role plays, skills training and practice, homework assignments, positive reinforcement and cognitive behavioral techniques.

Group work may be set as an open or closed format. An open format enrolls new members at any time and a closed format starts a new 26-week session with all participants beginning on the same start date. There must be at least 26 consecutive weekly sessions, with each session lasting a minimum of 1 ½ hours, with a limit of 1 session per week.

Group composition

Face-to-face group sessions are the only approved program structure. They provide an opportunity for group members to:

- Challenge each other’s attitudes and beliefs while mutually supporting efforts to change.
- Reduce feelings of isolation and hopelessness.
- Develop friendships based on equality rather than power and control.
- Provide greater opportunity for confrontation and accountability than with individual work.
- Decrease the batterer’s dependence upon the partner.
- Provide greater cost efficiency.
• Reinforce the message that battering will not be viewed as private “behind closed
doors’ matter.

Facility Operations

All facilities should meet Americans with Disability Act (ADA) requirements with
disability access and a room which fosters confidentiality. All facilities should also
maintain appropriate insurance and meet Health and Safety Code standards.

Meeting locations, group session schedules, times and fees, should be accessible to all
clients regardless of ethnicity, economics, and geography.

Attendance

BIPs provide a minimum of 26 consecutive weekly sessions with each session lasting
1.5 hours, limited to one session per week. Clients are limited to no more than 3
absences during the 26 weekly sessions. Absences must be made up, and makeup
sessions do not erase absences. The fourth absence automatically results in
termination from the program.

Note that the BIP should not have the practice of excused/unexcused absences. They
are allowed 3 absences. Offenders can use their 3 absences however they choose, with
the knowledge that upon the 4th absence they are terminated.

If a client’s fourth absence is due to an extraordinary circumstance, such as a death in
the family, childbirth or an unforeseeable occurrence, a client may request exception
from automatic termination. The program director can make a recommendation based
on the client’s current progress in the program and the reason for the absence.

Group Decorum
Recommended policies include but are not limited to:

• A dress code for clients prohibiting clothing that is racist, degrading to women,
  refers to violence or oppression of any kind, or refers to drugs, alcohol, or
drinking establishments.
• No pagers or cell phones during group – unless approved in advance by the
group facilitator (i.e. for work/emergency calls).
• Tardy or late arrivals. Doors should lock/close at scheduled class time with no
  admittance if late.
• No weapons.
• No group attendance while under the influence of alcohol or illicit substances.
Fee Policy

BIP regulations do not establish set fees. Requirements to satisfy the rules include:

- Clients are expected to pay a fee for services provided.
- Insurance reimbursement is not allowed because domestic abuse is not a mental health diagnosis but a behavior choice.
- A BIP should not knowingly compete with domestic violence agencies for limited public and private resources without approval from stakeholders.

Printed Material

Due to the nature of domestic violence abuse, there is no guarantee of behavior change in the client. A client who has completed a 26-week program may exit the system and re-offend. Consider including in printed materials and program website a disclaimer statement as follows:

“There is no implied guarantee of safety for the victim or of behavior change by a client of this program while the client is in this 26-week program or at any time after completing program.”

Program Contract

Client contracts clearly specify expectations in writing and include:

- Day, time, and location of program meeting
- Number of sessions required
- Participation and program completion requirements
- Attendance policy, including a weather cancellation phone number to call
- Termination policy
- Release of information and waiver of confidentiality regarding partners, victim’s organization, corrections, NC CFW & YI and law enforcement
- Fee and payment requirements
- Expectations about substance use/abuse
- Group and general program rules
- Agreement to comply with relevant court orders

The contract should include a ‘commitment to abide by contract’ statement that is dated and signed by the program participant, witnessed, and retained as an official program record with a copy for the participant and the agency that referred him.
Program Curricula NCAC 17.0707

All abuser treatment programs shall establish and comply with a written program curriculum. Written curricula shall define topics and content of sessions and shall include the following:

1. Identification of all forms of physical, emotional, economic, sexual and verbal abuse and violence;
2. Impact of domestic violence on the victim and the abuser;
3. Impact of domestic violence on children including children who are abused and children who witness domestic violence;
4. Emphasis on the responsibility of the batterer for his or her violence and abuse;
5. Identification of the personal, societal, and cultural values and beliefs that legitimize and sustain violence and oppression;
6. Alternatives to violence and controlling behaviors;
7. Identification of healthy relationships;
8. Promotion of accountability, self-examination, negotiation and fairness;
9. The relationship between substance abuse and domestic violence;
10. The relationship between mental illness and domestic violence; and
11. Identification of the behavioral, emotional, and physical cues that precede escalating violence.

Approved curriculum chosen should be designed to help clients:

- Overcome denial and take responsibility for abusive behavior;
- Recognize rationalizations for abuse;
- Recognize abusive behavior is not provoked by one’s partner but is behavior chosen by the abuser;
- Learn alternatives to abuse;
- Challenge the attitudes/beliefs which promote the use of abusive behavior, intimidation, violence, coercion;
- Accept personal accountability, as demonstrated by the elimination and reshaping of all behavior, language, values and beliefs used to maintain power over intimate partners and that support abusive conduct;
- Learn respect for the equal rights of partners in a relationship;
- Learn empathy for victims’ experiences;
- Understand the financial, personal and social costs of abusive behavior to victims and their families;
- Demonstrate a commitment to change.

Group Structure

The primary method for a successful BIP is group discussion, led by trained co-facilitators, within an NC approved curriculum that includes strategies to hold the offender accountable for the violence in the relationship. The discussion of violent and coercive incidents during a group session is used to identify and confront the specific controlling behaviors in order to achieve an end to those behaviors.
The BIP offers ongoing, same gender group sessions which demonstrate cultural and ethnic sensitivity. The group size may vary from meeting to meeting, depending upon attendance, but the minimum number of participants should be 3 per group, unless same gender, geographic, or language restrictions apply.

Any group with more than 8 members must be co-facilitated (male and female co-facilitators recommended) and group size may not exceed 16. The facilitators maintain a strong leadership role in order to confront problematic behavior, victim blaming, minimization and rationalization for the use of violence and control.

Duluth Domestic Abuse Intervention Program (DAIP), Emerge, Alternatives to Domestic Aggression (ADA), and Men At Work, are recognized evidence-based curriculums. (For further discussion on curriculum, please see the appendix).

Programs providing a BIP group for women, LGBTQ offenders or Spanish speaking individuals must comply with the same standards.

If a convicted offender is ordered or referred to a BIP, and during the assessment process or in the course of group discussion, it is revealed that they have a history of victimization, they may be referred back to the referring source indicating that they are unsuitable for the program. The referring source may bring the information to the court’s attention, along with appropriate documentation, and request for a modification of the court order to allow the defendant to attend an alternative counseling program.

**Prohibited Activities NCAC 17.0708**

*The following methods shall not be used by a BIP:*
1. Couples therapy or counseling.
2. Any therapy or counseling which places the responsibility for adult behavior on the children or the victim.
3. Any theoretical approaches that treat the violence as a mutually circular process, blaming the victim.
4. Any counseling models that identify the violence as an addiction and the children or adult victim as enabling or codependent to the violent drama.

*The following methods shall not be the primary focus of intervention:*

1. Techniques that lay primary causality on anger. Stress/anger management techniques may be presented in the educational program.
2. Theories or techniques that identify poor impulse control as the primary cause of the violence
3. Methods that identify psychopathology on either parties’ part as a primary cause of violence
4. Interventions that base causation on a lack of communication skills; or
5. The gradual containment or de-escalation of violence
Individual counseling sessions are not permitted in place of group sessions. Individual sessions serve only to support the client’s belief of uniquely different reasons for employing violence in a relationship. This prevents the beneficial interaction of direct confrontation and education which occurs in group sessions. Individual sessions must not be credited toward the minimum attendance requirement mandated by the program or the Court.

Program content should emphasize that anger or other emotions are not at the root of domestic violence. Abuse is not the result of a loss of emotional control and is not necessarily accompanied by anger. BIP group content should explain how anger can be used as a controlling technique and may escalate into violence. Program content focusing on anger and the development of anger management skills is inappropriate. Anger management does not challenge or explain the belief system supporting domination and violence and creates the erroneous assumption that loss of emotional control is the cause of domestic abuse. Programs based on an anger management model fail to explain or confront the batterer’s selective targeting of abuse and may serve to increase the batterer’s skills in nonphysical control over others.

Program content may include enhancing communication skills within an intimate relationship as an alternative for nonviolent expression and a method for creating equality within the relationship. However, the content must reflect understanding that enhancing communication skills may enable the defendant to create other means of abuse and control.

On-line, web-based programming is not acceptable under the North Carolina Abuser Treatment rules that require group work.

Participant Termination NCAC 17.0709

(a) Participant Termination: All abuser treatment programs shall establish and comply with written policies and procedures for terminating participants from further participation in the program. Without limiting a program’s ability to make more stringent requirements, termination may occur when a participant:

1. Has a known recurrence of violent conduct, intimidation, stalking or harassment behaviors;
2. Fails to abide by the program rules and regulations, including absences and any other matter set forth in these standards;
3. Fails to participate and attend sessions according to the program criteria;
4. Fails to comply with the program’s alcohol and drug policy; or
5. Demonstrates increased risk of lethality as demonstrated by the lethality assessment.
(b) If a participant is terminated from the abuser treatment program, the program shall;

Document the reasons for the termination without jeopardizing the victim’s safety;

1. Make specific recommendations to the probation officer or referring judge, including any alternatives such as weekend incarceration, community service hours, restitution, probation violation, or return to the program;

2. Inform the victim of the participant’s termination within two days, unless the victim declines contact or is unable to be located;

3. Inform the program from which the victim is receiving domestic violence services of the participant’s termination within seven days;

4. Complete a risk assessment with the victim and make efforts to assist the victim in minimizing violence that may occur after the participant’s termination, unless the victim declines contact or is unable to be located; and

5. Inform the probation officer and referring judge (or the Chief District Court Judge in the absence of the referring judge) and District Attorney’s Office in writing of the participant’s termination within seven days.

Court ordered clients who are terminated from the program for inappropriate behavior in group, lack of progress, or re-offence, should not be readmitted to the program unless they have experienced additional legal consequences and/or have had additional conditions placed on their probation. Allowing a client to simply have another try leaves them with no consequence for previous actions, and thus enables their behavior.

- A BIP cannot accept a client who was terminated from another BIP for any of the above reasons without discussing the case with that BIP and meeting the condition that the client has additional legal consequences.

- Clients who are terminated due to a re-offense should not be given credit for any classes completed in the previous BIP and be required to start the 26-week program from the beginning.

- Clients who are terminated for poor attendance or for failure to pay are subject to the above requirement. The program may make exceptions if it finds that poverty was a major obstacle to client participation and will be determined by completing a complete financial review.

Program Assessment NCAC 17.0710

Programs shall submit quarterly statistical reports to the N.C. Council for Women to include a tracking of participants received by, accepted into and completing the program; the sources of referral; an analysis of completion rates and reasons for termination; an analysis of contacts with participants’ victimized partners; and an assessment of program impact, including but not limited to re-offense rates.
It is strongly recommended that evaluation of services include the review of internal data that provides an indication of program effectiveness. Internal data includes referral numbers and source, dropout and termination numbers, and completion rates. Internal evaluation also includes feedback from former program participants and, with enough protection, from their victims.

Failure on the part of the BIP to provide required reports and yearly recertification materials will result in a letter of non-compliance and possible removal from the list of approved BIPs.

BIP program statistics, such as demographics and retention rates, are posted yearly on the N. C. Council for Women and Youth Involvement [https://ncadmin.nc.gov/about-doa/divisions/council-for-women/women-statistics](https://ncadmin.nc.gov/about-doa/divisions/council-for-women/women-statistics)

**Provision of Direct Services NCAC 17.0711**

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

All approved BIP’s must have at least one staff member directly trained in the BIP curriculum of choice. That trained staff member may train others.

It is strongly recommended that any BIP employee full-time/part-time/contract, interns, and volunteers who work directly with batterers and/or supervise employees who work directly with batterers, receive orientation and curriculum training before they work unmonitored with batterers.

**Staff Training and Orientation**

Orientation should include the following content:
- Agency mission, philosophy, program curriculum, and organizational structure
- Safety planning and working with victims/partners
- Agency policies and procedures, including personnel policies and client rights
- Victim Service programs’ relationships to the BIP

BIP staff should maintain the consistent attitude that the offender is solely accountable for the violence, that violence is intolerable in a relationship, and that the use of violence or intimidation while enrolled in the program shall be grounds for immediate termination.
Checklist of Staff Preparedness

A useful checklist to measure staff preparedness includes, but is not limited to:

- Does the employee have any course work on domestic violence?
- Has the employee done research on domestic violence?
- Have employees received training specifically on working with men who batter through the Duluth model, or other nationally respected pro-victim approaches to working with perpetrators?
- Are employees sympathetic to the plight of battered women and their children, free from victim blaming tendencies?
- Do employees refrain from over identifying with men who batter (through such statements as “the batterer is a victim too,” for example)?
- Do personnel in the women’s program listen well, are interested in learning more about trauma and about battered women’s experiences, and are respectful in conflicts?
- Do program personnel feel confident that this person’s own ego issues, arrogance, or problems with women are not cause for concern?

BIP staff facilitating groups should have a minimum of one year of experience/training working in the domestic violence field. Initial training should include (at a minimum):

- Observing groups
- Reviewing books, videotapes, and articles on domestic violence
- Communicating with various agencies with which the BIP interacts.
- Attending volunteer training at the local battered women’s shelter, observing their hotline, and viewing videos with battered women as the primary subject.
- Training in the BIP curricula used by the agency.

**NOTE:** The BIP should adopt a policy that prohibits anyone with a prior history of domestic violence from conducting assessments and/or leading any group unsupervised. This policy should address situations in which individuals have committed domestic violence and establish guidelines for determining whether the conduct undermines the integrity of the program or will interfere with the individual’s performance.

Continuing Education **NCAC 17.0712**

The program shall require that group facilitators receive a minimum of 6 hours per year of continuing education or training on domestic violence. The program shall require that Direct Service Staff, including staff conducting assessments, receive a minimum of 20 hours per year of continuing education or training on domestic violence. This training may be obtained through a combination of internal (i.e., presented within the agency as in-service) and external sources (i.e., regional or state conferences).
Staff Development

Development training should be ongoing, in addition to original training. Attendance at a conference, or other training, where the total required hours of continuing education are reached, is encouraged.

Topics for Staff Development:

- Violence as a form of oppression, including racism, sexism, and homophobia
- Basic defense mechanisms of batterers that promote deception, distortion, and misrepresentation of the facts of the abuse and the experience of the victim
- Relevant legal issues
- Substance abuse, psychopathology, and family or origin issues and their relationship to domestic violence
- Women and children’s safety
- BIP skill enhancement
- Male privilege
- Methods of collaboration with shelters and battered women’s advocates and the accountability of the BIP to shelters and advocates
- New trends in battering intervention programming
- Current Domestic Violence research available from subscriptions and circulation of newsletters and bulletins, and information from technical assistance conferences. (See list of suggested resources)
  - Trauma informed approach
  - Using ACES

Group Facilitation

Whenever possible, batterer groups should be run by male/female co-facilitator teams. The presence of a female facilitator brings an awareness of issues and perspectives that a male co-facilitator might not notice. Group members benefit from being required to interact with a female facilitator in a respectful way, and to learn to accept criticism from a female. The relationship between the co-facilitators gives group members a model of respectful male/female interaction, decision making, and sharing of leadership.

However, these benefits can disappear if the female co-facilitator is relegated to an “assistant” status, or if there are other unequal dynamics between the male/female co-facilitators. Avoid reinforcing client’s sexist beliefs by presenting an unhealthy power relationship between co-facilitators.

Participant Confidentiality  NCAC 17.0713

(a) All abuser treatment programs shall establish and comply with written policies and procedures regarding participants’ confidentiality and provide notice of the policies and procedures to all who provide direct services and those with access to participant records. Except as noted in Paragraph (b) of this Rule, program
staff shall not disclose, without the participant’s consent, any confidential communications made by a participant to the program staff during the course of the program.

(b) Exceptions to Confidentiality: All participant information shall be kept strictly confidential except under the following conditions:

(1) When a participant makes an overt or covert threat to harm self or others, the program staff shall warn the potential victim and law enforcement personnel. The program staff shall promptly contact the partner, any other potential victim, and law enforcement if the staff member believes someone is at risk. If the victim cannot be reached, the staff may contact the Commission or any local victim services program that may provide assistance in locating the victim. The program shall undertake ongoing assessment of the risk of danger to the victim, the children, or the participant him/herself. (See Rule NCAC 17.0704(c) regarding lethality assessment.)

(2) If a participant is suspected of child abuse or neglect, program staff shall report such abuse or neglect to the director of social services in the county where the juvenile resides pursuant to G.S. 7B-301.

(3) If a participant has been mandated to an abuser treatment program by a judge, program staff shall release information about acceptance to, attendance, compliance with program rules and guidelines, behavior in group, and current abuse or threats of abuse to an officer of the court, a probation officer, or a judge.

(4) The program shall notify or make good faith attempt which shall be documented to notify the person identified as the victim of abuse of the participant’s acceptance or rejection for enrollment in the abuser treatment program for the dual purposes of ensuring the safety of victims and providing information about the program.

(5) The program may disclose information about a participant when the participant or his or her heirs, executors or administrators file a suit or complaint against the abuser treatment program that arises out of or is connected with the services rendered or denied to such participant by the program.

(c) Waiver of confidentiality: Information may be shared according to the terms of Waivers of Confidentiality that may be signed by the participant in the course of the program.

(d) Group confidentiality: All abuse treatment program counseling and educational groups are confidential and closed to those other than participants, program staff, and other professionals necessary for the functioning of program services. Those providing services to the deaf, offering language translation and interpretation, or bringing information critical to the curriculum to the group may attend at the staff’s discretion. Other people who wish to visit, including newspaper reporters, grant-makers, and the participant’s family and friends may attend only when the participants unanimously agree to a visit and upon a written warning by the staff that the program shall not be responsible for any breach of confidentiality. Program staff shall advise visitors and participants of the confidentiality policy and require visitors to execute an agreement not to disclose
identity of participants or participant-specific information except as they receive written permission to do so.
(e) Separate records: The abuser treatment program shall maintain separate locked files for participants and victims. There shall be no commingling of confidential information in victim and participant records.

All programs must have policies regarding confidentiality and provide notice of the policies to all who provide direct services and those with access to participant records.

Upon enrolling in a BIP the client is required to sign a contract. This contract should explain that they are participating in an educational program, not a therapeutic program, and therefore will not have the same level of confidentiality that would be guaranteed in mental health services.

Within these limitations, confidentiality is taken very seriously to protect the privacy of current or past partners, and any children who are involved.

The BIP WILL NOT promise client confidentiality with respect to:
• The current partner
• The victim toward whom the client was violent in the incident they were prosecuted for (who may not be the current partner)
• Any past partner with whom there are children
• The Court system
• Community Correction or Probation
• Child protective service, if the client is mandated or referred by that service
• Law Enforcement serving the area where the client lives or where their current or former partner lives
• Any individual to whom the program believes may be in imminent danger

NOTE: Many BIPs’ require clients to sign a release of information. However, such a release can, by law, be rescinded any time the client chooses to do so. Therefore, it is recommended the BIP keep a release statement in the contract instead of a separate release of information form.

Client and victim records must be kept secure and separate in different locations, not one file kept behind the other in the same filing cabinet.
Victim Confidentiality  
NCAC 17.0714

All abuser treatment programs shall keep all information provided by the victim confidential unless the victim gives written permission for the program to release the information. All information received by the victim shall be kept in separate files from the participant’s files. If the victim tells the abuser treatment program that the participant has committed a new offense, the treatment program shall encourage the victim to contact:

1. appropriate law enforcement; and
2. the local victim services program or other support services

Any information given by the victim/partner, including verification of progress or continued abuse, shall not be disclosed to the batterer without documentation of the victim's permission. Victims/partners shall be informed of the limits to confidentiality.

Program Investigation, Removal from Approved List and Right to Access  
NCAC 17.0715

Investigations and Removal from Approved List
See the resource list for the procedure to handle BIP complaints.

NCAC 17.0716

Right to Access: The Commission or any of its authorized representatives may have access to any books, documents, papers, participant or other records of any applicant abuser treatment program needed to make a determination during the approval process or any time thereafter unless otherwise protected by law. The right to access only relates to records regarding the program component governed by these rules and does not include other agency records.

Recordkeeping, Documentation, and Reports NCAC 17.0717

In all instances where the rules in this Section require abuser treatment programs to establish and comply with written policies and procedures, the program shall maintain documents and records demonstrating compliance with the requirements imposed by these rules.

It is the recommendation that the BIP display the Annual State of North Carolina certificate at all sites listed on the application/renewal forms. This accreditation certificate should be visible so that participants will be aware that the program is state approved.
Equal Opportunity NCAC 17.0718

(a) The Commission shall not discriminate against any abuser treatment program or its providers because of age, race, sex, creed, color, national origin, or disabling condition.

(b) No approved abuser treatment program shall deny services to any participant or its providers because of age, race, sex, creed, color, national origin, or disabling condition.

In order to provide culturally, racially, linguistically and gender appropriate services, BIPs, to the extent possible, should hire staff whose cultural/racial backgrounds and gender reflect those of the individuals within the larger community serviced.

The BIP must develop and adopt an EEOC statement and not use the one adopted by the State of NC in (a).
RESOURCES

A. Curriculum

Batterer Intervention Program (BIP) curricula should be grounded in research and evidence based. This means the curriculum is well established as an intervention drawn from evidence-based research, which translates into effective practice. Evidence based approaches help people make well-informed decisions about policies and programs by putting the best available evidence from research at the heart of policy development and implementation. This is done by measuring a definable outcome such as recidivism rates or victim experience/satisfaction.

Most well-known BIPs use cognitive-behavioral approach in group interventions. Cognitive-behavioral techniques target 3 elements:

1. What the batterer thinks about prior to an abusive incident - by identifying and critically reexamining the thoughts, beliefs and expectations that give rise to battering behavior. (i.e. negative self-talk, blaming thoughts)

2. How the batterer feels, physically and emotionally, as a result of these thoughts, and

3. What the batterer does, such as yelling and throwing things, that builds up to acts of violence.

Through education and confrontation, the batterer begins to accept some responsibility for their violence. Cognitive distortions begin to decline, and denial breaks down. The offender begins to recognize their own rationalizations. The offender will still try to minimize and deny their violence (or blame their partner for it), but when confronted they will begin to admit the truth – that they chose to be violent to get what they wanted from their partner.

DAIP Duluth Model (Male program)

Many batterer intervention programs follow or borrow from the Domestic Abuse Intervention (DAIP) Duluth Model, a well-known psycho educational and skills-building curriculum, which was developed in the 1980’s. This model emphasizes the importance of a coordinated community response to battering. It places battering within a broader context of the range of controlling behaviors illustrated in a “Power and Control Wheel”. The wheel depicts how physical violence is connected to male power and control through a number of “spokes” or control tactics; minimizing, denying, blaming, using intimidation, emotional abuse, isolation, children, male privilege, economic abuse and threats. According to the Duluth Model, the batterer maintains control over his partner through constant acts of coercion, intimidation, and isolation punctuated by periodic acts of violence.
DAIP (Domestic Abuse Intervention) Duluth Model is taught in classes that emphasize the development of critical thinking skills around 8 themes:

1. Nonviolence,
2. Nonthreatening/non-intimidating behavior,
3. Respect,
4. Support and trust,
5. Honesty and accountability,
6. Sexual respect,
7. Partnership, and
8. Negotiation and fairness.

Depending on the total length of the program, 2-3 sessions are devoted to each theme.

For Example: Session 1:
The first session of each theme begins with a video vignette that demonstrates the controlling behavior from that portion of the wheel. Discussion revolves around the actions that the batterer in the story used to control his partner; the advantages he was trying to get out of the situation; the beliefs he expressed that support his position; the feelings he was hiding through his behavior; and the means he used to minimize, deny, or blame the victim for his actions.

At the close of each session, the men are given homework; to identify these same elements in an incident when they exhibited similar controlling behaviors. During subsequent sessions devoted to the theme, each group member describes his own use of the controlling behavior, why he used it, and what its effects were. Alternative behaviors that can build a healthier, egalitarian relationship are then explored.

The Emerge Curriculum, Quincy Massachusetts

Emerge Curriculum includes more in-depth counseling in addition to reeducation and skills building. The Emerge model lasts a minimum of 48 weeks. Its philosophy is that any treatment that fails to last at least 4-6 months runs the risk of never breaking through the batterer's façade of compliance. Many batterers, often known for being manipulative and intelligent, can readily adapt to a short-term intervention, quickly learning to "talk the talk". If the intervention is too short, it may end during this honeymoon phase, leaving the provider satisfied with a job seemingly well done but with the abusive behavior fundamentally unchallenged and unchanged. Another part of the program philosophy is that psycho educational approaches alone do not address the true nature of the problem. If the batterer's problem was simply a deficit in skills, he would be far less functional in the broader world outside the family. Batterers know how to get along with their bosses; they just don't use these same social skills in their intimate relationships. Focusing solely on the batterer's thoughts, feelings and reactions – by teaching anger management skills for example – can inadvertently reinforce the batterer's egocentric view of the world.
The Emerge Curriculum approach strives to balance cognitive-behavioral techniques with confrontational group process to force the batterer to accept responsibility for his abusive behavior and its consequences. The Emerge model agrees it is important to give batterers specific tools to interrupt their abusive behavior patterns; they also focus on re-socialization that convinces the batterer that they do not have the right to abuse their partner. The focus is more on the abusive relationship and the emotional consequences of the abuse for the victim. The Emerge approach focuses on the broader relationship between the batterer and the victim, addressing other concerns of the partner in addition to stopping the physical violence.

Amend Program, Colorado

The Amend Program focuses on longer term treatment. This program can last from 36 weeks to 5 years for the most difficult cases. It uses a multimodal approach centered on group therapy but may also include some individual counseling or couples work. Amend staff believe that chronic offenders require from 1-5 years of treatment to genuinely change the abusive behavior. The Amend Program believes that batterers need re-socialization which they refer to as habilitating the batterer. This means redressing batterer’s maladaptive moral development. The program aims to establish accountability, increase awareness of the social context of battering and build skills. The Duluth Power and Control Wheel is also used in this program, as well as cognitive-behavioral techniques, and other anger management tools. This model uses therapeutic group process to address psychological factors.

ADA, Alternatives to Domestic Abuse

The framework of group co-facilitators' approach to intervention is the progressive deconstruction of the service participants' entitlement to male privilege. By unapologetically, thoroughly, strategically, logically, and consistently confronting the service participants' sense of entitlement, the group co-facilitators are also encouraging and promoting the service participants' process of establishing accountability for their behaviors.

Within ADA, accountability is a personal journey and defined as: "Actions toward or involving others that reflect the integrity of the person I want to be." This parallel process of confrontation and encouragement takes place over 52 sessions, in a four tiered group process. The four groups include: Discovery, Foundations, Tactics, and Options. During the initial Discovery group service participants answer the question, "Do I have a reason to be in this program?" This exercise not only provides a basis for subsequent program sections, it allows for and accommodates the resistance that many service participants initially bring to ADA. Accountability is a key theme throughout the entire program and is built on the understanding of the following Bases and Domains of Accountability:
1. In **Discovery**, service participants have to effectively convince the group that they have a reason to be in the program and, in doing so, begin to expand the concept that their battering behavior is a pattern rather than an isolated incident.

2. In **Foundations**, group participants focus on four key concepts: the *Revised Power and Control Wheel, the ADA Choice Model, the ADA Accountability Plan, and the SDR (Accountability Workbook, (2003, 2006, and 2009). Each Foundations intervention component provides service participants with an expanded understanding of abuse and some preliminary tools for accountably changing their behavior.

3. In **Tactics**, service participants explore and challenge societal myths that reinforce their personal choice of battering tactic. They identify their fundamental personal core belief which allows them to make abusive choices. In this process service participants more concretely operationalize the concept of personal accountability. It is in this portion of the program that participants begin to process current interactions in their life and how they are accountable or unaccountable (Bases and Domains of Accountability).

4. In **Options**, service participants focus on their daily choices to live accountably in all of their interpersonal relationships. Participants continue the process of challenging their core belief, expanding their understanding of accountability and increasing tools to help them make non-abusive choices in the future. In addition to the groups, ADA service participants must complete 8 mentoring sessions. The purpose of the mentoring sessions is to solidify concepts learned for the mentor and to assist new participants with their resistance by hearing from peers. ADA is designed so that every policy, assignment and interaction is accountability focused and each section of the program builds on the one before it.

(Read more: Treatment for Male Batterers - A National Study of Batterer Intervention - Violence, Programs, Program, and Abuse)
A. Causes and Dynamics of Domestic Violence

Question: What causes Domestic Violence?
Answer - Domestic violence is embedded in our social customs and institutions and has consequently been viewed as normal and acceptable behavior. It is part of a continuum of violence against women that includes sexism, sexual molestation, sexual assault, incest, pornography, prostitution, sexual harassment, and stalking.

Some men believe they are entitled to use physical, emotional, sexual, or economic violence against their partners. Abusers do not consider their acts to be criminal behavior, and blame the victim for their criminal actions, rather than contemplating their own poor choices and taking personal responsibility. To the extent that communities fail to challenge this belief, battering will continue.

Question: Do alcohol and drugs cause battering?
Answer - Alcohol and drugs are not the cause of battering. However, violence cannot be successfully addressed without also treating any substance abuse in conjunction with monitored participation in an accredited batterer intervention program. Even with such interventions, there is never a guarantee that the behaviors will end.

Question: Does mental illness cause battering?
Answer - Personality disorders, mental illness, poor impulse control, generational violence, family-of-origin issues, and/or communication deficits are also frequently associated with and may compound the problem of domestic violence. Treatment for these problems should neither replace nor interfere with the court requiring an offender to address the abusive behavior, accept responsibility for it, and address the unequal power of women in relationships and society.

Question: How do abusers deny accountability?
Answer - Batterers strongly defend their violence by denying, minimizing, blaming, justifying, and rationalizing their behavior. Skilled manipulators, batterers often attempt to identify and utilize the sensitivities or particular interests of those involved in the accountability process to reframe themselves as the truth victim or win sympathy. They may blame the specific interactions of a dysfunctional relationship, current stress factors, or previous trauma. As a result, they often appear rational and can be convincing about their innocence.

It is the batterer who must choose to be non-violent and non-abusive in order to ensure of safety of his victim/partner. Although it may appear to be a habitual reaction committed without thought, committing domestic violence is a choice on the part of the batterer.
Question: What about gender-specific nature of violence?

Answer - The overwhelming majority of domestic violence occurs as male-to-female battering, therefore it is important for BIPs to acknowledge the gender-specific nature of that violence. However, it is equally important to recognize that same-sex violence and female-to-male violence also occur. Modification to the BIP program curriculum is required to address the specific needs of these groups.

Violence is part of an effective strategy for creating and maintaining power and control. Battering is part of a continuum of violence against women that includes sexism, sexual molestation, sexual assault, incest, pornography, prostitution, sexual harassment, and stalking. The community must make batterers accountable for the full emotional, social, and economic costs of their behavior.

 Helpful resources on this topic:
 www.nnedv.org
 National Coalition to End Domestic Violence
 www.nccadv.org
 North Carolina Coalition Against Domestic Violence
 About Domestic Violence
 Signs to Look for in a Battering Personality
B. Effects of Domestic Violence on Children

Batterer intervention programs (BIP) may have an opportunity to engage some batterers by addressing them in the context of being a parent. A parent cannot be a good model for their children if they are abusive, disrespectful or hateful to the other child’s parent. By learning the effects violence has on their children and how they can be a better parent, abusers may more likely be respectful of the other child’s parent. If programs are referring batterers to other community-based agencies for additional parenting education, it is recommended that a BIP should refer only to parenting education and other resources that demonstrate knowledge, understanding, and sensitivity to domestic violence issues.

Ensure the following items are included in the portion of the BIP curriculum pertaining to the effects of domestic violence on children:

a. Discussion and exercises designed to make participants aware of the effects of their violence toward their partners on children
b. Practice skills on how domestic violence can undermine the other parent’s ability to parent
c. Nonviolent parenting techniques such as those learned through evidence-based programs such as: Strengthening Families Program, Incredible Years, Parent Child Interaction Therapy and others.
d. Basic information on normal child development, including realistic and unrealistic expectations of children at various ages,
e. Information about how domestic violence interferes with healthy child development and interrupts a child’s social-emotional and behavioral functioning at each developmental stage from infancy through school aged.

Gain a basic understanding of how BIP participant experiences as children can influence their current parenting practices. Ask participants to recall their own parent’s parenting styles as well as any family violence during their own childhood including witnessing, hearing, or observing the results of abuse of adults in their home or physical or psychological abuse of themselves or other children. This can be an opportunity to realize that the batterer has chosen to utilize some of the same learned behaviors that they may have endured when they were a child and commit to changing their current abusive behaviors.

Helpful resources on this topic:

- [www.futureswithoutviolence.org](http://www.futureswithoutviolence.org)
- [www.nctsn.org/trauma-types/domestic-violence](http://www.nctsn.org/trauma-types/domestic-violence)
C. Power and Control Wheel

The Power and Control Wheel was developed from the experience of battered women in Duluth, Minnesota who had been abused by their male partners. It has been translated into over 40 languages and has resonated with the experience of battered women world-wide.

Why was the Power and Control Wheel created?
In 1984, staff at the Domestic Abuse Intervention Project (DAIP) began developing curricula for groups for men who batter and victims of domestic violence. We wanted a way to describe battering for victims, offenders, practitioners in the criminal justice system and the general public. Over several months, we convened focus groups of 200 women who had been battered. We listened to heart-wrenching stories of violence, terror and survival. After listening to these stories and asking questions, we documented the most common abusive behaviors or tactics that were used against these women. The tactics chosen for the wheel were those that were most universally experienced by battered women.

Why did you call it the Power and Control Wheel?
Battering is one form of domestic or intimate partner violence. It is characterized by the pattern of actions that an individual use to intentionally control or dominate his intimate partner. That is why the words "power and control" are in the center of the wheel. A batterer systematically uses threats, intimidation, and coercion to instill fear in his partner. These behaviors are the spokes of the wheel. Physical and sexual violence holds it all together—this violence is the rim of the wheel.

Why isn’t the Power and Control Wheel gender neutral?
The Power and Control Wheel represents the lived experience of women who live with a man who beats them. It does not attempt to give a broad understanding of all violence in the home or community but instead offers a more precise explanation of the tactics men use to batter women. We keep our focus on women’s experience because the battering of women by men continues to be a significant social problem—men commit 86 to 97 percent of all criminal assaults and women are killed 3.5 times more often than men in domestic homicides.

When women use violence in an intimate relationship, the context of that violence tends to differ from men. First, men’s use of violence against women is learned and reinforced through many social, cultural and institutional avenues, while women’s use of violence does not have the same kind of societal support. Secondly, many women who do use violence against their male partners are being battered. Their violence is primarily used to respond to and resist the controlling violence being used against them. On the societal level, women’s violence against men has a trivial effect on men compared to the devastating effect of men’s violence against women. Battering in same-sex intimate relationships has many of the same characteristics of battering in heterosexual relationships but happens within the context of the larger societal oppression of same-sex couples. Resources that describe same-sex domestic
violence have been developed by specialists in that field such as, The Northwest Network of Bi, Trans, Lesbian and Gay Survivors of Abuse, [www.nwnetwork.org](http://www.nwnetwork.org)

Making the Power and Control Wheel gender neutral would hide the power imbalances in relationships between men and women that reflect power imbalances in society. By naming the power differences, we can more clearly provide advocacy and support for victims, accountability and opportunities for change for offenders, and system and societal changes that end violence against women.

**Why was the Equality Wheel created?**

The Equality Wheel was developed not to describe equality, but to describe the changes needed for men who batter to move from being abusive to non-violent partnership. For example, the "emotional abuse" segment on the Power and Control Wheel is contrasted with the “respect” segment on the Equality Wheel. So, the wheels can be used together as a way to identify and explore abuse, then encourage non-violent change.

**Has the Power Wheel been translated into different languages?**

Domestic Abuse Intervention Programs have translated the wheel into Spanish. And, the wheel has been translated by many others worldwide. The wheel has also been adapted culturally, such as the wheel adapted by Mending the Sacred Hoop to reflect some of the tactics a Native American batterer might use against his intimate partner to control her.

**Can I use or adapt the wheels?**

Our wheels are copyrighted. They may be used in men’s educational classes, groups for battered women or community education presentations as long as they are credited to the Domestic Abuse Intervention Project as noted on the wheels. For other uses, please submit a written request explaining the desired use and purpose to our National Training Project staff. [training@theduluthmodel.org](mailto:training@theduluthmodel.org)

Programs wishing to adapt the wheels in any way should submit a written request to our National Training Project staff, explaining the desired use and purpose. In making our decision, we will look at how the adapted wheel reflects power imbalances between abusers and victims, if the segments have been carefully reviewed and edited and whether a wheel would be the most effective learning tools for the adaptor’s purpose. In addition, it is important that the content of the wheel come from focus groups with those experiencing the abuse. Requests are considered on a case by case basis.

Source: Education Groups for Men Who Batter, The Duluth Model by Ellen Pence & Michael Paymar
Contact the National Training Project team at: [training@theduluthmodel.org](mailto:training@theduluthmodel.org).
Power and Control Wheel
D. Voluntary Enrollment and DSS Referrals

County departments of social services may refer a batterer to a BIP that is currently being provided child protective in-home services or foster care services. Also, it is very possible that there are child welfare services being provided to a participant that was referred to a BIP through the criminal or civil court system. Child protective service (CPS) workers are advised to secure releases of information from the family members receiving CPS for any support service providers including a BIP. The CPS worker will be contacting the BIP program for updates as to how the batterer is progressing in services. It is vital for a BIP facilitator to communicate information with the CPS worker such as changes in behavior/attendance, positive or negative, as they are expected to continually plan for the safety of the child (often including the non-offending adult parent) and monitor the progress of the family service agreement (case plan) that may include expectations that the participant complete a BIP and demonstrate learned ability to understand the effects of domestic violence on children.

E. Serving Diverse Populations

Where possible, offenders should have the option of attending groups that are specific to their racial background (African American, Latino, tribal), with counselors from their group. Programs outside of urban areas often will not have resources to provide this service but should be pressed to do so as soon as they reasonably can. Program personnel should be trained on racist attitudes and how those could be exhibited, even unknowingly, in their interactions with their clients and with victims. Further, program personnel should be trained on class attitudes, and monitors should observe whether blue collar, unemployed, and poor offenders are being treated with respect and with sensitivity to the realities of their lives.

LGBTQ offenders should not have to participate in groups together with heterosexual offenders, as it may not be safe for them to do so. LGBTQ offenders may have to be served in individual counseling in many geographical areas, although this should be avoided whenever possible. Counselors should be from the same group (LGBTQ) whenever possible. Programs need to be sensitive to the fact that victims of LGBTQ domestic violence are sometimes mistakenly identified as the perpetrators, and proper assessment needs to be made.

Women who are court mandated to batterer programs as perpetrators of heterosexual domestic violence should not participate in a group with male batterers. Eighty to ninety (80-90%) percent of these women are incorrectly prosecuted and should be receiving victim services only. The remaining percentages who truly are perpetrators of violence do not entirely fit the profile of the domestic batterer and tend to have trauma histories that are playing an important role in their offending. Most practitioners believe that these
women need a hybrid service, where they are treated as perpetrators to some extent, with their attitudes and behaviors being confronted by the group, but that they simultaneously need attention to their own victimization and trauma issues.

There are an increasing number of offenders seeking abuser counseling who claim to have no history of violence, and who assert that their abuse is purely psychological. These offenders will generally refuse to participate in the batterer program. Even if they agree to do the regular program, it may be counterproductive, as they may focus on how much worse the other offenders are, and actually use that awareness to minimize or justify their own destructiveness. The BIP might consider creating separate groups for psychologically abusive offenders who are not mandated to attend by the courts. These offenders should be switched to the batterer program any time violence, threats, or sexual assaults are revealed, whether recent or not.

F. Working with Marginalized Communities

(Used with permission from Ohio Standards for Batterers Intervention Ohio Domestic Violence Network August 2010)

BIP’s shall strive to be inclusive of all populations represented within the community they serve. It is recommended that the BIP cultivate and maintain collaborative relationships with marginalized communities through local and regional task force work, outreach, prevention and intervention initiatives, cross training, monitoring and other venues.

Programs need to be aware that the majority of the BIP framework in the United States has been developed within the mainstream U.S. culture, which is white, middle class, heterosexual, U.S. born, Christian, able bodied, and urban/suburban environment. BIPs are highly encouraged to provide training for staff to improve their ability to work with diverse populations and employ members of marginalized communities as BIP staff and group facilitators.

BIPs shall be aware that some participants may use their membership in a certain marginalized community as an excuse for their abusive behavior or program noncompliance. BIPs shall consult with appropriate experts to determine any validity to participants' claim as deemed necessary.

1) Communities of Color

Communities of Color include people who belong to an oppressed group based on race and/or ethnicity and experience the oppression on a daily basis. They include, but are not limited to, people of African, Asian, Hispanic/Latino, Native, and Pacific Islander descent and may be of multiple heritages.
BIP staff should be aware of the racial oppression that members of these groups face in their daily experience at institutional and individual levels while not using the experience of oppression as an excuse for their battering behavior.

BIPs should reflect the experience of communities of color in the program materials by adjusting the language, including applicable scenarios in group work, and creating policies that are inclusive of communities of color.

2) Disability Communities

A disability is defined as any physical or mental impairment that substantially limits one or more of the major life activities of an individual. The range of disabilities includes developmental disability (before age of 21), cognitive disability, physical disability, sensory disability, acquired disability, aging related disability, and mental illness diagnosis (King Akers, 2006).

Disability communities are diverse and include individuals who may or may not self-identify as being a member of this community. The deaf community does not view hearing loss as a disability from cultural perspectives. It is important not to label, diagnose, or document that an individual has a disability without a direct inquiry to them and securing supporting documentation with their permission.

BIPs must comply with federal laws such as ADA. The compliance may require such accommodations as acquiring sign language interpreters for deaf/heard of hearing participants; providing extra assistance with homework for participants with a learning disability; providing physical accommodations for a member who utilizes a wheelchair, and others.

BIPs should implement effective strategies in utilization of culturally appropriate, linguistically and visually accessible curriculum and materials to foster maximum participation and learning for participants with self-identified disabilities.

BIPs must be aware that the participant’s or his partner’s disability status may be used as an excuse for his abusive behavior or program noncompliance.

3) Immigrant/Refugee Communities

An immigrant or refugee could be of any race and ethnicity and was born outside of the United States. They may not be proficient in English, may have a limited personal support network, and may not be familiar with customs and norms of the Unites States.

In case the participant has limited English proficiency (LEP), the BIP shall, to the extent possible, provide the services to them in the native language, or arrange interpretation and translation services. Agencies receiving federal funding must ensure that their programs normally provided in English are accessible to individuals with LEP and thus do not discriminate on the basis of national origin (Civil Rights Act of 1963 Title VI).
BIPs must not utilize as an interpreter the participant’s partner, child, other family members or friends to ensure safety and confidentiality of all individuals involved. BIPs shall seek trained, professional interpreters.

BIPs should have program materials translated, fully, in the language that the program participant can understand, or at least provide sight translation with the interpreter present.

BIPs should be aware that the participant’s status as an immigrant or refugee and LEP may be used as an excuse for his abusive behavior or program noncompliance.

4) Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Communities

The term lesbian refers to women who are romantically, emotionally, and sexually attracted to other women while gay is used for men who are attracted to other men romantically, emotionally and sexually. The word bisexual describes those who feel romantic, emotional, and sexual attraction to both males and females. Transgender is a term that describes those who transcend the traditional binary concept of gender. Queer, formerly an exclusively derogatory term for all LGBTQ people, are now proudly used by some as an umbrella term for the entire LGBTQ community.

When LGBTQ community members are referred for services, BIPs must provide a thorough assessment in order to hold the batterers accountable and avoid re-victimization of partners.

BIPs must be particularly careful in keeping sexual orientation of the participants and their partners confidential.

BIPs should reflect the experience of LGBTQ communities in the program materials by adjusting the language, including LGBTQ scenarios in group work and creating policies that are LGBTQ inclusive.

BIPs may, in collaboration with organizations serving the LGBTQ communities and domestic violence program, develop a sexual orientation specific group(s). The BIP should appoint facilitators who are members of the specific community while paying attention to the needs for confidentiality.

BIPs must be highly cautious when placing LGBTQ participants in groups. BIPs should place members of the LGBTQ communities in heterosexual groups if it is possible to do so safely. Otherwise, the LGBTQ participant should be placed in LGBTQ specific groups or be seen individually if the number of participants is not enough to form an ongoing group.
5) Religious Communities

Christianity, particularly Protestant, is the religion practiced by the majority of people in the United States (CIA, 2007). Marginalized religious communities include individuals who experience oppression based on religious affiliation with non-Christian spiritual practices, such as, but not limited to, Jewish, Buddhist, Muslim, Hindu, indigenous, and atheist.

BIPs should treat all religious practices with respect while not allowing any religious practice or belief to be used as an excuse for abusive behavior.

BIPs should reflect the experience of non-Christians in the program materials by adjusting the language; including applicable scenarios in group work and creating policies that are not religion specific.

Abusers often deny responsibility for their actions, blame their partner’s lack of religious commitment or practice for their own abusive behavior and misuse scripture to justify their abusive behavior.

Many male abusers believe their religion gives them social and spiritual privilege, power over their partners and children, and ordains their right to keep the family in subjugation to their leadership.

When working with abusers do not allow the abuser to justify abusive behavior with scripture

6) Rural Communities

A rural community is characterized by small population size and/or population density as well as a higher density of acquaintanceship (DeKeseredy and Schwartz, 2009).

BIPs should be particularly careful in keeping participants and their partners’ information confidential as personal information may spread easily in rural communities where people tend to be acquainted with each other.

BIPs should be aware of the isolation in rural areas that participants may use as a control tactic against their partners.

BIPs should be aware of the prevalence in presence of firearms in rural communities and its impact on safety of partners, children and other community members.

As many curricula and other materials for BIPs are often created for urban or suburban populations, BIPs serving rural communities should reflect the experience of the community in the program materials.
7) Women Who Use Force

Women who are arrested for domestic violence are mostly victims who used violence against their abusive partners, with self-defense being the most common reasons (Stuart, et. al, 2006).

BIPs should collaborate with local domestic violence program, courts, and other community partners on establishing policies on working with women who use force. As a majority of them are primary victims, women arrested for domestic violence in general may be best served by domestic violence programs rather than BIPs that traditionally work with male perpetrators of domestic violence.

Women must be served in women only groups. In case of LGBTQ individuals, refer to E above. Women, even if assessed as predominant aggressors, shall not be placed in groups for male perpetrators.

G. Process for Investigating BIP complaints

This procedure is pursuant to Rule 01NCAC17.0715 – Abuser Treatment Program (ATP) Investigations and Removal from Approved list. The Domestic Violence Commission (DVC) has designated the DVC/ATP Sub-committee as the investigating body for ATP complaints, and to make recommendations for disposition to the Commission.

The following policy defines the Domestic Violence Commission/Abuser Treatment program Committee process for investigation of complaints and grievances of BIPs monitored by the NC Council for Women and Youth Involvement/Domestic Violence Commission.

All complaints regarding violations of the Rules by an approved ATP will be forwarded to the NC Council for Women and Youth Involvement/BIP program coordinator for investigation. The complainant will be informed, by letter, how his/her complaint will be handled and by whom. Investigation of such complaint will ensue within a period not to exceed 90 days of receipt of such complaint.

Formal complaints, in writing, will be investigated by the NC Council for Women and Youth Involvement/ BIP coordinator in accordance with the procedure outlined in Rule .0715. The NC Council for Women and Youth Involvement BIP Coordinator will gather the required information and present same to the Committee. This same committee will meet to evaluate the material submitted and develop a recommendation to disposition to the Domestic Violence Commission.

Once an investigation is completed, the complainant will be notified in writing that their complaint has been addressed. Confidentiality will be maintained to the fullest extent.
possible, consistent with the need to conduct an adequate review. All committee members, and any other designated ‘outside’ source necessitated by the inquiry, sign a confidentiality statement on an annual basis.

The NC Council for Women and Youth Involvement-BIP coordinator, and BIP Committee, will maintain all records including: all complaints covered by these procedures, tracking their receipt, investigation and resolution. A periodic report will be made to the full Domestic Violence Commission on such records.
H. Glossary of Terms

• **Anger Management Program**: A program that uses a psycho-educational approach to improve participants’ coping skills with anger. Its intended participants are people with “anger regulatory problems” and not those who achieve short-term or long-term goals with their behavior, which are the case with domestic violence perpetrators.

• **Batterer**: An individual who uses abusive tactics over his intimate partner in order to exercise power and control over his partner. Other terms used are perpetrator and abuser.

• **Batterers Intervention Program (BIP): (aka Abuser Treatment Program)** A program that is designed to help perpetrators stop violence in intimate partner relationships by challenging their belief systems and holding them accountable for their behavior. A BIP should not be confused with anger management programs.

• **Domestic Violence (DV)**: A pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners. In recent years, another term, intimate partner violence (IPV), has been used interchangeably. *Domestic violence* is used in this document.

• **Domestic Violence Program**: A program that serves victims of domestic violence. It may be a residential program (shelter) or nonresidential program. NC specifically uses this term for programs for survivors and not for programs for batterers.

• **Oppression**: The historically constructed personal, cultural, and institutional manifestations of prejudice against a particular group. (Cultural bridges, 2002).

• **Victim/Survivor**: An individual who has been assaulted by her intimate partner physically and/or other ways. She has been victimized, and at the same time, is surviving everyday even if she leaves or stays in the abusive relationship. In this document, the terms victim and survivor are used interchangeably. Perpetrators of domestic violence can be male or female. North Carolina Council for Women and Youth Involvement annual statistics demonstrates that the majority of domestic violence victims are women. Men can be victims of domestic violence and both men and women can be victims in same sex relationships. However, the primary focus of these standards is on men who batter women. As the overwhelming majority of domestic violence occurs as male to female battering, it is important for a BIP to acknowledge the gender specific nature of that violence. However, it is equally important to recognize that same sex violence and female to male violence also occurs. The CFW & YI acknowledges that female to male violence as well as same sex violence will require modifications to the program curriculum to address the specific needs in these situations.
I. Suggested Training Resources

- *Safety Planning With Battered Women* by Eleanor Lyons, Jill Davies, and Diane MontiCatania. Sage Publications


Videos

- Hidden Victims: *Children of Domestic Violence*. Directed by Susan Carney, AIMS Multimedia

- It Ain’t Love. Directed by Susan Todd and Andrew Young, Olmos Productions (310-557-7010)

- Loves Me, Loves Me Not. Short Film by Jeff Newitt, Aardman Animations Production

- Male Violence: *A Room Full of Men*. Films Media Group (800-257-5126)

- Men and Domestic Violence. Executive Producer, Judy Brooks, Altschul Group Corporation, Lightbridge Productions

- Men’s Work: *How to Stop the Violence That Tears Our Lives Apart*. Hazelden Publishing (1-800-328-9000)

- Power and Control: Tactics of Men Who Batter. DAIP National Training Project (218-722-2781). (Must have received training from DAIP in order to use the video.)

- Time to Change. (Kinetic Inc., 1-800-466-7631, www.kineticvideo.com)
Recommended MOU for Batterer's Intervention Programs (BIP) and Victim Service Agencies (VSA)

Memorandum of Understanding (MOU) Between
BIP
(Hereinafter “name of agency/program”)
And
Victim Service Agency
(Hereinafter “name of agency/program”)

WHEREAS, BIP has developed a Batterer Intervention program to provide assessment and psycho-educational services to court-ordered offenders in _______ County who have been determined to be in need of such services;

WHEREAS, VSA is the domestic violence victim assistance provider in _____ County, and it provides assessment and other services to victims of domestic violence such as: a 24 hour domestic violence crisis line; shelter; confidential free individual and group counseling; assistance with the development of safety plans; and access to information regarding, and referrals to, other available resources (including referrals to Legal Aid of North Carolina for assistance with domestic violence protective orders and other legal options); and

WHEREAS, the parties hereto wish to collaborate and cooperate in the delivery of services to victims and abusers in domestic violence cases, and to have in place a Memorandum of Understanding (“MOU”) regarding that collaboration and cooperation, including so that BIP may comply with Title One, Chapter 17, Section .0701 et. seq. of the North Carolina Administrative Code regarding abuser treatment programs.

NOW THEREFORE, the parties set forth their mutual agreement and understanding as follows:

I. Goals of Agreement:

1. To acknowledge the commitment of both VSA and BIP to establish a cooperative working relationship that will facilitate the establishment and provision of effective services to victims and offenders in domestic violence cases.
2. To define basic roles and responsibilities of each agency and the mechanism for disseminating information and resolving problems.
3. To clarify the mechanisms and procedures for clients to be referred from one system to the other.
II. Substance of Agreement:

BIP will:

1. Provide assessment and psycho-educational group and individual services to court-ordered offenders who have been determined to be in need of such services.

2. Assist the abuser to develop, maintain and meet appropriate goals.

3. Meet the minimum standards specified by the North Carolina Council for Women and Youth Involvement, and the requirements set forth in Title One, Chapter 17, Section .0701 et seq. of the North Carolina Administrative Code for Abuser Treatment programs.

4. Ensure that BIP staff and volunteer counselors, facilitators and co-facilitators who provide services to victims and abusers are trained in domestic violence issues.

5. Maintain regular contact with VSA regarding (a) safety issues of victims; (b) opportunities for domestic violence training for counselors, facilitators, co-facilitators, victims’ advocates, and others in the community who interact with or provide services to victims or abusers; (c) improving and expanding services available to victims and abusers; (d) identifying, discussing and resolving any issues or problems that may arise in connection with the batterer intervention program, services being provided to abusers or victims, victim safety or confidentiality, this MOU, or the parties’ collaborative relationship; and (e) any other issues which may further the parties’ mutual goals of improving community attitudes and institutional responses towards domestic violence.

6. Subject to the limitations set forth below, BIP shall make good faith attempts, which shall be documented, to make contact with the victim: (a) upon a participant’s enrollment in its batterer intervention program; (b) when the participant has completed half of the sessions; and (c) when the participant completes or otherwise terminates participation in the batterer intervention program. These contacts shall be in writing, and the initial contact shall include information about the program and its limitations, victim confidentiality, VSA and other local resources for victims. BIP shall collaborate with VSA in making these contacts and, if the victim is a client of VSA, BIP shall provide VSA with a copy of what is provided to the victim. BIP shall have no obligation to contact the victim if he/she cannot be located.

7. However, notwithstanding the foregoing, BIP shall comply with any court ordered requirements or limitations regarding contact with the victim and it shall not contact the victim if (a) there is a domestic violence protective order or other court order in place that prohibits direct contact by BIP with the victim; (b) the court or the victim specifies that contact with the victim shall be made only indirectly through VSA, the victim’s attorney or other representative of the victim; or (c) the victim declines contact.

8. BIP may provide direct services to both abusers and victims. However, the same BIP staff person or volunteer shall not provide services to both a victim and her/his abuser. BIP shall not schedule victims’ groups and batterer intervention groups at the same or overlapping time at the same facility. Similarly, BIP will not schedule an individual session with a particular victim and her/his abuser at the same or overlapping time at the same facility. The BIP staff member or volunteer
working with the victim shall not provide any information from or about the victim to the staff member or volunteer working with the abuser without the out the express written consent of the victim.

9. BIP shall keep VSA informed of the programs and services that BIP may provide to victims and VSA may refer victims to BIP for services. However, BIP may not directly solicit a VSA client to take part BIP programs or services.

10. BIP shall keep all information about or from the victim confidential and specifically shall not provide such information to the program participant; BIP will disclose information about or from the victim only pursuant to a court order or with the express written consent of the victim.

VSA will:

1. Collaborate with and assist BIP in connection with BIP obligation to make contact with victims whose abusers are participating in BIP batterer intervention program, as set forth in paragraphs 6 and 7 above. If the victim so requests, or if a court-order so requires, VSA will serve as the conduit for purposes of the delivery of information from BIP to the victim. VSA will make a good faith effort to offer its services to and maintain contact with victims, whose abusers are participating in the batterer intervention program, including for purpose of monitoring safety issues and delivering information from BIP to the victim. However, VSA shall have no such obligation to maintain contact or provide services if the victim declines such contact or assistance from VSA or if the victim cannot be located.

2. Maintain regular contact with BIP regarding (a) safety issues of victims; (b) opportunities for domestic violence training for counselors, facilitators, co-facilitators, victims’ advocates, and others in the community who interact with or provide services to victims or abusers; (c) improving and expanding services available to victims and abusers; (d) identifying, discussing and resolving any issues or problems that may arise in connection with the batterer intervention program, services being provided to abusers or victims, victim safety or confidentiality, this MOU, or the parties’ collaborative relationship, and (e) any other issues which may further the parties’ mutual goals of improving community attitudes and institutional responses towards domestic violence.

3. Provide ongoing consultation to batterer intervention program staff, and provide periodic training opportunities to BIP counselors, facilitators, and co-facilitators about domestic violence issues.

AMENDMENTS: This Memorandum of Understanding may be amended only in a writing signed by both parties. The parties agree to make a good faith effort to agree on any amendments as may be necessary to achieve the goals and commitments set forth herein.

TERMINATION: The MOU may be terminated at any time upon mutual consent of both agencies. It may also be unilaterally terminated for good cause by either party if the other fails to comply with the terms of the MOU, applicable standards of the North Carolina Council for Women and Youth Involvement, or the requirements of the North Carolina Administrative Code for abuser treatment programs. However, prior to any
such unilateral termination for good cause, the party wishing to terminate must give the
other party written notice of the alleged non-compliance and a 30-day opportunity to
cure. Finally, the MOU may be terminated immediately and without notice and
opportunity to cure for egregious non-compliance or misconduct such as a breach of
victim confidentiality or fraud.

TERM: This agreement becomes effective on _____ (date) and shall remain in effect for
one year unless terminated as provided above.

BIP Name
By: _______________________
Title: _______________________
Date: _______________________

VSA Name
By: _______________________
Title: _______________________
Date: _______________________
