



**North Carolina Department of Administration
Council for Women/Domestic Violence Commission
Approval of Abuser Treatment Program Applicants**

Authority

The following document outlines the process for Abuser Treatment Program (ATP) approval, conducted by the North Carolina Council for Women/ Domestic Violence Commission (NCCFW/DVC) as described in the North Carolina Administrative Code: Title One-Administration: Chapter 17: Council on the Status of Women: Section .0700-Abuser Treatment Program rules.

These rules, along with the application, are available at www.nccfwdvc.com or by contacting the NCCFW/DVC at (919) 733-2455 or (828) 251-6169.

The NCCFW/DVC is responsible for ATP approval, per Administrative Code 01 NCAC 17 .0702. Every ATP shall provide documentation and assurances that it will adhere to all program rules and program structure set out in this Section at the time of the submission of its application to the NCCFW/DVC, 01 NCAC 17 .0703 (e).

Approval Cycles and Application Period

Applications will be reviewed for approval semiannually in March (application must be postmarked February 20) and September (application must be postmarked August 20). Entities applying for approval will be notified of their certification approval, denial, or need for clarification/deficiencies. Any deficiencies shall be corrected before the application is approved. If clarifications/deficiencies are not corrected during the specified review period for which the application was submitted the program may reapply at the next review cycle.

Application

HAND WRITTEN APPLICATIONS WILL NOT BE ACCEPTED

1. Submit the signed cover sheet with all information completed
2. Submit a Memorandum of Understanding (MOU) from each county where service will be provided (refer to Rule 01 NCAC 17.0705 (5)). An MOU is an agreement between the applying ATP and the Domestic Violence victim service provider in each county where the ATP will operate. The MOU is not a letter of support, nor an endorsement of the ATP. The MOU is a signed agreement between both agencies that establishes a process for providing services to the victim to aid in their safety.
NOTE: Any Domestic Violence agency that is applying to begin an AT program **must also submit an internal MOU** that will assure that victims and perpetrators will not be seen by the same staff, and that information and groups will be separate from each other; (refer to Rule 01 NCAC 17.0705 (2)).

3. Submit three letters of support (refer to Rule 01 NCAC 17.0703 (d)) from each county where service will be provided. These letters may come from among the following: a local domestic violence task force or coalition; a local department of social services, district attorney's office, law enforcement agency, or other governmental agency that is directly associated with the problem of domestic violence. Letters of support shall not be from agencies organizationally affiliated with the ATP. Letters of support shall be in the supporting agency's own words, on their letterhead, and have a current signature date.

4. State the Abuser Treatment Program philosophy of submitting agency

5. Complete all pages of the application

- The ATP Application Approval Committee must be able to find the required information in the format requested.
- All required sections should be clearly labeled, and the completed application form should indicate the policy or page where each item is located.

NOTE: It is suggested that applications include tabbed inserts corresponding to each section of the application. All supporting documentation (forms, policies, or other items) should be included within each tabbed section or included in a clearly labeled appendix. Clearly indicate where required items are located in your application.

6. Submit the original and seven (7) copies of the completed application with accompanying program Policy Manual demonstrating compliance with each rule (refer to Rule 01 NCAC 17.0703 (e))

Mailing Address:

The North Carolina Council for Women/Domestic Violence Commission
Abuser Treatment Program Coordinator
1320 Mail Service Center
Raleigh, North Carolina 27699-1320

Physical Address for UPS, FedEx, hand delivery:

422 North Blount Street
Raleigh, NC 27601

Compliance

At any time, the NCCFW/DVC may initiate an investigation of an approved program to determine compliance with the Abuser Treatment Program rules. The guidelines for such an investigation are outlined in 01 NCAC 17 .0715 (Abuser Treatment Program Investigation and Removal from Approved List).

- Quarterly statistical reports must be submitted in a timely manner.
- **See ATP Recertification for more information www.nccfwdvc.com**

If you have any questions, please call the NCCFW/DVC office.
Phone: (919) 733-2455 or (828)251-6169

**North Carolina Department of Administration
Council for Women/Domestic Violence Commission
ABUSER TREATMENT PROGRAM APPLICATION
COVER SHEET**

DATE OF APPLICATION: _____

A. PROVIDER IDENTIFICATION:

1. Name of Agency, and AT Program name, if different from the agency name:

2. Administrative Office Address, if different from the delivery site:

3. Telephone: () _____ Fax () _____

4. Website (if applicable) _____

5. Agency Director: _____

6. Program Director if different from Agency Director: _____

7. Email Address for Agency or Program Director: _____

8. Website address of agency/program if different from above: _____

9. Program IRS Status: Non-profit _____ Private-for-profit _____ Public _____ Gov. _____

10. Gender of Clients Served: ☐ Males ☐ Females ☐ Both

11. Do you provide Spanish-speaking services for Latino clients? Yes _____ No _____

Translation/interpretation _____ Groups for Males _____ Groups for Females _____

12. Program status: Not-for-Profit _____ Private-for-Profit _____ Public _____

B. DELIVERY SITE(s): List individual county names and office addresses, including the Judicial District, of each site where ATP groups will be held.

1. County Location: _____

Judicial District: _____

Address: _____

Telephone: _____

Contact Person: _____

3. County: _____

Judicial District: _____

Address: _____

Telephone: _____

Contact Person: _____

2. County Location: _____

Judicial District: _____

Address: _____

Telephone: _____

Contact Person: _____

4. County: _____

Judicial District: _____

Address: _____

Telephone: _____

Contact Person: _____

Certification: The information provided in this application is accurate

Signature (Agency Director)

Title

Date

C. ABUSER TREATMENT PROGRAM PHILOSOPHY

State the agency AT program philosophy. If the philosophy is contained in the policy and procedure manual, indicate where it is found.

Philosophy found in the P&P manual on Page: _____

Agency ATP Philosophy (you may attach additional page if needed):

D. MEMORANDUM OF UNDERSTANDING

List the name(s) of the domestic violence service agency signing the MOU. If the program will operate in more than one county, complete for each county where service will be provided. Indicate where MOU(s) is located in the application packet.

County _____ DV Agency name _____

County _____ DV Agency name _____

County _____ DV Agency name _____

MOU(s) found in section: _____

E. THREE (3) LETTERS OF SUPPORT FROM EACH COUNTY (List each signature agency)

1) _____

2) _____

3) _____

If serving more than one county, attach additional page with this information.

Letters may be found in section: _____

I. INTAKE (Reference Rule: 01 NCAC 17 .0704 (a) & (b))

- **Provide the program policy and procedure clearly stating how the intake will be performed and by which staff.**
- **Provide the intake form** - The program will conduct a comprehensive intake with all participants that will include:

Found on page/paragraph/line:

- A) Family and social history _____
- B) Medical health history _____
- C) Relationship history _____
- D) History of violent, abusive, and controlling behavior _____
- E) History of past criminal behavior _____
- F) Substance abuse history and screening _____
- G) Assessment of participant's cognitive or social skills _____
- H) Other factors that might interfere with participation in a group _____

II. ASSESSMENT OF LETHALITY, FREQUENCY OF ASSESSMENT AND ONGOING REFERRAL (Reference 01 NCAC 17.0704 (c) and (d))

- **Provide the program policy and procedure clearly stating how the assessment will be administrated, and by which staff.**
- **Provide the lethality assessment form**

Lethality Assessment

NOTE: Each of the listed indicators of increased lethality risk must be addressed during the assessment. Indicate where each of the following indicators may be found in the assessment/lethality form:

Found on page/paragraph/line:

- Violence that increases in severity, frequency, and specificity _____
- High degree of ownership that the abuser expresses regarding the victim _____
- Violation of court orders and conditions of probation _____
- Change in access to and relationship with victim _____
- Accessibility to weapons, especially firearms _____
- Life stressors (e.g., divorce, chronic illness, death of loved one, and unemployment) _____
- Frequent or severe intoxication from alcohol or other drugs _____
- Threatened or attempted homicide or suicide _____
- Stalking behavior _____
- History of holding victim captive _____
- Pet abuse _____
- Victim making plans to leave or has already left _____
- Extreme isolation of the victim _____
- Increased level of risk-taking by the abuser _____
- History of sexual assault _____
- Acute mental health problems, depression & anti-social Behavior _____
- Past use of weapons or objects _____
- Strangulation behaviors _____
- Violence in the family of origin _____

Frequency of assessment:

Indicate where this is stated in the policy and procedure _____

How often/when will the program conduct a lethality assessment of individual program participants? _____

Ongoing referral:

Provide the referral forms(s)

Does the ATP provide initial and ongoing referral services for participants who have concurrent substance abuse, medical, or mental health problems?

Yes ____

III. VICTIM SAFETY (Reference Rule: 01 NCAC 17 .0705)

Provide the policy and procedure

Provide a copy of all materials that will be shared with the victim

A) The program will make documented, good faith attempts to make contact with the victim upon the participant's enrollment in the program.

1) When is this information shared and how often? _____

2) How will contact be made? _____

3) This contact includes information about the program and its limitations, victim confidentiality and local resources for victims. Yes _____

B) Unless the victim declines contact or is unable to be located, the program will attempt, in collaboration with the victim service agency, to contact the victim at the participants':

- Completion of half of the sessions? Yes ____
- Completion of group? Yes ____
- At termination from group? Yes ____

This is in the policy and procedure manual found on page _____

C) If program participants and persons who have been victimized by those participants receive direct services from the same agency, it assured that the same staff person or volunteer does NOT provide services to both parties.

- Explain how this is assured: _____
-

D) All information about or from the victim is kept confidential from the program participant, except with written permission from the victim.

Yes this is in the policy and procedure manual found on page _____

E) It is assured that the victims' groups and abuser treatment groups do NOT OCCUR simultaneously at the same facility.

Yes this is in the policy and procedure manual found on page _____

IV. PROGRAM STRUCTURE (Reference Rule: 01 NCAC 17 .0706)

Provide the policy and procedure indicating the following:

- A) Treatment programs are provided in-group sessions unless there is same gender, age, geographic or language restrictions.
- B) Individual counseling sessions are provided only as a supplement to group treatment.
- C) Groups have at least two facilitators per session if the size of the group exceeds eight participants and are limited to no more than 16 participants.
- D) Female participants do not attend nor are they enrolled in groups with male participants.
- E) Treatment intervention programs are provided for a total of 39 hours of group treatment over a minimum period of 26 weeks and completed within 30 weeks.
- F) How are absences handled and how many are allowed? _____

G) Group sessions are at least one and one-half hours long.

H) Program has established locally determined fees.

What is the fee structure? _____

How will the program address non-payment of fees? _____

V. ABUSER TREATMENT PROGRAM CURRICULUM

(Reference Rule: 01 NCAC 17 .0707)

Provide a curriculum syllabus for the 26 week course work that indicates the topics to be covered each week.

- Program curriculum used is Titled: _____
- This curriculum is evidenced-based on the following research: _____
- _____
- The following areas are covered in group work:
 - A) Identification of all forms of physical, emotional, economic, sexual and verbal abuse and violence, week(s) # _____
 - B) Impact of domestic violence on the victim and the abuser, week(s) # _____
 - C) Impact of domestic violence on children including children who are abused and children who witness domestic violence, week(s) # _____
 - D) Emphasis on the responsibility of the batterer for his or her violence and abuse, week(s) # _____
 - E) Identification of the personal, societal, and cultural values and beliefs that legitimize and sustain violence and oppression, week(s) # _____
 - F) Alternatives to violence and controlling behaviors, week(s) # _____
 - G) Identification of healthy relationships, week(s) # _____
 - H) Promotion of accountability, self-examination, negotiation, and fairness, week(s) # _____
 - I) The relationship between substance abuse and domestic violence, week(s) # _____
 - J) The relationship between mental illness and domestic violence, week(s) # _____
 - K) Identification of the behavioral, emotional, and physical cues that precede escalating violence, week(s) # _____

VI. PROHIBITED ACTIVITIES (Reference Rule: 01 NCAC 17 .0708)

- **Provide the policy and procedure**
- **Indicate where in the application this is found** _____

- A) Couples therapy or counseling
- B) Any therapy or counseling which places the responsibility for adult behavior on the children or the victim
- C) Any theoretical approaches that treat the violence as a mutual process
- D) Any counseling model that identifies the violence as an addiction and the children or adult victim as enabling or codependent
- E) Techniques that lay primary causality on anger
- F) Theories or techniques that identify poor impulse control as the primary cause of the violence
- G) Methods that identify psychopathology on either parties' part as a primary cause of violence
- H) Interventions that base causation on a lack of communication skills
- I) The gradual containment or de-escalation of violence

VII. PARTICIPANT TERMINATION (Reference Rule: 01 NCAC 17 .0709)

- **Provide the policy and procedure**
- **Indicate where in the application this is found** _____

- A) Client has a known recurrence of violent conduct, intimidation, stalking, or harassment behavior.
- B) Client fails to abide by the program rules and regulations, including absences and any other matter set forth in these standards.
- C) Client fails to participate and attend sessions according to the program criteria
- D) Client fails to comply with the program's alcohol and drug policy.
- E) Client demonstrates increased risk of lethality as demonstrated by the lethality assessment.
- F) Documents the reasons for the termination without jeopardizing the victim's safety.
- G) Program makes 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.
- H) Program will inform the victim of the participant's termination within two days, unless the victim declines contact or is unable to be located.
- I) Program will inform the agency from which the victim is receiving domestic violence services of the participant's termination within seven days.
- J) Program will 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.
- K) Program will 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.

VIII. PROGRAM ASSESSMENT (Reference Rule: 01 NCAC 17 .0710)

- **Provide policy documenting agency agreement to submit quarterly statistical reports to the CFWQ/DVC**

Tracking 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.

IX. PROVISIONS OF DIRECT SERVICES (Reference Rule: 01 NCAC 17 .0711)

- **Provide agency policy and procedure for determining the qualifications for all staff, consultants, or volunteers delivering direct services to participants.**

Provide documentation that this policy addresses individuals who have committed domestic violence and contains guidelines that determine if the conduct undermines the integrity of the program or will interfere with the individual's performance

X. CONTINUING EDUCATION (Reference Rule: 01 NCAC 17 .0712)

- **Provide agency policy addressing continuing education for all staff working within the abuser treatment program that includes:**

- A) Group facilitators will receive a minimum of 6 hours per year of continuing education or training on domestic violence
- B) Direct Service Staff, including staff conducting assessments, will receive a minimum of 20 hours per year of continuing education or training on domestic violence.

XI. PARTICIPANT CONFIDENTIALITY (Reference Rule: 01 NCAC 17 .0714)

- **Provide agency policy and procedure and a copy of the confidentiality form, including waiver of confidentiality and group confidentiality documenting that the following items are addressed:**

- A) Participant confidentiality
- B) Notice of the policies and procedures are provided to all direct services staff and those with access to participant records.
- C) Except for the reasons noted below, is it assured that program staff will NOT disclose, without the participant's consent, any confidential communications made by a participant to the program staff during the course of the program

Exceptions:

- 1) When a participant makes an overt or covert threat to harm self or others, program staff must warn the potential victim and law enforcement personnel, any other potential victim.
- 2) If a participant is suspected of child abuse or neglect, program staff reports such abuse or neglect to the director of social services in the county where the juvenile resides (pursuant to GS. 7B-301).
- 3) If a participant has been mandated to an abuser treatment program by a judge, program staff releases 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, documented attempts 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.
- D) Separate Records
- Where is it indicated that all participant and victim records are maintained in separate locked file cabinets with assurances that there is no commingling of confidential information. Page _____

XII. VICTIM CONFIDENTIALITY (Reference Rule: 01 NCAC 17 .0714)

- **Provide agency policy and procedure documenting that:**

- A) All information provided by the victim is kept confidential unless the victim gives written permission for the program to release the information.
- B) All information received by the victim is kept in separate filing cabinets from the participant's files.
- C) If the victim tells the abuser treatment program that the participant has committed a new offense, does the treatment program encourage the victim to contact an appropriate law enforcement agency and the local victim services program or other support services.

XIII. RIGHT TO ACCESS (Reference Rule: 01 NCAC 17 .0716)

Provide agency policy stating the following:

The Commission or any of its authorized representatives have access to any books, documents, papers, participant or other records of any applicant ATP needed to make a determination during the approval process or any time thereafter unless otherwise protected by law.

XIV. EQUAL OPPORTUNITY (Reference Rule: 01 NCAC 17 .0718)

Provide agency policy stating that:

The ATP does NOT deny services to any participant or its providers because of age, race, sex, creed, color, national origin, or disabling condition.