THE COLORADO APPROACH TO DOMESTIC VIOLENCE OFFENDER TREATMENT

HOW EVIDENCE-BASED STRATEGIES CAN RENEW HOPE AND SUPPORT FOR EFFECTIVE OFFENDER TREATMENT, EVALUATION AND MANAGEMENT

PRESENTED BY:

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AGENDA

- Basis for Change - Grounded in Research
- Research on Evidence Based Core Correctional Practices
- DVOMB Standards of Practice
- Outcomes and the Evidence Based Practice Movement
WHY CHANGE...?
RESEARCH BASIS FOR EXPLORATION

(WSIPP, 2013)

(Corvo et al., 2008)

(Babcock et al., 2004)

(Radatz & Wright, 2015)

(Babcock et al., 2016)
CURRENT TRENDS

90% of states have Standards for BIP

No Standards for NY, SD, AR, MS, CT

References: Boal & Mankowski, 2014a; Price & Rosenbaum, 2009; Maurio & Eberle, 2008
DO DOMESTIC VIOLENCE OFFENDER INTERVENTIONS WORK...?
"I take it you object?"
NATIONAL RESPONSES TO DOMESTIC VIOLENCE

- Mandatory arrest policies for domestic violence
- Proliferation of Batterer Intervention Programs (BIPs)
- State mandated *Standards of Practice*

*Treat First, Evaluate Later*
WHAT WORKS…

AND HOW DO YOU KNOW?
RISK, NEED, RESPONSIVITY PRINCIPLES

**Risk** – Services provided to offenders should be proportionate to the offenders’ level of static and dynamic risk.

**Need** - Interventions are most effective if services target criminogenic needs that have been empirically associated with recidivism.

**Responsivity** - Effective service delivery of treatment and supervision requires individualization that matches the offender’s culture, learning style, and abilities, among other factors.
DIFFERENTIAL TREATMENT

Empirical

- Coulter & VandeWeerd (2009) examined re-arrest rates for 17,999 offenders using a three-tier treatment program developed in Hillsborough County, Florida.
- Nicholls et al., (2013) systematic review of domestic violence risk assessments

Conceptual

- Stewart et al., (2013) discusses the application of RNR to partner abuse interventions
- Radatz & Wright, (2015) proposes key programmatic components needed to integrating RNR into batterer intervention programming
SPECIALISTS VERSUS GENERALISTS

<table>
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<tr>
<th>Piquero, et al., 2006</th>
<th>Richards et al., 2014</th>
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<td>“Regarding specialization, the official record data indicates that few SARP domestic violence offenders have been specializing exclusively in violence. We were certainly able to identify many offenders with violence in their official criminal histories, but the overwhelming majority of these individuals also committed nonviolent offenses.”</td>
<td>“The results from this study indicated that more than half of the participants in the sample were rearrested for domestic violence (51.5%) and/or nondomestic violence (55.6%) over the 10-year follow-up period. This is consistent with prior research demonstrating that individuals who are arrested for domestic violence are often repeat offenders (Piquero et al., 2006).”</td>
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*Domestic violence offenders do not tend to specialize in domestic violence.*
COLORADO

- Mandatory Arrest State
- Court-Ordered DV Offender Treatment
- Domestic Violence Offender Management Board
- DVOMB Standards of Practice
DIFFERENTIAL TREATMENT

Profile
- Healthy relationship construct
- 1st DV offense
- Limited to no co-occurring disorders
- Limited to no victim safety issues

Profile
- Co-occurring disorders
- Patter of coercive control
- Repeat offender
- Crisis management
- Victim safety, lethality risks

Low Risk  --  High Risk

Iatrogenic Effects when Mixed

© ODVSOM
Differential Treatment Levels

**Low Intensity**
- Psycho-educational treatment plan
- Minimum of two Treatment Plan Review Periods
- Minimum of one weekly clinical contact

**Moderate Intensity**
- Moderate Intensity
- Psycho-educational and Cognitive/Behavioral Therapy (CBT) treatment plan
- Minimum of three Treatment Plan Review Periods
- Minimum of one weekly and one monthly clinical contact

**High Intensity**
- High Intensity
- Crisis management, cognitive skills treatment plan
- Minimum of three Treatment Plan Review Periods
- Minimum of two weekly clinical contact and more as needed
- Victim safety concerns

LEVEL A
LEVEL B
LEVEL C
EVALUATIONS AND ASSESSMENTS

- Types: Pre-Sentence, Post-Sentence
- Section 4.0 Requirements:
  - Required External Sources of Information
  - Required Assessment Instruments
  - Required Minimum Content of Offender Interview
  - Required written brief report for probation or court
  - Collateral information required
- Determination of treatment level, criminogenic needs, strengths and adjunct treatments needed

Assessment Instruments
- DVRNA
- 2nd Domestic Violence Risk Assessment
- Mental Health Screen
- Cognitive Screen
- Substance Abuse Screen
DOMESTIC VIOLENCE RISK AND NEEDS ASSESSMENT – SCORING

- 14 Domains
- Research-based risk factors
- Used by the Multi-Disciplinary Treatment Team
- Offender classification of risk and intensity level of treatment
  - Level A
  - Level B
  - Level C
- Subsequently justify possible change in level of treatment
COORDINATED COMMUNITY RESPONSE: MULTI-DISCIPLINARY TREATMENT TEAM (MTT)

MTT consensus is required:

- Initial placement in treatment
- If treatment planning indicates a change in level
- When reviewing offender competencies
- Prior to discharge
AVERAGE LENGTH OF TIME IN TREATMENT BY RISK LEVEL

Figure 1. Average Length of Time in Treatment (in months) by DVRNA Risk Level at Discharge

- **Level C** (High Risk): 8.7 (n = 243) Successful, 3.2 (n = 248) Unsuccessful
- **Level B** (Medium Risk): 8.0 (n = 616) Successful, 3.5 (n = 156) Unsuccessful
- **Level A** (Low Risk): 5.8 (n = 166) Successful, 3.9 (n = 19) Unsuccessful
TREATMENT OUTCOMES BY RISK LEVEL

Figure 2. Percentage of Successful Treatment Outcomes by DVRNA Risk Level at Discharge

- Level C (High Risk):
  - Successful: 46% (n = 246)
  - Unsuccessful: 54% (n = 291)

- Level B (Medium Risk):
  - Successful: 80% (n = 628)
  - Unsuccessful: 20% (n = 159)

- Level A (Low Risk):
  - Successful: 91% (n = 171)
  - Unsuccessful: 9% (n = 18)
EVIDENCE BASED MOVEMENT

- Victim Safety Focus
- Individualization – Not One Size Fits All
- Implementation and Application
- National Trends in Policy
- Research and forensic experience
Questions?
REFERENCES


