

Frequently Asked Questions

As an approved DVOMB provider, do I have to use these Guidelines if I work with offending youth?

NO. Use of these Guidelines is not mandated. They do however offer best practices and recommendations to any treatment provider working with youth who engage in relationship abuse. As such, evaluation, assessment, treatment, and monitoring services for youth who engage in relationship abuse should adhere to the Guiding Principles to the extent possible and follow current practices that are grounded in research.

As an approved DVOMB provider, do I have to serve offending youth?

NO. These Guidelines apply to professionals who *choose* to provide services to youth who engage in relationship abuse. Treatment Providers should only serve youth if they have both the knowledge, training, and specific competencies in domestic violence dynamics, youth development, and survivor and community safety.¹ Those providing counseling and therapeutic services must be licensed, certified, or registered with the Colorado Department of Regulatory Agencies (DORA).

Does DVOMB have jurisdiction over my work with offending youth?

NO. Unlike adult domestic violence offenders, there is no mandate for someone to be approved through the Colorado DVOMB to work with youth who engage in abusive, harmful, and/or illegal acts toward a dating partner. These Guidelines are designed to offer best practices and recommendations to Providers who do offer evaluation and treatment services to youth who engage in relationship abuse. See question above for more information.

Are these Guidelines the same as the adult standards?

NO. Youth are a unique population and services should be tailored to meet their unique needs. While some of the Guidelines have been fashioned after the adult standards, the Guidelines and following best practices re: legal considerations, case management, and evaluation and treatment, have been modified specifically for the youth population. Research on effective interventions with youth who engage in relationship abuse is a developing field. Treatment and supervision should respond accordingly to the evolving research. The content of treatment should focus on decreasing abusive, harmful, and/or illegal behavior, increasing prosocial behaviors, and improving overall health.

For whom are these Guidelines applicable?

These Guidelines have application for youth ages 10 to 17, young adults ages 18 to 20, and individuals under the jurisdiction of a juvenile court regardless of age, who are engaging in relationship abuse either as adjudicated or non-adjudicated youth. For those individuals who

¹ It is important for professionals to understand and respect the limitations of their practice and the advanced expertise required to properly serve youth, per C.R.S § 12-43-202(1), which states “Notwithstanding any other provision of this article, no licensee, registrant, or certificate holder is authorized to practice outside of or beyond his or her area of training, experience, or competence.”

are convicted of domestic violence as an adult, ages 18-25, please refer to the DVOMB Young Adult Appendix K.

<https://cdpsdocs.state.co.us/dcj/DCJ%20External%20Website/DVOMB/DVOMB%20Standards.pdf>

There are two ways that a youth who engages in relationship abuse may be identified and referred for services:

1. After an adjudication or a deferred adjudication has been entered and a referral to probation, parole, or out-of-home placement has been made, the youth should be referred to a Provider who uses these Guidelines and the formation of a multidisciplinary team (MDT), should be convened as soon as possible to manage the youth during the term of supervision. This process may also occur at the pre-trial stage.
2. Outside of the legal system, in response to an identified need by professionals due to a referral by family/caregivers, school, sports, youth groups, etc., the youth should be referred to a Provider who uses these Guidelines and an MDT should be formed with the available professionals who are involved with the youth, if applicable. These members may be more limited, but the Provider should seek their involvement to the extent possible.

Why were these Guidelines created?

The intent of these Guidelines is to help reduce relationship abuse during adolescence. Youth who engage in relationship abuse in their dating relationships during adolescence do not fall under the criminal definition of domestic violence² because domestic violence is codified in Title 18 of Colorado Revised Statutes pertaining to adults. There are limited interventions and treatment options for these youth in Colorado. The goal of the Guidelines is to create capacity and resources for youth who engage in relationship abuse to receive services at any point in time by a statewide network of qualified evaluation and treatment service Providers. Referrals for services may originate through the juvenile justice system, school personnel, parents, or even youth who self-identify.

How do these Guidelines fit with efforts to prevent youth relationship violence?

Intervention in and prevention of relationship abuse in youth is critical, both to stop immediate harm and to stem the progression of violence. Many youth who engage in abusive behaviors want services to help them change and few resources exist. Many of these youth have also experienced trauma in their own lives. Helping them change their abusive behaviors leads to decreased relationship abuse and healthier relationships.

While these Guidelines are oriented toward professionals working with at-risk (e.g., secondary prevention) and identified (e.g., tertiary prevention) populations engaging in relationship abuse, primary prevention is integral to this work and should not be overlooked.

² 18-6-800.3 (1), C.R.S. "Domestic violence" means an act or threatened act of violence upon a person with whom the actor is or has been involved in an intimate relationship. "Domestic violence" also includes any other crime against a person, or against property, including an animal, or any municipal ordinance violation against a person, or against property, including an animal, when used as a method of coercion, control, punishment, intimidation, or revenge directed against a person with whom the actor is or has been involved in an intimate relationship.

Primary prevention will promote more systemic and cultural changes to support healthy relationships and the recognition of abusive behavior³.

What is included in the Best Practice Guidelines for Working with Youth Who Engage in Relationship Abuse?

The document includes 1) Guiding Principles, 2) Legal Considerations, 3) Case Management and Multi-Disciplinary Coordination, 4) Evaluation and Treatment Service Guidelines for Mental Health Professionals, and 5) Appendices with various resources

Why the terms *relationship abuse*, *youth who engage in relationship abuse*, and *survivor*?

Terms such as relationship abuse, domestic violence, intimate partner violence, and teen dating violence are used to describe behaviors that are abusive, harmful, and/or illegal. The Guidelines will refer to these issues under the general term of *relationship abuse*. This term was chosen after focus groups conducted by Stand Up Colorado suggested that youth more readily identified with that term. Recognizing that identifying youth who use abusive behaviors in their dating relationships as *offenders* may label them by their behavior or suggest they cannot live free of abusive behaviors, the Guidelines will use the terms: *youth who engage in relationship abuse*, *youth who commit abusive, harmful, and/or illegal acts toward a dating partner*, or *youth*.⁴ The term *victim* is also problematic, and the Guidelines will more often use the terms: *youth who experienced abuse* or *survivor*.

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³ Shorey et al., (2017). Age of Onset for Physical and Sexual Teen Dating Violence Perpetration: A Longitudinal Investigation. *Preventive Medicine*, 105: 275-279. DOI: 10.1016/j.ypmed.2017.10.008

⁴ Tu, J. & Pentti, B. (2020). How We Talk About “Perpetration of Intimate Partner Violence” Matters. *Journal of the American Board of Family Medicine*, 33(5), 809-814. DOI: <https://doi.org/10.3122/jabfm.2020.05.200066>.