

Appendix B: Specific Offender Population Best Practice Guidelines

I. For Providing Court-Ordered Treatment to Domestic Violence Offenders in Same-Sex Relationships

On June 9, 2006 the Domestic Violence Offender Management Board (DVOMB) formally adopted these Guidelines. The following Guidelines have been developed to address the unique aspects of treatment with individuals who have used violence against a same-sex partner. These Guidelines may be relevant to individuals who identify as gay, lesbian, bisexual, transgender, intersex, pansexual, questioning, or queer (see I. Definitions). While domestic violence research and treatment with some “sexual minorities” (i.e., transgender, intersex, pansexual individuals) is limited, the experience of marginalization and oppression crosses all of these orientations and identities. Not only must the Treatment Provider demonstrate skill in addressing issues of violence in same-sex relationships (regardless of how the offender identifies: i.e., a “straight” identified male offender in a relationship with a male), the Provider must also recognize issues related to sexual orientation and identity. These Guidelines supplement the DVOMB approved Standards for Treatment for Court Ordered Domestic Violence Offenders and are found in the Appendix of the Standards.

A Specific Offender Population Subcommittee of the DVOMB was established to develop these Guidelines. The Subcommittee, comprised of state and local experts in the field of same-sex partner abuse (including treatment providers, victim service providers and advocates, probation/corrections officers, and others involved in the criminal justice system) collaborated in the creation of these Guidelines. Clinical and professional expertise, as well as a review of available research and literature, served as the foundation for these Guidelines.

The treatment issues unique to offenders in same-sex relationships require that providers working with this population have specific experience, knowledge, and assessment skills to effectively assess for and provide treatment to offenders. The following describes training, assessment, treatment, and supervision issues related to effective work with same-sex offenders.

The issues identified here should be integrated throughout treatment, rather than approached as separate from the core of the treatment curriculum.

A. Competency, training and experience requirements for providers

1. Minimum competencies-obtained through core or basic trainings (10.03 Training Hours)
 - Basic definitions/terminology: lesbian, gay, bisexual, transgender, queer (LGBTQ). See I. Definitions
 - Homophobia/heterosexism
 - Sexual orientation vs. Gender identity Stages of coming-out process (e.g., Cass, Coleman, La Pierre; see H. Bibliography)
 - Role of sex in relationships
 - Gender stereotypes
 - Same-sex relationship violence: power and control wheel
 - LGBTQ outing

- LGBTQ hate crimes
- System discrimination: police, courts, treatment
- Societal marginalization: family, church, housing, employment
- Probable cause arrest laws/policies/procedures
- Dual arrest: predominant aggressor vs. co-combatant vs. true victim
- Familiarity with community resources for LGBTQ victims or offenders

2. Critical training areas - obtained through advanced trainings (See G. Resources and I. Bibliography)

- a. Internalized homophobia/heterosexism
- b. Stages of same-sex relationship development
- c. Role models in LGBTQ communities
- d. Healthy relationship dynamics and/or processes
- e. Parenting: adoption, foster, birth, co-parenting

3. Field experience requirements (10.04 Experiential Hours)

B. Assessment of offenders

1. Unique aspects of violence history (e.g., vulnerability to hate crimes)
2. Prior arrest and conviction history, including background check, criminal involvement related to partner. Prior criminal cases in which the offender was the identified victim.
3. Unique aspects of relationship history (e.g., more extensive than standard; relationship agreement regarding monogamy)
 1. Unique aspects of drug/alcohol addiction and recovery. Addiction history: drug/alcohol evaluations (SSI, ASI, ASAM and/or DSM); "meth rage"; criminal activities related to addiction.
 2. Unique sexual activity history
 3. Gender stereotypes in relationship(s)
 4. Unique health issues (e.g., HIV, cancer, hepatitis, STD)
 5. Current offense/arrest information: level of aggression (predominant aggressor vs. co-combatant vs. true victim)
 6. Level of internalized homophobia
 7. Stage of LGBTQ socialization
 8. Stage of coming out
 9. Level of acceptance/rejection: family, friends, employer, landlord
 10. Level of access to LGBTQ support resources
 11. Unique stalking concerns
 12. Relationship assessment
 - Current status of relationship
 - Mutuality assessment: Are both partners abusive? Only the defendant? Or only the "victim"? Stalking, harassment, potential violence by current partner
 - Lethality assessment as appropriate
 - Prior violence: Was the defendant in other abusive relationships as either offender or victim?
1. Anger assessment: behaviors when angry; "triggers" for anger; emotional volatility
2. Rape, sexual abuse history, childhood history of victimization
3. Current offense/arrest information: level of aggression (predominant aggressor vs. co-combatant vs. true victim)
4. Self-defending victims

C. Treatment parameters and dynamics (10.08 Sexual Orientation)

1. Same-sex offender groups: benefits, challenges, boundaries, structure
2. Resistance
3. Uniqueness and Isolation
4. Unique methods of victimization: victim outing; victim invisibility; victim degenderization
5. Impact of uniqueness of community: limited confidentiality; current friends vs. future partners
6. Completion/Discharge
 - Unique aspects of accountability
 - Unique aspects of consistent use of time-outs
 - Higher expectation of more open and honest communication with victim
 - Less stereotypical roles in relationship
 - Less controlling social behavior
7. Unique safety issues

D. Curriculum of unique topic areas working with same-sex relationship offenders (10.06 Offender Treatment Goals)

1. The LGBTQ topic areas addressed here should be integrated throughout treatment, rather than approached as separate from the core of the treatment curriculum
2. Stages of LGBTQ coming-out process
3. Stages of LGBTQ relationship development
4. Role models in communities
5. Role of sex in relationships
6. Gender stereotypes
7. Homophobia/heterosexism
8. Outing
9. Hate crimes
10. System marginalization
11. System discrimination

E. Supervision/consultation issues (10.05 Supervision)

The supervisor/consultant should have expertise in working with both offenders and victims and have the adequate training in both areas

F. Victim advocacy (7.03 b)

1. Unique advocacy considerations; e.g., "partner outreach"
2. Training recommendations
 - a. Basic LGBTQ definitions/terminology
 - b. Awareness of unique techniques of abuse (e.g., internalized homophobia, outing, medical status, stigmatization or isolation of victim)
 - c. Unique safety concerns (e.g., minimization, lack of safehouses)
3. Resources: CAVP, Q center, private therapists, support groups

G. Resources

1. Community-based LGBTQ Relationship Violence Resources (e.g., Colorado Anti-Violence Program)
2. LGBTQ Centers
3. LGBTQ -skilled therapists
4. DVOMB/SOP approved treatment providers

5. DVOMB/SOP trainings

H. Bibliography

Suggested readings on same sex relationship violence

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I. Definitions

Throughout this document, the acronym "LGBTQ" is used to refer to "GLBTQ" and "GLBTIOA" as defined below.

1. **GLBTQ & GLBTIOA:** These letters are used as shorthand for the gay, lesbian, bisexual, transgender, questioning and allied community. "I" for intersex and "A" for ally are often included in this "alphabet soup."
2. **Gay:** The word gay is generally used to describe men who are romantically and sexually attracted to other men. It is sometimes used to refer to the general GLBTQ community, but most often refers to just gay men. There are many other terms used to refer to gay men, but much of the time they are derogatory, offensive and often painful and should not be used (i.e. fag, etc.).
3. **Lesbian:** The word lesbian is generally used to describe women who are romantically and sexually attracted to other women. This term originates with the female poet Sappho who lived in a community comprised predominantly of women on the Isle of Lesbos in ancient Greece. There are many other terms used to describe lesbians, but much of the time they are derogatory, offensive and often painful and should not be used (i.e. dyke, etc.).
4. **Bisexual:** The term bisexual is generally used to describe people who are romantically and/or sexually attracted to people of more than one sex or gender.
5. **Sex & Gender:** It is easy to confuse these two concepts and terms; however, they are different. Sex refers to the biological sex of a person. Gender refers to their societal appearance, mannerisms, and roles.
6. **Transgender:** The word transgender is an umbrella term used to refer to people who transcend the traditional concept of gender. Many feel as though they are neither a man nor a woman specifically, and many feel as though their biological sex (male, female, etc.) and their socialized gender (man, woman, etc.) don't match up. Some opt to change/reassign their sex through hormones and/or surgery and some change their outward appearance, or gender expression, through clothing, hairstyles, mannerisms, etc. Many people who identify as transgender feel as though they are confined in a binary system (male-female, man-woman) that does not match who they feel themselves to be. If we look at gender as a continuum and not an "either/or" concept, we have a better idea of understanding this issue.
7. **Transsexual:** Transsexual is used to describe those individuals who use hormone therapy and/or surgery to alter their sex.
8. **Intersex:** The word intersex refers to people who, on a genetic level, are not male or female. They are individuals whose sex chromosomes are not xx or xy, or who are born with ambiguous genitalia (hermaphrodites). Surgery performed in infancy or childhood, without informed consent, leaves some of these individuals feeling incomplete or altered.

For more information, please refer to the web site for the [Intersex Society of North America](#).

10. **Questioning:** People who are in the process of questioning their sexual orientation are often in need of support and understanding during this stage of their identity. They are seeking information and guidance in their self-discovery.
11. **Ally:** An ally is an individual who is supportive of the GLBTQ community. They believe in the dignity and respect of all people, and are willing to stand up in that role.
12. **Homosexual:** The word homosexual is a scientific term invented in the 1800's to refer to individuals who are sexually attracted to their own sex/gender. This term is not widely used in the GLBTIQA community as it is seen as too clinical.
13. **Heterosexual:** The term heterosexual was created around the same time to describe individuals who are sexually attracted to the opposite sex/gender. These words are still widely used, though they tend to perpetuate an "us versus them" mentality and a dichotomous sex/gender system.
14. **Straight:** The word straight is a slang word used to refer to the heterosexual members of our community.
15. **Heterosexism and Homophobia:** The term heterosexism refers to the assumption that all people are heterosexual and that heterosexuality is superior and more desirable than homosexuality. "Homophobia" is defined as "the irrational fear and hatred of homosexuals." Both of these are perpetuated by negative stereotypes and are dangerous to individuals and communities.
16. **Genderism:** The term genderism refers to the assumption that one's gender identity or gender expression will conform to traditionally held stereotypes associated with one's biological sex.
17. **Sexual Orientation:** One's sexual orientation refers to whom he or she is sexually or romantically attracted to. Some people believe that this is a choice (a preference) and others that it is innate (GLBT people are born this way).
18. **Gender Identity:** A person's gender identity is the way in which they define and act on their gender. Gender Expression is how they express their gender.
19. **Coming Out of the Closet:** The coming out process is the process through which GLBTQ people disclose their sexual orientation and gender identity to others. It is a lifelong process. Coming out can be difficult for some because societal and community reactions vary from complete acceptance and support to disapproval, rejection and violence. [The Human Rights Campaign](#) website has some very good information and resources on coming out.
20. **Queer:** The term queer has a history of being used as a derogatory name for members of the GLBTQ (and Ally) community and those whose sexual orientation is perceived as such. Many people use this word in a positive way to refer to the community; they have reclaimed the term as their own. Not everyone believes this and sensitivity should be used when using or hearing it as there are still many negative connotations with its use.
21. **Pansexual/Polysexual:** In recent years, the terms "pansexual" and "polysexual" have joined "bisexual" as terms that indicate an individual's attraction to more than one gender

From the University of Southern Maine's Center for Sexualities and Gender Diversity website; Definitions assembled by Sarah E. Holmes (GLBTQA Resources Coordinator) and Andrew J. Shepard, 2000 and 2002.