4.0 Offender Evaluation

The purpose of a domestic violence offender evaluation (hereafter offender evaluation) is to assess the offender's need for treatment, determine what type of treatment is needed, and identify the risk level and any additional needs the offender may have related to containment, stabilization and safety. While the evaluation provides valuable information and recommendations, and as new information emerges, or risk level changes within the course of treatment, an offender's treatment should be tailored to address those changes.[1] Each offender shall receive a thorough assessment and evaluation[2] that examines the interaction between the offender's mental health, social/systemic functioning, family and environmental functioning, and offending behaviors. Evaluators have an ethical responsibility to conduct evaluations in a comprehensive and factual manner, regardless of the offender's status within the criminal justice system. Consequently, evaluators will prioritize the physical and psychological safety of victims and potential victims in making recommendations that are appropriate to the assessed risk and needs of each offender.

4.01 Referral for Offender Evaluation Services:

I. If a criminal justice agency[3] makes a referral to an Approved Provider, that Approved Provider shall notify the criminal justice agency if the offender does not make contact within the time frame indicated. If no time frame was included with the referral, the Approved Provider shall notify the criminal justice agency within one week if the offender does not contact the Approved Provider.

   Discussion Point: *It is considered a best practice for the criminal justice supervising officer (or agent) to provide as much information as possible to the Approved Provider when the referral is made. Collateral information such as the police report, prior evaluations, the results to the Domestic Violence Screening Instrument (DVSI) and/or the Level of Service Inventory, a summary of the offender's criminal history, and any other documentation should be provided when available and applicable. The availability of collateral documentation helps Approved Providers start the evaluation process.*

II. Initial Appointment – After the offender has made contact with the Approved Provider, the Approved Provider should make all reasonable attempts to schedule the initial appointment with the offender within one week of being contacted by the offender. If the Approved Provider is not able to schedule an initial appointment within a reasonable time, the Approved Provider shall communicate with the supervising officer or agent for next steps.

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[1] Bonta, J., & Wormith, J. S. (2013). Applying the risk-need-responsivity principles to offender assessment. In L.A. Craig, L. Gannon, L., & T. A. Dixon (Eds.), What works in offender rehabilitation: An evidence-based approach to assessment and treatment (pp. 71–93). Hoboken, NJ: Wiley-Blackwell.

[2] Each evaluation shall be sensitive to the functioning, skills, and mental and physical capabilities of each offender.

[3] Probation, private probation, parole, community corrections, or diversion.

III. Interstate Compact Requirements – Pursuant to § 17-27.1-101, C.R.S, Approved Providers shall notify the Colorado Interstate Compact Office whenever an out-of-state offender enrolls in a domestic violence offender treatment program. This applies to all offenders who have been convicted of or have agreed to a deferred judgment, deferred sentence, or deferred prosecution for a crime in another state. The Approved Provider may complete the offender evaluation, but may not start domestic violence offender treatment until approval has been granted by the Colorado Interstate Compact Office.

IV. Refusal to Admit – Approved Providers shall provide written documentation with reasons for refusal to admit to treatment to the responsible criminal justice agency within one week.

4.02 Parameters of the Offender Evaluation

I. The offender evaluation shall not be used to determine guilt or innocence, or whether or not an act of domestic violence has occurred as the offender has already pled guilty to, or has been convicted of a domestic violence offense.

Discussion Point: *The criminal justice system, not the Approved Provider, is responsible for making legal decisions regarding guilt or innocence, pleas, convictions, and sentencing. When a pre- or post-sentence evaluation is conducted, the presumption is that the offender is guilty and will complete domestic violence offender treatment per the Standards. Evaluations performed prior to a finding of guilt (e.g., pre-plea, conviction, etc.) may not meet the requirements of these Standards. As such, Approved Providers may need to create an updated evaluation as an addendum to any previously performed evaluation that does not meet the DVOMB Standards.*

II. The offender evaluation shall be used to develop baseline measures in order to assess offender gain, lack of progress, or regression with regard to criminogenic need and risk of re-offense.

III. Evaluation(s) shall direct initial placement of the offender into the appropriate level and intensity of treatment as identified in *Standard* 5.06.

IV. Approved Providers shall not represent or imply that an offender evaluation meets the criteria for a domestic violence offender evaluation if it does not comply with the DVOMB *Standards*. Approved Providers shall include a statement in each completed evaluation as to whether the evaluation is fully compliant with the DVOMB *Standards* or not.

V. Specific goals of the evaluation shall assess and determine the following:

- Level and nature of risk, including possible lethality for future domestic violence[4] (Reference Appendix E, Section VII);

- Individual criminogenic needs[5], domestic violence, and issues related to power and control (Reference Appendix E, Section IV);

- Strategies for managing criminogenic needs and the presence of any domestic violence and issues related to power and control;

- Offender strengths (e.g., pro-social support factors, employment, education);

- Any potential destabilizing factors (e.g., job loss, homelessness, bankruptcy);

- Offender responsivity factors (Reference Appendix E, Section VI);

- Level of offender accountability (Reference Appendix E, Section I);

- Assessment of amenability[6] for treatment is defined as:
  The ability to comprehend treatment concepts
  The physical and mental ability to function in a treatment setting
  The presence of potential language barriers (see Standard 5.03 for more information).

- Considerations and clinical factors unique to a Specific Offending Population (e.g., female offenders, LGBT+ offenders) using the guidelines from Appendix B;

- Relevant diagnostic considerations regarding the treatment of co-existing conditions, the need for medical or pharmacological treatment (if indicated), and further assessments needed to address areas of concern;

- Overall clinical issues and criminogenic needs in the form of a case conceptualization and make recommendations for the Offender Treatment Plan;

[4] Campbell, J. C. (2005). Assessing dangerousness in domestic violence cases: history, challenges, and opportunities. Criminology and Public Policy, 4, 653–672.
[5] Hilton, Z. & Dana L. Radatz, D. (2018). The Criminogenic and Noncriminogenic Treatment Needs of Intimate Partner Violence Offenders International Journal of Offender Therapy and Comparative Criminology, 62(11) 3247–3259.
[6] Amenability to domestic violence treatment refers to the offender's capacity to effectively participate, function, and understand treatment concepts. Significant cognitive (e.g., thinking) impairments can preclude an individual's ability to sufficiently pay attention during treatment sessions, learn new information, and/or self-reflect. Similarly, some cases of acute mental illness may interfere with participation due to the presence of impaired reality testing (e.g., delusions or hallucinations).

- Recommendations of initial strategies for monitoring related to community and victim safety.

Discussion Point: *The Standards do not preclude an Approved Provider from performing an evaluation as well as the treatment for the same offender.*

4.03 Pre-Sentence Offender Evaluation (PSE)

The purpose of a presentence evaluation (PSE) is to provide the court with relevant information upon which to base sentencing decisions. The domestic violence offender evaluation establishes a baseline of information about the offender's risk and protective factors, treatment needs and recommendations, and amenability to treatment. The PSE may include recommendations about an offenders' suitability for community supervision.

I. A PSE shall only be conducted by an DVOMB Approved Pre-Sentence Evaluator.

II. The PSE is not a required evaluation for offenders. A Pre-Sentence Evaluator may perform a PSE to obtain information that will provide treatment recommendations related to domestic violence and dynamics of power and control, results of any additional psychological testing, strategies for offender containment, monitoring, and supervision requirements based on assessments of an offender's risk, needs, and responsivity.[7] The PSE shall comply fully with the *Standards,* specifically 4.02, 4.05, 4.06, 4.07 and Appendix E of which results in a comprehensive and in-depth offender evaluation (e.g., personality, intelligence, psychopathy, developmental disabilities, etc.).

III. If a pre-plea evaluation has been performed, once there is a finding of guilt, an offender evaluation that complies with the *Standards* shall be utilized to determine treatment needs.

IV. Evaluations conducted for the purposes of pre-trial diversion that meet criteria set forth per § 18-1.3-101(5), C.R.S.[8], shall conform to these *Standards* and be

[7] Bonta, J., & Wormith, J. S. (2013). Applying the risk-need-responsivity principles to offender assessment. In L.A. Craig, L. Gannon, L., & T. A. Dixon (Eds.), What works in offender rehabilitation: An evidence-based approach to assessment and treatment (pp. 71–93). Hoboken, NJ: Wiley-Blackwell; Babcock, J., Armenti, N., Cannon, C., Lauve-Moon, K., Buttell, F., Ferreira, R., . . . Solano, I. (2016). Domestic Violence Perpetrator Programs: A Proposal for Evidence-Based Standards in the United States. Partner Abuse, 7(4), 355-460. doi:10.1891/1946-6560.7.4.355; Radatz, D. L., & Wright, E. M. (2016). Integrating the principles of effective intervention into Batterer Intervention Programming: The case for moving toward more evidence-based programming. Trauma, Violence, & Abuse, 17, 72–87. http://dx.doi.org/10.1177/1524838014566695.

[8] In a jurisdiction that receives state moneys for the creation or operation of diversion programs pursuant to this section, an individual accused of an offense, the underlying factual basis of which involves domestic violence as defined in section 18-6-800.3 (1), is not eligible for pretrial diversion unless charges have been filed, the individual has had an opportunity to consult with counsel, and the individual has completed a domestic violence treatment evaluation, which includes the use of a domestic violence risk assessment instrument, conducted by a domestic violence treatment approved provider by the domestic violence offender management board as required by section 16-11.8-103 (4), C.R.S. The district attorney may agree to place the individual in the diversion program established by

conducted by a Pre-Sentence Evaluator. Pre-Sentence Evaluators may make recommendations for treatment based on the results of an evaluation for consideration by the prosecuting agency.

Discussion Point: *Approved Providers are sometimes referred clients whom have neither been charged or convicted of domestic violence in a criminal court, but are subject to court orders from a civil court. Pursuant to § 14-10-124(4)(IV)(f), C.R.S.[9], if a finding of domestic violence is made, the offending party may be ordered to participate in a domestic violence offender evaluation and treatment as recommended. Civil orders for evaluations and treatment are not subject to the DVOMB Standards. Approved Providers may choose if and how they are to perform evaluations referred by civil court order and treatment to the participating party. The DVOMB encourages Approved Providers to use the DVOMB Standards as a best-practice guide in conjunction with their professional and ethical judgment appropriately.*

4.04 Post-Sentence Offender Evaluation

I. The post-sentence offender evaluation is a required component of the offender's intake process and shall be conducted with each offender by an Approved Provider. In cases in which a PSE has been completed and a copy has been obtained by the Approved Provider, the post-sentence offender evaluation shall expand upon the PSE as necessary and applicable (Reference "Required Minimum Sources of Information" Section 4.05). If there is a conflict between the pre- and post-sentence offender evaluation findings, the Approved Provider may consult with their Domestic Violence Clinical Supervisor (DVCS) or peer-consultant for resolution if needed.

II. When the substance abuse screening and/or clinical judgment indicate the need for further assessment, the offender shall be referred to a CAC II, CAC III or LAC for a substance abuse assessment.

III. When further offender mental health assessment is indicated and the Approved Provider is not a licensed mental health professional, the Approved Provider shall refer the offender to a licensed mental health professional for further assessment.

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the district attorney pursuant to this section if he or she finds that, based on the results of that evaluation and the other factors in subsection (3) of this section, that the individual is appropriate for the program.

[9] § 14-10-124(4)(IV)(f), C.R.S. When a civil court finds by a preponderance of the evidence that one of the parties has committed domestic violence, the court may order the party to submit to a domestic violence evaluation. If the court determines, based upon the results of the evaluation, that treatment is appropriate, the court may order the party to participate in domestic violence treatment. At any time, the court may require a subsequent evaluation to determine whether additional treatment is necessary. If the court awards parenting time to a party who has been ordered to participate in domestic violence treatment, the court may order the party to obtain a report from the treatment provider concerning the party's progress in treatment and addressing any ongoing safety concerns regarding the party's parenting time. The court may order the party who has committed domestic violence to pay the costs of the domestic violence evaluations and treatment.

4.05 Required Minimum Sources of Information

To determine the most accurate prediction of risk, as well as offender treatment planning that comports with research and best practice, evaluations shall include sources of information, which include integration of criminal justice information, victim input, other collateral information, previously performed offender evaluations, information obtained from a clinical interview of the offender, and the use of assessment instruments. Approved Providers shall comply with all mental health listing, licensure, or certification requirements regarding client confidentiality and privacy.

I. Approve Providers shall obtain the following required sources of information:

A. Criminal justice and/or court documents including but not limited to the following:

1. Law enforcement reports including the index offense report, affidavit or summary, and where available, the victim statements, other witness statements, and photos from current and prior incidents;

2. Criminal history

Approved Providers shall attempt to obtain criminal justice and/or court documents first from the supervising officer (or agent). If this information is not provided by the supervising officer (or agent), then the Approved Provider may seek the information from the offender's legal representation (if available and at the discretion of counsel) or through the court, law enforcement, or prosecuting agency directly. Under no circumstances shall an Approved Provider request an offender to obtain the police report or victim statements.

B. Victim input, including but not limited to victim impact statement (if available), written reports, direct victim contact, and information via a victim advocate or victim therapist. The MTT shall make victim safety and victim confidentiality its highest priority. Please refer to Section 7.05 for more information on victim information and confidentiality.

Discussion Point: *Women's perceptions of safety are substantial predictors of reassault.*[10]

C. Any relevant and previously completed evaluations, treatment, and/or medical records. These may include, but are not limited to, offense-specific, psychological, psychiatric, substance abuse, or medical evaluations and records. If the Approved Provider is unable to obtain these records, the attempts made shall be documented.

[10] Edward W. Gondolf, Batterer Intervention Systems: Issues, Outcomes, and Recommendations. (Thousand Oaks, CA: Sage Publications, 2001) 201.

D. Available collateral contacts directly related to the current offense (e.g., medical and mental health practitioners, Departments of Human Services)

E. Other collateral contacts as relevant and appropriate (e.g., family members)

III. Required Assessment Instruments

To provide the most accurate prediction of risk for domestic violence offenders, the offender evaluation shall include at a minimum, the use of instruments that have specific relevance to assessing domestic violence offenders. Assessment instruments used for the purpose of conducting an offender evaluation shall defer to the most current version and have demonstrated reliability and validity based on published research.

A. Domestic Violence Risk Assessment Instruments[11]

1. Domestic Violence Risk and Needs Assessment Instrument (DVRNA) (Reference *Standard,* 4.06 and Appendix G). This research-informed instrument is designed to assist in the classification of offenders based on risk and need to determine the appropriate intensity of treatment.
2. At least one additional domestic violence risk assessment instrument.

B. At least one substance abuse screening instrument[12]

C. At least one mental health screening instrument

D. At least one cognitive screening instrument.

IV. Required Minimum Content of Offender Clinical Interview

The offender evaluation shall include a structured clinical interview[13] with the offender and address the following evaluation areas as referenced in Appendix E:

A. Psychosocial history

B. Mental health history

C. Substance use history

[11] Nicholls et al., (2013). Risk Assessment in Intimate Partner Violence: A Systematic Review of Contemporary Approaches, Partner Abuse, 4(1), 76-168.
[12] Bruijn, D. & Graaf, I. (2016). The role of substance use in same-day intimate partner violence - A review of the literature, Aggression and Violent Behavior 27, 142–151.
[13] R. Borum, "Improving the Clinical Practice of Violence Risk Assessment: Technology Guidelines and Training, American Psychologists 51:9 1996, 945-956.

D. Relationship history with attention to domestic violence dynamics and any issues related to power and control

E. Prior history of trauma or adverse experiences

F. Family history of sections B, C, D, and E above

G. Criminogenic needs

H. Offender accountability

I. Motivation for and amenability to treatment

J. Responsivity factors

4.06 Domestic Violence Risk and Needs Assessment Instrument (DVRNA)

Placement in treatment shall be determined by the pre-sentence or post-sentence offender evaluation in conjunction with the Domestic Violence Risk and Needs Assessment Instrument (DVRNA) (Refer to annotated DVRNA). For any required form relating to the DVRNA, please refer to the DVRNA Scoring Manual (Appendix G).

I. Introduction

The literature demonstrates that there are significant risk factors that should be considered in working with domestic violence offenders. In the absence of a researched instrument that clearly identifies the ongoing risk of offenders during treatment; the following are some of the risk factors identified in the literature that shall be considered in treatment planning and ongoing Treatment Plan Review. These risk factors may not be present at the initial evaluation, but may become evident during treatment resulting in a need for a change in treatment planning and intensity of treatment. Additionally, mitigation of these risk factors may indicate a need for reduction in intensity of treatment. Once the offender has been evaluated according to Standard 4.0 Offender Evaluation, the Approved Provider will complete the DVRNA. When identifying a risk factor for an offender, the Approved Provider is required to identify the source from which the information is drawn. This will help ensure that the information and risk determination is defensible. Examples of required sources include criminal history, law enforcement report, publicly released victim report/ impact statement, Office of Behavioral Health approved substance abuse screening instrument, offender clinical interview, mental health screen, and other information as required in Offender Evaluation Standard 4.05.

DVRNA was developed from several research studies that identify risk factors for future abuse or reoffense by known domestic violence offenders.

The majority of this research was conducted on male offenders. Because there are some contextual differences between patterns of male and female offending, the MTT shall consider the relevance of these risk factors for females on a case by case basis.

II. Victim Information

A. The ultimate goal in reviewing and utilizing victim information is to protect the victim.
   1. Information on confidential victim statements shall be kept in a file separate from the offender file.
   2. When a victim states that his/her information cannot be revealed beyond the Approved Provider, the Approved Provider and the victim advocate, without compromising victim confidentiality, may consult with probation and shall ascertain other potential ways to document or address victim concerns.

Example: If the victim reports substance abuse by the offender, the Approved Provider may require random urinalysis, thus obtaining information without revealing victim information.

III. Scoring Method Used in Determining Intensity of Treatment:

A. Some risk factors on the DVRNA are identified as Critical or Significant and result in minimum placement for initial treatment. The actual placement level may be higher depending on the total number of domains in which there are risk factors.

B. Offenders who do not have more than one risk factor as identified in the DVRNA may be considered for the Level A intensity of treatment. This one risk factor cannot be identified as Critical or Significant.

C. The domains on the DVRNA are identified by letter (A-N). The risk factors listed under the domains are numbered. When scoring the DVRNA the maximum score for a domain is one. The maximum score on the DVRNA is therefore fourteen (14). Specific risk factors listed under the DVRNA do not each count for one point.

D. Offenders who have two to four domains in which risk factors are present or any Significant Risk Factor as identified in the DVRNA, shall be placed in Level B intensity of treatment.

E. Offenders who have five or more domains in which risk factors are present or any risk factor as identified as a Critical Risk Factor in the DVRNA shall be placed in Level C intensity of treatment.

F. If the clinical and professional judgment of the MTT indicates a need to override the criteria listed above in A through D, there shall be consensus of the MTT and the written justification shall be placed in the offender's file.

IV. DVRNA Risk Factors

Risk factors are used as one measure to guide:

- Initial treatment planning including the design of offender competencies that must be demonstrated by the offender.
- Ongoing Treatment Plan Reviews that determine any or all of the following
  - Changes during treatment in regards to treatment planning,
  - Justification for changes to the Treatment Plan, such as required additional treatment or reduction in the intensity of treatment
  - Risk increase or mitigation

The following DVRNA domains of risk factors (A-N) shall be taken into consideration throughout an offender's treatment. Significant and Critical Risk Factors that warrant initial Level B or Level C placement are listed first for ease of use with this instrument.

Discussion Point: Please refer to the DVRNA Annotated Bibliography for further information regarding these individual risk factors.

A. Prior domestic violence related incidents (Any of the following are Significant Risk Factors that indicate initial treatment placement in LEVEL B) (Ventura and Davis 2004; ODARA, 2005). This domain applies only to adult criminal history.
   1. Prior domestic violence conviction (ODARA, 2005) Critical Risk Factor that indicates initial treatment placement in Level C
   2. Violation of an order of protection (B-SAFER, 2005; Kropp & Hart, 2008; DVSI, 1998)
   3. Past or present civil domestic violence related protection orders against offender.
   4. Prior arrests for domestic violence (Ventura & Davis, 2004)
   5. Prior domestic violence incidents not reported to criminal justice system (Cattaneo & Goodman, 2003).

B. Drug or alcohol abuse (Any of the following are Significant Risk Factors that indicate initial treatment placement in Level B at a minimum.). Requires use of a Division of Behavioral Health approved screening instrument(s) and/or self-report or recent illegal activity involving substance abuse to determine drug/alcohol abuse -- with emphasis on

most recent 12 months.[14]

1. Substance abuse/dependence within the past 12 months[2] (Kropp & Hart, 2008; B-SAFER, 2005; Weisz, et al., 2000; ODARA, 2005; Cattaneo & Goodman, 2003)
2. History of substance abuse treatment within the past 12 months (Kropp & Hart, 2008; Klein, 2008) or two or more prior drug or alcohol treatment episodes during lifetime (DVSI, 1998)
3. Offender uses illegal drugs or illegal use of drugs[15] (Campbell, 1995)

C. Mental health issue (Any of the following are Significant Risk Factors that indicate initial treatment placement in Level B at a minimum.)
   1. Existing Axis I or II diagnosis (excluding V codes)
   2. Personality disorder with anger, impulsivity, or behavioral instability (Kropp & Hart, 2008; B-SAFER, 2005)
   3. Severe psychopathology (Gondolf, 2007; Hare 1998)
   4. Recent psychotic and/or manic symptoms (Kropp & Hart, 2008)
   5. Psychological/psychiatric condition currently unmanaged
   6. Noncompliance with prescribed medications and mental health treatment
   7. Exhibiting symptoms that indicate the need for a mental health evaluation

D. Suicidal/homicidal
   1. Serious[16] homicidal or suicidal ideation/intent within the past year (Kropp & Hart, 2008) (This is a Critical Risk Factor that indicates initial treatment in Level C)
   2. Ideation within the past 12 months (Kropp & Hart, 2008; B-SAFER, 2005)
   3. Credible[17] threats of death within the past 12 months (Kropp & Hart, 2008;)
   4. Victim reports offender has made threats of harming/killing her (female victims in heterosexual relationships[18] (Campbell, 2008)

[14] The Spousal Assault Risk Assessment (SARA) explains that substance misuse is related to criminality and recidivism in general, and recent substance misuse is associated with risk for violent recidivism among partner assaulters.
[15] Colorado Revised Statutes refers to "unlawful use of a controlled substance – using any controlled substance, except when it is dispensed by or under the direction of a person licensed or authorized by law to prescribe, administer, or dispense such controlled substance for bona fide medical needs."
[16] "Serious" as defined in the Spousal Assault Risk Assessment (SARA) means that the ideation is experienced as persistent and intrusive or involves high lethality methods; or that the level of intent is moderate to high.
[17] "Credible" as defined in the Spousal Assault Risk Assessment (SARA) means that the threats were perceived as credible by the victim.
[18] Dr. Jacquelyn Campbell's work cited in this document refers to her work on femicide and only female victims in heterosexual relationships.

E. Use and/or threatened use of weapons in current or past offense (Kropp & Hart, 2008; Azrael & Hemenway, 2000) or access to firearms
    1. Gun in the home in violation of a civil or criminal court order (Vigdor & Mercy, 2006) (This is a Critical Risk Factor that indicates initial treatment in Level C)
    2. Use and/or threatened use of weapons in current or past offense (Kropp & Hart, 2008; Azrael & Hemenway, 2000) (This is a Critical Risk Factor that indicates initial treatment in Level C)
    3. Access to firearms[19] (VPC, 2007; Paulozzi et al. 2001; Mitchell & Carbon, 2002; Mitchell & Carbon, 2002; Campbell, 2003; Saltzman, et al.,
    4. 1992; Klein, 2008)

Discussion Point: This is a containment issue that needs to be discussed by the MTT regarding community and victim safety.

F. Criminal history – nondomestic violence (both reported and unreported to criminal justice system). This domain applies only to adult criminal history.
    1. Offender was on community supervision at the time of the offense (DVSI,1998). (This is a Critical Risk Factor that indicates initial treatment in Level C.)
    2. Offender has a prior arrest for assault, harassment, or menacing
    3. (DVSI, 1998; Buzawa, et al., 2000; Ventura & Davis, 2004). If there have been two or more arrests[20], it is a Significant Risk Factor that indicates initial treatment in Level B at a minimum.
    4. Prior nondomestic violence convictions (DVSI, 1998; Klein, 2008; ODARA, 2005; Ventura & Davis, 2004)
    5. Past violation(s) of conditional release or community supervision (Kropp & Hart, 2008; B-SAFER, 2005; ODARA, 2005)
    6. Past assault of strangers, or acquaintances (Kropp & Hart, 2008; Weisz, et al., 2000; B-SAFER, 2005)
    7. Animal cruelty/abuse (Humane Society, 2007; Volant et al., 2008; Ascione, 1998; Faver & Strand, 2003, Ascione, 2007;Ascione, et al., 2007)

G. Obsession with the victim:
    1. Stalking or monitoring (Campbell, 2003; Block, Campbell, & Tolman,2000)
    2. Obsessive jealousy with the potential for violence, violently and constantly jealous, morbid jealousy (Wilson & Daly, 1992; Hilberman & Munson 1978; Campbell, 2003)

[19] Personal ownership of a firearm or living in a household with a firearm.
[20] The DVSI assigns one point for one prior arrest and two points for two or more prior arrests.

H. Safety concerns

(The ultimate goal in reviewing and utilizing information is to protect the victim. Information shall not be used if it compromises victim safety and confidentiality (Refer to *Standard* 5.04 II.).

1. Victim perception of safety/victim concerned for safety (Gondolf, 2001; Klein, 2008; Buzawa, et al., 2000; ODARA, 2005; Heckert & Gondolf, 2004)
2. Victim (female victim in heterosexual relationship) believes offender is capable of killing her (Campbell, 1995).
3. Offender controls most of victim's daily activities. (Campbell, 1995; Block, Campbell, & Tolman 2000; Tjaden & Thoennes, 2000)
4. Offender tried to "choke"[21] victim (Campbell, 2008)
5. Physical violence is increasing in severity (Kropp & Hart, 2008; B-SAFER, 2005)
6. Victim forced to have sex when not wanted (Campbell, 1995)
7. Victim was pregnant at the time of the offense and offender knew this (Martin et al., 2001; ODARA, 2005)
8. Victim is pregnant and offender has previously abused her during pregnancy. (Gazmararian, 1996; Martin et al., 2001)

Discussion Point: *The MTT may need to discuss any of the risk factors specific to a case to determine the most appropriate level of treatment based on victim safety and confidentiality. The utmost consideration must be given to confidentiality for victims.*

I. Violence and/or threatened violence[22] toward family members including child abuse (does not include intimate partners)
   1. Current or past social services case(s)
   2. Past assault of family members (Kropp & Hart, 2008)
   3. Children were present during the offense (in the vicinity) (DVSI, 1998)

J. Attitudes that support or condone spousal assault[23] (Kropp & Hart, 2008; B-SAFER, 2005)
   1. Explicitly endorses attitudes that support or condone intimate partner assault.
   2. Appears to implicitly endorse attitudes that support or condone intimate partner assault.

K. Prior completed or noncompleted domestic violence treatment (DVSI,

[21] Although the medical terminology is "strangle", victims more readily identify with the word choke when reporting abuse.
[22] In the SARA #1 (Past Assault of Family Members), threatened assault of family members in the past.
[23] The SARA defines "spousal assault" as any actual, attempted, or threatened physical harm perpetrated by a man or woman against someone with whom he or she has, or has had, an intimate sexual relationship. This definition is not limited by the gender of the victim or perpetrator.

1998; Stalans et al., 2004)

L. Victim separated[24] from offender within the previous six months (DVSI, 1998; Campbell, et al., 2003)
M. Unemployed (DVSI, 1998; Kyriacou, et al., 1999; Benson & Fox, 2004; B-SAFER, 2005) Unemployed is defined as not working at time of offense or at any time during intake or treatment and does not include offenders on public assistance, homemakers, students, or retirees

N. Involvement with people who have pro-criminal influence.

1. Some criminal acquaintances
The presence of some criminal acquaintances is associated with an opportunity for pro-criminal modeling, a concept that is considered a major risk factor (Andrews & Bonta, 2005).

AND

2. Some criminal friends
Attachments to pro-criminal others is a well-documented predictor of criminal behavior, with roots in both of the major explanatory theories in criminology: social control and social learning, (Andrews & Bonta, 2005).

4.07 Formulation of Treatment Recommendations, Alternative Options, and Considerations

I. Formulations of Treatment Recommendations

A. The Approved Provider shall design an individualized treatment plan for the offender through conducting and completing the offender evaluation.

B. The recommendations from the offender evaluation shall be based upon a formulation of all pertinent data collected in the evaluation process. Each recommendation shall be clear, and concise with a supporting explanation. Treatment considerations should be based on the conclusions and recommendations of the offender evaluation.

C. Evaluation(s) shall result in an initial Offender Treatment Plan with the understanding that assessment is an ongoing process, which may necessitate changes to the plan through each transition of treatment and supervision process by the MTT.

[24] The DVSI defines separation as the following: (1) Refers to physical separation (2) Separation may include going into shelter, moving out, moving in with friends or evicted the defendant.

Discussion Point: *As a best practice, Approved Providers should complete the offender evaluation in no more than 30 days following the initial appointment and clinical interview. If the Approved Provider is unable to complete the offender evaluation within 30 days, the Approved Provider shall document the reasons why and communicate to the MTT.*

D. Each individual treatment plan shall include at a minimum the recommended:

   a. Initial level for placement in treatment based on the DVRNA (Reference *Standard* 4.06 for Levels of Treatment);[25]
   b. Treatment goals specific and measureable objectives to target criminogenic needs including, domestic violence and issues related to power and control;[26]
   c. Methods for enhancing positive and pro-social factors;
   d. Second contact interventions or treatment options that are the most clinically relevant to addressing the most significant criminogenic need for Level B and C offenders (not applicable for Level A offenders);
   e. Supervision or monitoring recommendations needed to enhance the safety of the victim and offender containment;[27]
   f. Considerations for Specific Offender Population (as defined in *Standard* 9.0), Approved Providers shall utilize all applicable assessment criteria (Reference Appendix B).

E. Approved Providers shall not recommend alternative therapies such as couples counseling, anger management or stress management in lieu of domestic violence offender treatment. Approved Providers shall not render legal opinions or recommendations. If a pre-plea evaluation has been performed, once there is a finding of guilt, an evaluation that complies with the *Standards* shall be utilized to determine treatment needs.

F. The Approved Provider shall review the initial offender treatment plan with the MTT and accept input from the MTT. A treatment plan, with measurable goals, objectives, outcomes, and timeframes, shall be implemented after the completion of the offender evaluation process.

   Discussion Point: *The Approved Provider is a MTT member who is the subject matter expert regarding the treatment needs of the offender and who is responsible for providing services in accordance with DVOMB*

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[25] Coulter, M., & VandeWeerd, C. (2009). Reducing domestic violence and other criminal recidivism: Effectiveness of a multilevel batterers intervention program. *Violence and Victims, 24*(2), 139–152.

[26] Radatz, D. L., & Wright, E. M. (2016). Integrating the principles of effective intervention into Batterer Intervention Programming: The case for moving toward more evidence-based programming. Trauma, Violence, & Abuse, 17, 72–87. http://dx.doi.org/10.1177/1524838014566695.

[27] Webster, M. and K. Bechtel (2012). *Evidence-Based Practices for Assessing, Supervising and Treating Domestic Violence Offenders.* Crime and Justice Institute at Community Resources for Justice: Boston, MA.

Standards. If the MTT has questions or concerns related to the offender's treatment plan, they should be addressed with the Approved Provider along with the other members of the MTT. The Approved Provider shall be the ultimate authority related to the treatment of the offender. The MTT should model pro-social, collaborative, and co-operative behavior for offenders when committed to the MTT model. This includes communicating clearly and effectively with each member of the MTT and with the offender.

II. Considerations for the Assessment of Offenders when Domestic Violence Offender Treatment Is Contraindicated

Through the process of conducting and completing the offender evaluation, if indicators suggest that the offender's risk and criminogenic needs related to domestic violence and issues of power and control are not supported, the Approved Provider shall consider alternative treatment or intervention options. In such circumstances, the offender evaluation may recommend alternative interventions and treatment options. The offender evaluation shall include compelling clinical evidence that is well documented and using assessment instruments and collateral information when considering alternative interventions and possible treatment options.

***Discussion Point**: Should an Approved Provider determine that an offender is not amenable to domestic violence offender treatment under any of the following areas as prescribed by the Standards, the Approved Provider may request a variance from the Board for a modified domestic violence offender treatment plan in lieu of a recommendation for no domestic violence offender treatment.*

A. Considerations for Assessing Self-Defending Victims when Domestic Violence Offender Treatment is Contraindicated[28]

If at any stage of the process (e.g. pre-sentence, post-sentence, or during treatment), the Approved Provider has clinical information (e.g., characteristics, context, and motivating factors) suggesting that the individual may be a self-defending victim, the following criteria, at a minimum, shall be considered to determine if domestic violence offender treatment per the *Standards* is contra-indicated:

a. The individual acted out of fear, self-defense, and self-preservation in the current incident; OR
b. The individual's behavior was situational and not used as a method of coercion, control, punishment, intimidation or revenge; OR

[28] Larance et al., (2019). Understanding and Addressing Women's Use of Force in Intimate Relationships: A Retrospective. Violence Against Women, 25(1) 56–80.

c. The individual has suffered a pattern of domestic violence by their partner; OR
d. The act or behavior was pre-emptively used to escape or to stop future abuse; OR
e. The individual's criminal history did not involve threats to person(s), animal(s), or property.

If the Approved Provider recommends against domestic violence offender treatment, the MTT shall then be notified and consulted of the recommendation(s) to obtain consensus. The MTT will determine next steps. In such cases, the Approved Provider shall include in the offender evaluation a summary of supporting clinical documentation. The MTT may recommend alternatives for consideration by the presiding court or the Parole Board for possible modification to the sentencing order and requirements.

***Discussion Point**: Individuals who have been identified as self-defending victims have a right to safety and self-determination. Until the MTT reaches consensus, it is important for the MTT to consider all available options to minimize the risk of re-traumatizing the individual. These options include placing the individual on an administrative hold, conducting individual sessions, and gathering more clinical information for purposes of ongoing assessment. Approved Providers should practice within their clinical expertise and scope. Refer to Section 7.04(I) regarding guidance for TVAs on how to handle these types of situations.*

B. *Considerations for Offenders Assessed as Having No Domestic Violence Offender Treatment Needs Based on the Absence of Risk and Criminogenic Needs*[29]

1. Through the process of conducting the offender evaluation, if clinical indicators suggest that the offender does not present domestic violence and power and control dynamics related to domestic violence, then the Approved Provider shall consider alternative interventions and treatment options. When considering whether an offender has no domestic violence offender treatment need under the DVOMB *Standards*, the Approved Provider shall consider the following criteria using best clinical judgment:

    a. The offender has been identified initially as requiring Level A treatment in addition to any other risk assessment instruments and collateral information indicating an absence of a criminogenic need for domestic violence offender treatment.

[29] Radatz, D. L., & Wright, E. M. (2016). Integrating the principles of effective intervention into Batterer Intervention Programming: The case for moving toward more evidence-based programming. Trauma, Violence, & Abuse, 17, 72–87. http://dx.doi.org/10.1177/1524838014566695.

b. The offender does not have a history of engaging in coercion, threat, intimidation, revenge, retaliation, control, or punishment toward the victim in this case or in any other current or former relationships.
c. The offender has little or no prior documented history of criminality or delinquency, excluding minor violations or violations posing no substantial threat to persons, animals or property. Consideration of the age of the offender at time of any identified prior offense, the circumstances of the offense, and whether there is a documented history of similar behavior may be considered.

Discussion Point: It is important to note that these cases arise in rare circumstances.

2. The Approved Provider shall consult with the MTT and obtain consensus when making a recommendation for an alternative intervention or treatment option. If there is a lack of conclusive clinical evidence in support of these criteria, the MTT may initially approve domestic violence offender treatment and reassess these considerations during the first Treatment Plan Review period to determine if domestic violence offender treatment is no longer needed or harmful.

3. At any stage of the process (e.g. pre-sentence, post-sentence, or at a treatment plan review), if an offender does not present with any domestic violence treatment needs nor any other general treatment needs, the Approved Provider may recommend that the offender should not be required to undergo any treatment based on the clinical judgement of the Approved Provider. In such cases, the Approved Provider shall consult with the MTT, obtain consensus, and may refer the case back to the presiding court or the Parole Board, according to local policy and procedure.

Discussion Point: In cases where the offender does not agree with the alternative treatment plan presented by the Approved Provider, the offender evaluation will be reviewed, modified as needed and finalized by consensus of the MTT. The finalized evaluation will include at minimum all the required elements as indicated in 4.03 and 4.04. According to local policy and procedure, a special report may be submitted to the court, the Parole Board, and/or a summons served upon the offender for hearing, for judicial consideration.

C. *Considerations for Assessing When a Significant Mental Health Disorder or Cognitive Impairment Contraindicates Domestic Violence Offender Treatment*

A domestic violence offender's amenability to engage in and benefit from domestic violence offender treatment may be impacted by the presence of

a mental health disorder or cognitive impairment. It is critical for the Approved Provider to assess the extent to which an offender's mental health disorder or cognitive impairment and/or pervasive power and control dynamic are interrelated when making recommendations in the offender evaluation. As a result, the Approved Provider shall evaluate the offender to identify if and how the presence of any mental health disorders or cognitive impairment may impact the offender's amenability to successfully participate in domestic violence offender treatment and include diagnoses where appropriate and applicable.

If the Approved Provider does not have the appropriate expertise and credentials to diagnose, then the provider shall consult with a qualified mental health care provider or refer the offender to another provider who can make such a diagnosis.

1. If the Approved Provider determines that the offender is not amenable for domestic violence offender treatment due to a lack of stabilization of symptoms related to a mental health disorder, the Provider shall then identify what steps could be taken, if any, to assist the offender in being able to participate in domestic violence offender treatment.

2. If the Approved Provider determines that the offender is not amenable for domestic violence offender treatment due to a cognitive impairment that is beyond the capability of the therapeutic milieu to manage, the Approved Provider shall then identify what steps could be taken, if any, to assist the offender in being able to participate in domestic violence offender treatment.

3. For offenders whose mental health disorder or cognitive impairment is concurrent to a pathological power and control dynamic, adjunct mental health treatment may be conducted in conjunction with domestic violence offender treatment. Adjunct mental health treatment may be necessary to assist the offender in domestic violence offender treatment. In some cases, a referral to an adjunct mental health treatment or a health care provider may be prioritized prior to domestic violence offender treatment. This is done with MTT consensus in the interest of stabilizing the offender's needs.

4. If the Approved Provider recommends against domestic violence offender treatment, the supervising officer (or agent) and Treatment Victim Advocate shall then be notified of the recommendation(s). The MTT will determine next steps. In such cases, the Approved Provider shall include in the offender evaluation a summary of supporting clinical documentation. The MTT may recommend alternatives for consideration by the presiding court or the Parole Board for possible modification to the sentencing order and requirements.

D. Considerations for Assessing Psychopathy[30] when Domestic Violence Offender Treatment is Contraindicated

Domestic violence offenders who present with psychopathy may exhibit patterns of generalized violence and antisociality. An offender who is evaluated as psychopathic or as having significant psychopathic tendencies may be unmanageable in the community[31] and could present greater risk to victim(s) and the community at large (Refer to Appendix E).

Discussion Point: *When possible, offenders whom present with characteristics that may be indicative of psychopathy should receive a PSE in order to allow for sentencing recommendations to be made to the presiding court.*

1. An Approved Provider should use screening or assessment tools designed to identify psychopathy (e.g., PCL-R, PCL-SV, P-SCAN, MCMI-IV). These tools help determine if and how the offender can benefit from domestic violence offender treatment and their amenability to supervision in the community.

2. If the Approved Provider does not have the appropriate expertise and training to administer tools for identifying psychopathy, then the Approved Provider shall consult with a qualified mental health care provider or refer the offender to another provider who can perform the required testing to make a proper assessment.

3. At any stage of the process (e.g. pre-sentence, post-sentence, or during treatment), the Approved Provider may terminate services in the interest of victim and community safety, and make an alternative recommendation for needed intervention, if:

   (1) The Approved Provider makes a determination that domestic violence offender treatment is not appropriate due to clinical reasons related to the presence of psychopathy or significant psychopathic tendencies;

   OR

[30] Huss et al. (2006). Clinical Implications for the Assessment and Treatment of Antisocial and Psychopathic Domestic Violence, Journal of Aggression, Maltreatment & Trauma, Vol. 13(1), 59-85; Huss, M. & Langhinrichsen-Rohling, J., (2006). Assessing the Generalization of Psychopathy in a Clinical Sample of Domestic Violence Perpetrators. Law of Human Behavior, 30:571–586, DOI 10.1007/s10979-006-9052-x; Juodis et al., (2014). What Can be Done About High-Risk Perpetrators of Domestic Violence? Journal of Family Violence, 29:381–390, DOI 10.1007/s10896-014-9597-2.

[31] Unmanageable in the community can be evidenced by a history of repeated failures while under supervision by the criminal justice system.

(2) The MTT makes a determination that the offender cannot be supervised adequately in the community under the current terms and conditions of supervision.

If a case meets the requirements of (1) or (2) above, the Approved Provider shall notify and carefully plan with members of the MTT for discharging the offender from domestic violence offender treatment (if applicable). The Approved Provider shall include in the offender evaluation a summary of supporting clinical documentation. In such cases, the domestic violence offender may be referred back to the presiding court or the Parole Board, according to local policy and procedure.

4.08 Required Minimum Reporting Elements for Submittal to the Multi-Disciplinary Treatment Team (MTT):

I. Offender Evaluation Summary

The purpose of the required written report to the supervising criminal justice agency (or agent) is to provide a summary of information obtained, assessed, and recommended from the offender evaluation. The report is intended to be brief and concise and to include, at a minimum, the following elements:

A. Identify Sources of Information

The written evaluation shall verify that all required sources of information were included. While victim input needs to be factored into the evaluation, no reference regarding victim contact or lack of contact shall be made in the report. The written evaluation shall not reveal specifics of how the victim input criteria was obtained or attribute victim input to a specific non-public record source. If the victim requests to have their input included in the written evaluation, written permission from the victim shall be obtained prior to any victim information being included in the evaluation summary and report. The evaluator has the discretion to omit victim statements if it endangers victim safety and/or compromises treatment goals.

A written release of information is not required for victim statements obtained from public records (e.g. police records). If victim statements are identified Approved Providers are required to specify that information came from a public record.

Discussion Point: *While the expectation and intent is that all required information will be obtained, in the rare circumstance when a source of information could not be obtained, the Approved Provider shall document why that information could not be obtained, what efforts were made to obtain the information, and the resulting limitations of the evaluation and conclusions.*

B. Identify assessment instruments utilized such as assessment instruments, screening instruments, mental health, and/or substance abuse evaluation instruments

C. Provide overview of the findings based at a minimum of the following areas:

1. Domestic violence and issues of power and control

2. Review of the DVRNA (Reference *Standard* 5.04) and one other domestic violence risk assessment instrument.

3. Level and nature of domestic violence risk as described in terms of scenario development (e.g., likelihood, imminence, frequency, severity, victims, and context).[32]

4. Offender accountability (Reference Appendix E Section I)
5. Offender motivation and prognosis (Reference Appendix E Section II)

6. Criminogenic needs (Reference Appendix E Section IV)

7. Offender responsivity (Reference Appendix E Section VI)

8. Considerations and clinical factors unique to a Specific Offending Population (e.g., female offenders, LGBT+ offenders) using the guidelines from Appendix B.

9. Specific victim safety issues.

D. Provide the initial treatment plan as required by Standard 4.07.

4.09 Ongoing Assessments and Updating Offender Evaluations

I. Approved Providers shall conduct ongoing assessments of the offender's compliance with, and progress in treatment. These assessments and Treatment Plan Reviews shall be performed at a minimum according to the *Standards* identified in Section 5.07 and when any potentially destabilizing change occurs in the offender's life (e.g., job loss, divorce, or medical health crisis), or when any clinically relevant issues are uncovered (e.g., childhood trauma, prior relationship abuse, or re-emergence of mental health problems). The assessments may require the Approved Provider to modify the treatment plan

[32] J. Reid Meloy and Thomas Schroder, Violence Risk and Threat Assessment: A Practical Guide for Mental Health and Criminal Justice Professionals (San Diego, CA: Specialized Training Services, 2000). Belfrage, H., & Strand, S. (2008). Structured spousal violence risk assessment: Combining risk factors and victim vulnerability factors. International Journal of Forensic Mental Health, 7(1), 39–46; Echeburúa, E., Fernández-Montalvo, J., de Corral, P., & López-Goñi, J. J. (2009). Assessing risk markers in intimate partner femicide and severe violence: A new assessment instrument. Journal of Interpersonal Violence, 24(6), 925–939.

and how the offender is being monitored in consultation with the MTT. The results of each assessment shall be added to the offender's treatment plan and contract.

II. When an offender transfers to a new Approved Provider or returns to treatment after an extended period of time, the Approved Provider shall attempt to obtain any previously completed pre- or post-sentence offender evaluations, treatment plan reviews, or discharge summaries. The prior offender evaluation may be amended for the purpose of updating assessment instruments and any clinically relevant findings. Considerations for when a prior offender evaluation is no longer valid and should be updated includes, but is not limited to, the following criteria:

1. The prior offender evaluation was completed more than 60 days past the time of discharge;
2. The offender committed a new offense while in treatment that suggests an increase in dynamic risk and poses a risk to the victim or community safety;
3. The offender was discharged either administratively or unsuccessfully from domestic violence offender treatment.

If the Approved Provider is unable to obtain these records, the attempts made shall be documented. If an Approved Provider updates an offender evaluation, the results of the updated evaluation shall formulate new treatment goals as appropriate.

Discussion Point: *The decision to update or conduct a new offender evaluation should be based on factors regarding the recency of the prior offender evaluation, significance of the changes in the offender's life, and the emergence of new clinical information related to static and/or dynamic factors. Approved Providers are encouraged to consider these factors in conjunction with their overall clinical judgement of the individual offender and the potential victim and community safety concerns that may be present.*

III. For offenders whom have previously attended domestic violence offender treatment, Approved Providers may assess the degree to which an offender comprehends and demonstrates the Core Competencies during the ongoing evaluation and treatment process. Approved Providers should exercise caution when assessing the extent to which an offender has met the Core Competencies when relying solely on offender self-report.