

DVOMB Research Corner – Domestic Violence Offender Typologies

The Standards Revision Committee is currently exploring possible revisions to Section 4.09 of the Standards and issues concerning special populations where alternative treatment options may be recommended: (1) self-defending victims, (2) low risk offenders, and (3) offenders who may be inappropriate for treatment due to severe mental illness or general disabilities that adversely affect treatment amenability. In order to have a better understanding of these issues, the Committee reviewed research and literature on these different populations. Researchers have tried to identify different groups or types of domestic violence offenders in order to better understand their risk levels. Distinguishing patterns between different groups or types of offenders, often referred to as typologies, is important consideration from a risk and clinical perspective. These typologies are based on behaviors which are historically consistent with the characteristics identified among domestic violence offenders. It is important to note that offender typologies should be viewed as a guideline within the context of treatment. Offender typologies can help providers understand more about how the offender presents behaviorally and cognitively, but also what pathways may have contributed to the development of abusive and maladaptive behaviors overtime and what interventions are the most appropriate.

Four categorizations of offender typologies were introduced in the late 1990's, starting with Holtzworth-Munroe and Stuart's (1994) typologies. They identified three groups of offenders: generally violent-antisocial, dysphoric-borderline, and family only. The generally violent-antisocial group engaged in the highest levels of violence both inside and outside the home. Dysphoric-borderline offenders engaged in moderate levels of violence but were more defined by their psychological distress. Lastly, family only offenders who only offended within the home.

Johnson (1995) proposed four categories which focused more on the relationship between the offender and victim. They identified common couple violence, intimate terrorism, violent resistance, and mutual violent control. Common couple violence exists within the context of a specific event, typically related to a topic or argument which triggers the violence. The more traditional intimate terrorism where violence used as a general pattern of control over the other partner. Violent resistant offenders use violence in response to continued abuse from the other partner, where they themselves have been victimized. Mutually violence control situations where both partners are violent and controlling toward each other, with no specific triggers for the violence.

Hamberger et al. (1996) introduced three categories for domestic violence offenders, which included antisocial offenders, passive aggressive offenders, and nonpathological offenders. Antisocial offender presented with high levels of violence in general and therefore higher risk. Passive aggressive offenders were dependent on their partners, were unable to "let go" if the victim tried to leave, and had more clinical diagnoses such as borderline, depression and anxiety. Non-pathological offenders presented with low levels of violence and the violence was only directed at the partner, not toward others.

One of the more recent and few female typologies suggested was generated by Miller and Meloy (2006). These typologies included generalized violent behaviors, frustration response behaviors, and defensive behaviors. The behaviors described are similar to those suggested by Johnson (1995), where the categories focus more on the relationship between the offender and victim as opposed to intrinsic characteristics of the offender. The generalized violent behavior included violence in all aspects of life, not just with their partner. Frustration response behaviors presented in women who were current or former victims of domestic violence and reacted in a violent way directly because of the victimization. Lastly, the defensive behavior where violence was used to escape the present abuse behaviors.

The typologies developed in these articles share distinct commonalities which include anti-social offenders, offenders with psychological instabilities, and offenders who are violent only toward their

partners. There are some minor differences among the different categories presented by researchers, however, the three aforementioned groups are seen in almost all suggested classifications.

One additional category which is often applied to female offenders is the idea of the self-defending victim who uses violence against their partner in order to escape or fight back against abuse they are experiencing. Additionally, there may be individuals who present as extremely low risk (such as scoring a 0 on the DVRNA or other domestic violence risk assessment instruments) or those who are otherwise inappropriate for treatment (e.g., cognitive impairments, developmental disabilities, personality disorders, mental or physical health issues, etc).

In order to get a sense of how many of these populations (i.e. self-defending victims, low risk offenders, those with severe mental illness or general disabilities) are currently being referred to court-ordered domestic violence offender treatment, the Standards Revisions Committee chose to survey professionals who work with domestic violence offenders.

Preliminary results showed that a relatively high number of treatment providers reported identifying these populations at their agencies. Of the 47 treatment providers who responded to this question, 32 (68%) indicated that they had identified self-defending victims at their agency. 15 treatment providers responded regarding low-risk offenders, however 9 (60%) of these did indicate that they had identified at least one low-risk offender. Six (43%) of 14 responding treatment providers reported having identified at least one individual who was inappropriate for treatment at their agency.

A complete report on the survey will be available once all data has been analyzed upon the close of the survey.