Domestic Violence Offender Treatment Guidelines
June 2018

Risk Factors

Intervention should be tailored to address offender risk factors and associated needs, which may require modifying the service plan as needed during the course of services[1]. Offender risk is most reliably determined through research-informed instruments[2]. In Utah, the Intimate Partner Violence Risk and Needs Evaluation (IPVRNE) is used. The IPVRNE is based on the most current domestic violence offender intervention research and empirically-supported risk assessments including the Domestic Violence Risk Assessment[3] (DVRNE), Spousal Assault Risk Assessment[4] (SARA), Ontario Domestic Violence Risk Assessment[5] (ODARA), and Domestic Violence Screening Instrument[6] (DVSI). These evaluations are completed by licensed mental health professionals who have been trained to use the IPVRNE and are certified[7] by the Domestic Violence Offender Management Group as domestic violence treatment providers.

The IPVRNE tool and scoring sheet categorizes relevant risk and need factors into domains as follows:

- Domain A: Prior Domestic Violence (IPV)-related incidents
- Domain B: Drug or alcohol use
- Domain C: Mental health issue
- Domain D: Suicidal/homicidal
- Domain E: Weapons/firearms
- Domain F: Adult criminal history (non-IPV)
- Domain G: Obsession with victim
- Domain H: Safety concerns, including victim's concern for safety, control of daily activities, strangulation, increase in severity of violence, unwanted sexual contact, issues related to pregnancy
- Domain I: Violence toward family members
- Domain J: Attitudes toward spousal assault
- Domain K: Prior IPV treatment

[1] Cantos & O'Leary (2014)
[2] Campbell & Messing (2017); Babcock et. al, (2016)
[3] Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)
[4] Kropp, Hart, Webster, & Eaves (1998)
[5] Hilton., et al. (2004)
[6] State of Colorado Judicial Department (1998)
[7] See the Treatment Provider Application Standards for information regarding the certification process.

- Domain L: Victim initiated separation from the offender within the past 6 months
- Domain M: Unemployment
- Domain N: Pro-criminal associates

It should be recognized that severity of risk within each of these domains will vary (e.g., one arrest 15 years ago for shoplifting vs. five arrests during the past two years for assault or other crimes against persons). Such variation should be taken into consideration in making service recommendations. IPVRNE training addresses how to account for such variations when performing offender evaluations.

Intimate Partner Violence Offender Evaluation

An evaluation using the Domestic Violence Risk and Needs Evaluation (IPVRNE) will occur for individuals referred to or voluntarily seeking services because of an IPV/ domestic violence-conviction or other referral for interpersonal abuse or violence related to a situation with an intimate partner. The evaluation will be informed by an interview with the offender and information obtained from other sources including but not limited to the list below. The evaluator will obtain the necessary informed consent needed to access this information.

- Law enforcement incident report and criminal background
- Victim Contact
- Other sources of information as appropriate (e.g., DCFS, medical and behavioral health providers)
- If available, summary findings from the Level of Service/Risk, Need, Responsivity (LS/RNR[8]). The Level of Service/Risk, Need Responsivity (LS/RNR) is a quantitative survey that asks offenders about themselves and their environment. The LS/RNR is a standard measure nationwide for risk in the criminal justice system. If the level of risk indicated by the IPVRNE is higher than the level of risk identified by the LS/RNR, the higher risk rating will be used to determine an appropriate level of services, including community supervision.

Guidelines for Victim Contact

The evaluator will attempt to obtain voluntary input directly from the victim unless she/he determines that obtaining such input is inappropriate or not possible given the circumstances. In these cases, the evaluator will document the reason(s) for not attempting to contact the victim (e.g. safety concerns, absence of contact information for

[8] Andrews, Bonta, & Wormith (2008)

the victim, etc.). Information obtained from a victim that is not already publicly available may not be used without the victim's informed written consent which may be revoked at any time. When consent is withdrawn service providers will not share previously unreleased information. When victim contact is established, the evaluator should inquire if a victim advocate is involved and whether the victim wants the advocate to participate in the interaction(s) with the evaluator. If the victim is not receiving advocacy services, the evaluator will offer to provide information about how to access these services. When the evaluator is not able to contact the victim, she/he will inform the victim advocate agency of jurisdiction of the initiation of the evaluation process in an effort to facilitate victim involvement.

Intimate Partner Violence Offender Intervention Services

IPV offender services shall be recommended when IPV-specific Risk factors are identified. Evaluators will assign offenders a risk level[9] according to the guidelines provided below. In cases involving offenders with domestic violence charges or convictions whose crimes were NOT related to a situation with an intimate partner, IPV services should not usually be recommended. However, evaluators may determine that other services may be appropriate given the circumstances (see the **Duration and Intensity** and **Non-Intimate Partner Violence Services** section below).

General guidelines for determining risk and need levels are as follows:

- IPV cases where only General Criminogenic risk factors apply are in the Low risk range.
- Cases with one or more IPV-Specific Risk Factors are at minimum in the Medium risk range.
- Cases with one to three Critical Risk factors are in the High Risk range.
- Cases are in the Elevated High Risk range when one or more Elevated Critical Risk factors are present or four or more Critical Risk Factors are present.

The presence of multiple risk factors will result in higher treatment intensity and/or duration within the designated risk level and range and may indicate the need for assignment to a higher risk level and range. Risk ratings should be reassessed if information becomes available suggesting that adjustments may be necessary.

Intimate Partner Violence-Specific Risk Factor Domains

[9] Hanson et. al (2017)

Offenders with risk and need factors in this domain should receive IPV treatment services according to the guidelines provided in the **Duration and Intensity of Services** section below.

- Domain A: Prior Intimate Partner Violence (IPV)-related incidents
    1. Prior IPV assault conviction, arrest or citation (Critical risk factor)[10]
    2. Documented violation of protection order or failure of conditional release order (Significant risk factor)[11]
    3. Prior IPV conviction, arrest or citation other than assault (Significant risk factor)
    4. Prior IPV assault not reported to criminal justice system (Significant risk factor)[12]
    5. Past or present IPV protection or conditional release order (do not score if A2 was scored)[13]
- Domain D: Suicide risk/Homicide ideation or threat
    1. Victim reports offender has made credible threats of suicide, homicide, or serious bodily harm to victim or victim's children within past 12 months (Elevated Critical risk factor)[14]
    2. Suicide attempt or serious suicidal/homicidal ideation within past year (Critical risk factor) (do not score if D1 was scored)[15]
    3. Any ideation about suicide or homicide within the past 12 months (do not score if D1 or D2 was scored)[16]
- Domain E: Weapons/Firearms

[10] Campbell & Messing (2017); Hilton, N. Z., et al. (2004); Kropp, Hart, Webster, & Eaves (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)
[11] State of Colorado Judicial Department (1998); Hilton, N. Z., et al. (2004); Kropp, Hart, Webster, & Eaves (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)
[12]Kropp, Hart, Webster, & Eaves (1998); Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)
[13] State of Colorado Judicial Department (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)
[14] Campbell & Messing (2017); Kropp, Hart, Webster, & Eaves (1998); Hilton, N. Z., et al. (2004); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)
[15] Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)
[16] Kropp, Hart, Webster, & Eaves (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

1. Use and/or threatened use of weapons in current or past incident (Elevated Critical risk factor)[17]
2. Prior IPV assault conviction and presence of gun in the home (Critical risk factor)
3. Prior IPV assault not reported to criminal justice system and presence of gun in the home (Significant risk factor) (do not score if E2 was scored)

- Domain G: Obsession with the victim
    1. Stalking or serious and intrusive monitoring (Elevated Critical risk factor)[18]
    2. Obsessive jealousy with the potential for violence; violently and constantly jealous; or morbid jealousy (Critical risk factor) (do not score if G1 was scored)[19]
- Domain H: Additional safety concerns
    1. Victim believes offender is capable of killing the victim (Elevated Critical risk factor)[20]
    2. Offender tried to "choke" or strangle victim (Elevated Critical risk factor)[21]
    3. Offender threatened victim with a weapon or assaulted victim while the victim was pregnant (Elevated Critical risk factor)[22]
    4. Victim forced to have sex when not wanted (Critical risk factor)[23]
    5. Victim concerned for safety (Significant risk factor)[24]
    6. Offender controls most of the victim's daily activities (Significant risk factor)[25]
    7. Physical violence toward victim has increased in severity (Significant risk factor)[26]
    8. Victim coerced to have sex when not wanted (Significant risk factor)

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[17] Kropp, Hart, Webster, & Eaves (1998); Campbell & Messing (2017); State of Colorado Judicial Department (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

[18] Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

[19] Kropp, Hart, Webster, & Eaves (1998); Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

[20] Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

[21] Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

[22] Campbell & Messing, 2017; Hilton, N. Z., et al. (2004); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

[23] Kropp, Hart, Webster, & Eaves (1998); Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

[24] Hilton, N. Z., et al. (2004); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

[25] Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

[26] Kropp, Hart, Webster, & Eaves (1998); Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

- Domain I: Non-IPV violence toward family members including child and elder abuse
    1. Past/current substantiated DCFS case (Significant risk factor)[27]
    2. Past assault of family members not including intimate partners[28]
    3. Children present during any offense or used to manipulate/control the primary victim.[29]
- Domain J: Explicit or implicit attitudes condoning IPV[30]
- Domain K: Prior completed or non-completed IPV treatment, except for the current referral[31]
- Domain L: Victim-initiated separation from the offender
    1. Victim fled from the offender within the last 12 months and withheld location information (Elevated Critical risk factor)[32]
    2. Victim separated from the offender within the last 12 months or offender believes victim intends to leave (Significant risk factor)[33]

General Criminogenic and Behavioral Risk Factor Domains

Offenders with risk and need factors in this domain should receive services according to the guidelines provided in the **Duration and Intensity of Services** section below. The presence of risk and need factors in this domain do not necessarily indicate the need for IPV offender services.

- Domain B: Substance abuse within the past 12 months, excluding periods of incarceration, unless evidence is provided of successful completion of a substance use disorder treatment program (see the section **Guidelines for**

[27] Hilton, N. Z., et al. (2004); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)
[28] Kropp, Hart, Webster, & Eaves (1998); Hilton, N. Z., et al. (2004); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)
[29] State of Colorado Judicial Department (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)
[30] Kropp, Hart, Webster, & Eaves (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)
[31] State of Colorado Judicial Department (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)
[32] Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)
[33] State of Colorado Judicial Department (1998); Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

Treatment of IPV Offenders with Co-Occurring Conditions for additional guidelines)[34]

- Domain C: Mental health disorder that leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning (not substance use). See the section **Guidelines for Treatment of IPV Offenders with Co-Occurring Conditions** below for additional guidelines.[35]
- Domain E: Weapons/Firearms
    4. Access to a firearm (Do not score if scored in E1, E2, or E3)[36]
- Domain F: Adult criminal history, non-IPV (both reported and unreported to criminal justice system, with an emphasis on the last 5-10 years)
    1. Offender was on community supervision at the time of the IPV offense[37]
    2. Past assault of non-family members or intimate partners (includes physical assault, sexual assault, and any use of a weapon) including incidents not reported and those reported to law enforcement[38]
    3. Prior non-IPV conviction for crimes other than assault[39]
    4. Past violation of conditional release or community supervision (Do not score if scored in A2)[40]
    5. Animal cruelty/abuse[41]
- Domain M: Unemployment (does not include offenders on public assistance, students, homemakers, or retirees) or reports significant financial stress[42]
- Domain N: Pro-criminal thinking patterns and/or influences (e.g., friends, family, and associates)[43]

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[34] Kropp, Hart, Webster, & Eaves (1998); Campbell & Messing (2017); Hilton, N. Z., et al. (2004); State of Colorado Judicial Department (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

[35] Kropp, Hart, Webster, & Eaves (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

[36] Campbell & Messing (2017); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

[37] State of Colorado Judicial Department (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

[38] Kropp, Hart, Webster, & Eaves (1998); Hilton, N. Z., et al. (2004); State of Colorado Judicial Department (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

[39] State of Colorado Judicial Department (1998)

[40] Kropp, Hart, Webster, & Eaves (1998); Hilton, N. Z., et al. (2004); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

[41] Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

[42] Babcock, et al. (2016); Kropp, Hart, Webster, & Eaves (1998); Campbell & Messing (2017); State of Colorado Judicial Department (1998); Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

[43] Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety (2016)

Separation of Risk Levels in Services

Individuals should receive services in settings with others whose risk levels are similar. Additional recommended services for offenders may include those that focus on substance abuse, mental health, and other services addressing criminogenic risks and needs.

Core Intervention Elements

Intimate Partner Violence intervention services should provide offenders with the opportunity to develop and demonstrate healthy intra and interpersonal skills and thinking. Accordingly, IPV services should address victim empathy, accountability, sexist attitudes, emotional regulation, stress management, anger management, relationship building, conflict resolution, communication, parenting practices, impact of violence on children, violence/abuse prevention and IPV services should also assist offenders with addressing "life stability" concerns (e.g. employment, housing, food, etc. via community referrals and/or in-house services). Services should make use of social learning via in-session exercises and between-session assignments.[44] While psychoeducational services may be one appropriate modality for facilitating the development of prosocial skill and thinking patterns, these services should not represent the primary modality for Medium, High and Elevated High risk offenders. With these offenders, skill-building and process-focused interventions should serve as primary modalities.

Diversity and Difference

Treatment services should be provided in ways that are respectful and responsive to issues of difference and diversity including language and communication needs. Services for women should include a focus on addressing issues of victimization including safety planning, addressing parenting stress and parenting skills, and a focus on stress reduction with emotion regulation and acceptance and mindfulness strategies. Services for racial and ethnic minority groups should be responsive to social conditions and stressors including oppression and discrimination, historical trauma, and cultural norms including religion and spirituality. Services for Lesbian, Gay, Bisexual, Transgender, Queer, and gender non-conforming individuals should address forms of abuses specific to these populations and impacts of homophobia and heteronormativity.[45]

Duration and Intensity of Services

[44] Babcock, et al. (2016)
[45] Babcock, et al., (2016)

Intimate Partner Violence intervention services should be provided on a continuum of care according to offender risk levels and readiness for change.[46] This continuum includes early intervention/prevention for low-risk offenders; outpatient or amplified outpatient services for medium and high-risk offenders; and incarceration-based or intensive supervision services for elevated high-risk offenders. Residential services may be appropriate for some medium or high-risk offenders. Offender accountability and victim safety are more likely to be achieved when services are supported by appropriate levels of community supervision[47] which are referenced in the following guidelines. Providers will indicate how the recommended interventions should be delivered in a treatment plan. The suggested time frames are guidelines regarding the time required to complete a treatment plan within each risk level. Treatment plans should address individual offender circumstances that might prevent them from learning or adopting healthy relationship attitudes and behaviors.

Duration of Sessions

Treatment sessions should last between 60 and 90 minutes.

Low-Risk IPV Offenders: Early Intervention

Cases where no IPV-Specific risk factors apply are in the Low Risk range.

When only General Criminogenic risk factors are of concern, 4-12 weeks should be sufficient time for completing treatment plan objectives. Continual monitoring for IPV behaviors and related thinking errors should occur, and should concerns arise, treatment providers may re-evaluate the offender to determine if more intensive services are needed. Low risk offenders should not receive services with those classified as Medium, High, or Elevated High risk offenders.

A low-risk IPV offender will receive community supervision in the form of bench probation or a more intensive supervision level.

Medium-Risk IPV Offenders: Outpatient Services

Cases with one or more IPV-Specific Risk Factors are at minimum in the Medium risk range.

[46] Levesque, Gelles, & Velicer (2000); Hellman, Johnson, & Dobson (2010); Cantos & O'Leary (2014)
[47] Murphy, Musser, & Matonl (1998); Shepard, Falk, & Elliott (2002)

In medium-risk IPV cases, between 13 and 24 sessions should be recommended. All sessions should be completed in no fewer than 13 weeks but no more than 30 weeks. Sessions will typically occur weekly.

A medium-risk IPV offender will receive community supervision in the form of supervised probation or a more intensive level of supervision.

Service providers will shall communicate frequently with stakeholders, no less than once a month, in order to ensure comprehensive supervision of the offenders' behaviors.

High-Risk IPV Offenders: Amplified Services

Cases with one to three Critical Risk factors are in the High Risk range.

In high-risk IPV cases, between 25 and 32 sessions should be recommended. Sessions should occur weekly but may occur more often during the first six months of treatment. After six months, sessions can be scheduled less frequently but at least monthly. All sessions should be completed in no less than 30 weeks but no more than 40 weeks.

In cases where the living environment of the offender is not conducive to change, the offender has less than adequate self regulation for general outpatient treatment or other general life skill deficits have been found to be present, residential or intensive outpatient treatment may be recommended.

A high-risk IPV offender will receive community supervision in the form of probation services from Adult Probation and Parole. Service providers shall communicate with stakeholders frequently, no less than once a month, in order to ensure comprehensive supervision of the offenders' behaviors. In some cases, weekly communication may be recommended.

Elevated High-Risk IPV Offenders: Incarceration-Based or Intensive Services

Cases are in the Elevated High Risk range when one or more Elevated Critical Risk factors are present or four or more Critical Risk Factors are present.

Elevated high risk offenders should receive IPV services while incarcerated or under an intensive supervision protocol (ISP) (e.g., parole, probation, etc.). Treatment services should occur twice weekly during the first three months and at least weekly thereafter.

Number of Group Participants and Facilitators

Groups for offenders should not exceed 8-10 participants. Groups should be facilitated by one or more clinicians approved by the Domestic Violence Offender Management Group Applications Committee.[48]

Offender Treatment and Practitioner-Client Relationships

Facilitators should utilize a client-centered approach that communicates compassion and understanding. They should take a facilitative and supportive role. This orientation toward client-practitioner relationships is associated with positive treatment outcomes and reduced recidivism, whereas confrontational approaches have not been supported by clinical outcome studies.[49]

Compliance with Services

Service providers should use discretion in determining whether an offender is compliant with treatment recommendations. They should establish policies addressing compliance (e.g., attendance, participation, abusive behaviors, etc.). These policies should hold offenders accountable for complying with court orders and treatment recommendations including those pertaining to substance abuse, mental health, and other types of ancillary services.

In cases where the offender is participating but not meeting treatment goals in a timely manner the provider may determine that the offender has reached maximum benefit from services. When this occurs, they notify the referring agency regarding the failure to meet treatment plan goals. Offenders with a maximum benefit designation should be considered higher risk for reoffense and receive more intensive community supervision.

In general, adequate participation would equate to no more than one absence or cancellation per month and compliance with recommended ancillary services. Individual circumstances may warrant modification of these expectations. Non-compliance should result in re-evaluation regarding the potential need for more intensive services. Service providers will notify referring agencies when an offender fails to comply with services including non-compliance with community supervision terms, violation of conditional release agreements and protection orders, or actions of further violence including signs of imminent danger to others or escalating behaviors that may lead to violence.

[48] Babcock, et al. (2016)
[49] Sonkin & Leibert (2003); Babcock, et al. (2016)

Termination of Services

At the time of the termination of services, the offender will be re-evaluated to determine whether identified risk factors have been adequately addressed, (i.e. 80-100% of treatment plan goals have been met). The written termination summary will document how risk factors have been addressed and include evidence for the development of healthy intra and interpersonal skills and the desistance of abusive behaviors. This document will also include recommendations regarding the potential need for follow-up treatment.

Two weeks prior to the planned termination of services, or within one week following the unplanned termination of services, the service provider will attempt to contact the victim to notify them of the anticipated or unanticipated termination of services, unless it is determined that such notification is inappropriate or not possible given the circumstances. In these cases, the provider will document the reason(s) for not notifying the victim (e.g. safety concerns, absence of contact information for the victim, etc.). When the provider does not contact the victim, she/he will inform the victim advocate agency of jurisdiction of the termination of services. Contact with victims proximate to the termination of services should inform them of the anticipated completion or unanticipated termination of services and invite voluntary feedback regarding offender behavior. If victims provide information regarding offender behavior, this information may not be used in the offender's record and/or be used to justify the need for additional services without the victim's informed written consent.

Guidelines for Treatment of IPV Offenders with Co-Occurring Conditions

Substance Use Disorders (IPVRNE Domain B)

The following guidelines should be followed when making treatment recommendations related to domestic violence focused services when there is also a need to address Substance Use Disorders.

- Recommendations should be based on a standardized and recognized tool, such as the American Society of Addiction Medicine Patient Placement Criteria (ASAM-PPC).

- When the offender's substance abuse issues prevent them from benefitting from IPV treatment and increase the risk of further IPV, SUD treatment should be recommended to address these concerns prior to IPV treatment participation. Conversely, concurrent treatment for IPV and SUD is recommended when the

offender's substance abuse issues will not prevent them from benefitting from IPV treatment and is thought to reduce the risk of further IPV.

- Alcohol/drug testing/monitoring should be recommended for offenders with SUD concerns. Test results, including missed tests, should be shared with the referring court or agency and used in determining whether an offender is compliant with IPV services.

Mental Health and Other Co-occurring Disorders (IPVRNE Domains C, D)

The following guidelines should be followed when making treatment recommendations related to domestic violence focused services when there is also a need to address mental health conditions.

- In determining whether mental health conditions warrant additional services, clinical judgment should be used in determining whether the severity of the MH condition interferes significantly with daily functioning (e.g., leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning), and/or contributes to IPV risk.

- Should factors related to ideation or threats regarding Suicide or Homicide (IPVRNE Domain D) be related to mental health conditions, mental health services need to specifically monitor and address these risks. {If homicidal ideation is extreme, offenders may not be good candidates for outpatient interventions and incarceration/hospitalization may be necessary, until sufficient progress has been made to stabilize the client's mental health.}

- Should mental health conditions be resolved during the course of IPV services the treatment provider may report satisfactory completion. Should mental health conditions not be resolved during the course of IPV services providers should communicate with the referral source regarding the degree to which these conditions have been satisfactorily resolved and whether further/ongoing participation in mental health services in necessary to address risk factors.

- Recommendations regarding services should also take into consideration co-occurring conditions such as chronic health conditions and impairments, developmental and intellectual disabilities, traumatic brain injury, and other neurological conditions. While resolving such conditions is likely beyond the scope of IPV treatment objectives, their implications for treatment should be

considered. In some cases, these conditions may be so prominent as to render IPV treatment as ancillary to other services or inappropriate.

Trauma-Focused Services

Domestic Violence Offender services Services should embrace trauma-informed principles while simultaneously holding offenders accountable for their behaviors and attitudes. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), trauma-informed services:

1. Realize the widespread impact of trauma and understand potential paths for recovery;
2. Recognize the signs and symptoms of trauma in clients, families, staff, and others;
3. Respond by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seek to actively resist re-traumatization.

A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These are:

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, Historical, and Gender Issues

Conjoint Treatment Guidelines

Conjoint services in which both the offender and victim participate may be useful to consider in situations where both demonstrate intent to remain in an ongoing relationship. Conjoint services are not standard couple sessions and should not put responsibility for change onto the victim by assigning change tasks to the victim. These services will focus on the Core Intervention Elements outlined above. Victims should be fully empowered to determine for themselves whether participation in conjoint treatment

is desirable. Victim participation is never required element of offender services. Conjoint services shall adhere to following guidelines:

- Conjoint services should not constitute the full set of offender services and shall not occur within the first four group or individual sessions. A minimum of one individual session, which could include other members of a multidisciplinary treatment team (e.g., probation, mental health provider, etc.) shall occur before conjoint services are recommended and initiated.
- Conjoint services will include safety planning for both parties. Safety planning with victims must occur in a setting where the offender is not present. As part of the safety planning process, victims are invited but not required to participate in a IPV-focused victim danger assessment.
- A victim can withdraw from conjoint services at any time.
- Treatment providers should have clearly documented policies and procedures regarding conjoint services, including expectations regarding confidentiality.
- Conjoint services may include mutually-agreed upon individuals for the purpose of supporting victim safety and the offender change process.

Non-Intimate Partner Violence Services (non-IPV)

In cases where the offender has not had an intimate partner relationship with the victim, services should be tailored to address the circumstances of the individual and should not, without specific rationale, be addressed solely in the context of IPV services. These services may focus on Substance Use Disorder(s), mental health issue(s), repeat problems with interpersonal conflict, and other criminogenic behaviors and beliefs. Recommended services addressing non-IPV behaviors and attitudes should follow the guidelines set forth in the **Duration and Intensity of Services** section above. Victim input should be pursued in accordance with the **Guidelines for Victim Contact** outlined above.

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