

Appendix B: Specific Offender Population Best Practice Guidelines

II. For Providing Court-Ordered Treatment to Female Domestic Violence Offenders

The following Guidelines have been developed to address the unique aspects of treatment with female domestic violence offenders. These Guidelines supplement the DVOMB approved *Standards for Treatment for Court Ordered Domestic Violence Offenders* and are found in the Appendix of the Standards.

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

The treatment issues unique to female offenders require that providers working with this population have specific experience, knowledge, and assessment skills to effectively assess for and provide treatment to female offenders. While some female offenders may share race, class or other similarities, treatment providers are cautioned not to approach their work with or assumptions about female offenders from a single-lens perspective. Women of color, for example, may have vastly different life experiences than do white women, including the challenge of negotiating both gender-based violence and racism in their lives. It is imperative that treatment providers are prepared to assess and respond to the diversity of experiences and needs within female offender populations. Providers must seek appropriate training to work effectively with women who are racial or ethnic minorities, non-English speaking, of limited economic means, involved in prostitution or sex work, or who identify as lesbian, bisexual or transgender. The following outlines general training, assessment, treatment, and supervision issues related to effective work with female offenders. Providers are encouraged to use these guidelines as a baseline and seek additional training to increase competence in working with diverse groups of women.

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

A. Competency, training and experience requirements for providers

1. Minimum competencies –obtained through core or basic trainings (10.03 Training Hours)
 - a. Sexism, gender stereotypes, including internalized sexism.

- b. Women's experience of race, ethnicity and cultural issues; including internalized racism.
 - c. Assumptions of competency and adaptability of diverse cultures
 - d. Unique impact of violence on women
 - e. Origins of anger, modes of anger, levels of anger
 - f. Women's trauma issues (e.g., miscarriage, stillbirth, abortion, rape, sexual assault), including emotional/verbal abuse
 - g. Effects of domestic violence on victims
 - h. Victim support issues, including safety plans
 - i. Drug/alcohol issues for women and victims
 - j. Dual arrests: predominant aggressor vs. co-combatant vs. victim
 - k. Probable cause arrest laws/policies/procedures
 - l. Parenting issues
2. Critical training areas – obtained through advanced trainings (See “Resources” and “Bibliography”)
 - a. Women and anger: stereotypes of women's passivity or helplessness;
 - b. Race and class biases in women's use of anger.
 - c. Self-defending victims: distinguishing “self-defense” from “retaliation” or “perpetration”
 - d. Working with “perpetrator”, “retaliator” and “victim” issues in the same group
 - e. A thorough understanding of Standard 4.06 and CRS 18-6-801(1)(a) for females who have been evaluated as inappropriate for domestic violence offender treatment.
 - f. Addressing past criminal issues (e.g., DOC)
 - g. Cultural competency training
 3. Field experience requirements (10.04)

B. Assessment of offenders [assessment should be conducted in the offender's primary/dominant language]

1. Prior arrest and conviction history, including background check, criminal involvement related to partner (e.g., check fraud on behalf of partner, drug-related offenses with partner, prostitution/sex work). Prior criminal cases in which the offender was the identified victim (e.g., domestic violence, sex assault cases)
2. Female offender's experience of violence in current relationship and barriers to accessing law enforcement and other services (e.g., class and economic issues, immigration status, institutional racism, language/cultural inaccessibility).
3. Potential retaliation by partner.
4. Physically abusive behaviors perpetrated in the past
5. Addiction history: drug/alcohol evaluations (SSI, ASI, ASAM and/or DSM); “meth rage”; criminal activities related to addiction (e.g., check fraud, sex work)
6. Assessment of predominant aggressor tactics

7. Relationship assessment
 - a. Current status of relationship: Actual or threat of ongoing abuse by partner.
 - b. Mutuality assessment: Are both partners abusive? Only the defendant? Or only the "victim"?
 - c. Stalking, harassment, potential violence by current partner
 - d. Lethality assessment as appropriate
 - e. Prior violence: Was the defendant in other abusive relationships as either offender or victim?
8. Anger assessment: behaviors when angry; "triggers" for anger; emotional volatility
9. Rape, sexual abuse history, childhood history of victimization
10. Emotional, psychiatric and physical health issues acute for women (e.g., PTSD or other psychiatric issues related to adult/childhood victimization; reproductive difficulties, perimenopause, menopause; rate of suicidal ideation among female violence/trauma survivors)
11. Women's use of lethal violence (See "Bibliography")
12. Gender roles and attitudes toward women
13. Race/class stereotypes; internalized racism. In biracial couples, beliefs about self or partner's racial identity.
14. Dependency issues, including socialization of women to be emotionally and financially dependent on male partner
15. Criminal thinking patterns unique to women
16. Current offense/arrest information: level of aggression (predominant aggressor vs. co-combatant vs. true victim)
17. Self-defending victims

C. Treatment Parameters and Dynamics (10.08)

1. Gender-specific groups are required.
2. Treatment should be conducted in the offender's primary/dominant language
3. Treatment awareness/sensitivity to race, class, cultural, language, and sexual orientation differences within the group
4. Trauma issues impacting women (e.g., abortion, rape, miscarriage, stillbirth)
5. Clinical use of group processing (e.g., relational interaction dynamics vs. didactical topic discussion)
6. Clinical immediacy (e.g., "Here and Now" vs "Theoretical or Idealized")
7. Sexual empowerment vs. compulsion
8. Trauma response and its effect on group: "trauma glasses"
9. Ego strength building without splitting or polarizing
10. Correctional facilities (e.g., Department of Corrections) considerations: individual vs. group treatment, "in-jail" groups, specialized case management
11. Dual-diagnosis groups
12. Ostracism within the group (e.g., boundaries vs. isolation)
13. Completion/Discharge
 - a. Unique aspects of accountability

- b. Unique aspects of consistent use of time-outs
 - c. Less stereotypical roles in relationship
14. Unique safety parameters
- Safety planning in response to ongoing abuse in the relationship
 - Possibility of retaliation by the partner

Curriculum of topics unique/acute to women (10.07)

Different “types” of anger (e.g., entitlement anger, ‘fear-of-abandonment’–based anger, residual anger from past relationship, residual anger from prior adult or child victimization, rage issues, and appropriate anger as healthy response to injustice/violence)

Issues experienced by women (e.g., abortion, miscarriage, stillbirth, grief, rape or other sexual assaults, sexual harassment, emotional/verbal abuse). Perceived or actual social, racial, and/or class injustices experienced by some women. These issues may contribute to anger.

Integrating parenting and “motherhood” issues is critical for the treatment success of many female offenders. These concerns include child custody, children’s safety, parenting skills, single parenting, reunification, step-children, childcare, attachment, custody, visitation, etc.

Child Protection Services intervention.

Arrest and incarceration trauma experienced by some female offenders

Accountability for behavior, despite partners behavior (i.e. no blaming)

Supervision/consultation issues (10.05)

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

Victim advocacy (7.03b)

1. “Victim advocacy” to the system-defined victim may be described as “partner outreach” in recognition that the female defendant may in fact be the “predominant victim” in the relationship or that the system-defined victim may feel stigmatized by the term “victim”.
2. Awareness of and training in predominant aggressor issues, dual arrests, and co-combatant arrests. (Reference CRS 18-6-803.6)
3. Training and expertise in providing advocacy/support in cases involving a victim-defendant inappropriately arrested.
4. Awareness of and training in working with diverse groups of women, including but not limited to race, class, sexual orientation, and gender identity differences.

Resources

Community-based domestic violence services/resources

For victims and offenders (heterosexual, same-sex, male, female, transgender)

Local therapists specializing in women's issues and domestic violence
DVOMB/SOP Approved Treatment Providers
DVOMB/SOP Recommended Trainings

Bibliography

Research/literature re women and mental health, suicide, trauma, addiction, and criminality.

A Colorado Department of Criminal Justice study, *Community Corrections in Colorado: A Study of Program Outcomes and Recidivism, FY00-FY04* (released May 2006), indicated that "...women in female-only community corrections programs had much lower recidivism rates than did women in coed programs. Recidivism rates for women who successfully completed female-only programs were lower by approximately one-third, compared to women in coed programs".

http://dcj.state.co.us/ors/pdf/docs/Comm_Corr_05_06.pdf

Warden In Pink, by Tekla Miller (former warden describes differences she noted between male and female offenders).

Suggested reading:

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Selected Definitions

[Not all relevant terms will be defined here. Definitions of clinical, treatment, and training terms and concepts (e.g., “Post Traumatic Stress Disorder” or “internalized racism”) should be addressed in training and/or treatment curriculum materials.]

1. **Predominant Aggressor:** Refers to the individual who, in the incident or historically in the relationship, maintains power and control over their partner through the use or threatened use of violence. Also refers to CRS 18-6-803.6(2) which directs peace officers to assess the following when evaluating complaints of domestic violence from two or more parties: “(a) any prior complaints of domestic violence; (b) the relative severity of the injuries inflicted on each person; (c) the likelihood of future injury to each person; and (d) the possibility that one of the persons acted in self-defense.”
2. **Victim-Defendant:** System-defined “defendant” in the case who has historically been the victim in the relationship.

Partner Outreach: Advocacy or assistance provided to the system-defined “victim” in the case. In situations involving victim-defendant arrest, the system-defined “victim” may have a history of using violence or the threat of violence to intimidate or control the victim-defendant. Additionally, the system-defined victim may feel stigmatized by term “victim”.