

Appendix H.

Guidelines for Promoting Healthy Sexual Relationships Adopted 10/11/2013

I. INTRODUCTION

The following guidelines have been developed to address the issue of interpersonal sexual violence that can accompany domestic violence. The purpose of these guidelines is to help identify resources for treatment providers that can be used throughout offender treatment that promotes appropriate intimacy and communication. These guidelines supplement the DVOMB approved *Standards for Treatment for Court Ordered Domestic Violence Offenders* and are found in the Appendix B of the Standards. The DVOMB expresses its appreciation to the Sexual Abuse Competencies Committee for the development of this document.

The DVOMB recognizes that the issue of promoting healthy sexual relationships is not a stand-alone competency but rather touches on a number of competencies. As such, the weaving of healthy sexuality throughout treatment is emphasized.

II. Related Competencies:

Excerpted from *Standards for Court Ordered Domestic Violence Offender Treatment*. PLEASE NOTE: Promoting healthy sexual relationships can be added to and explored along with any of these competencies at a minimum.

5.08 V. Offender Core Competencies

- A. Offender commits to the elimination of abusive behavior
 - 1. Eliminates the use of physical intimidation, psychological cruelty, or coercion toward one's partner or children
- D. Offender development of empathy
 - 1. Recognizes and verbalizes the effect of one's actions on one's partner/victim
- E. Offender accepts full responsibility for the offense and abusive history
 - 1. Discloses the history of physical and psychological abuse towards the offender's victim(s) and children
 - 2. Overcomes the denial and minimization that accompany abusive behavior.
 - 3. Makes increasing disclosures over time
 - 4. Accepts responsibility for the impact of one's abusive behavior on secondary, tertiary victims, and the community
 - 5. Recognizes that abusive behavior is unacceptable.

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- F. Offender identifies and progressively reduces pattern of power and control behaviors, beliefs, and attitudes of entitlement.
 - 2. Identifies the specific forms of day-to-day abuse and control, such as isolation that have been utilized, as well as the underlying outlook and excuses that drove those behaviors.
 - G. Offender Accountability
 - 1. Recognizes and eliminates all minimizations of abusive behavior.
 - J. Offender ability to define types of domestic violence
 - 1. Defines coercion, controlling behavior and all types of domestic violence (e.g., psychological, emotional, sexual, physical, animal abuse, property, financial, isolation)
 - 2. Identifies in detail the specific types of domestic violence engaged in, and the destructive impact of that behavior on the offender's partner and children
 - 3. Demonstrates cognitive understanding of the types of domestic violence as evidenced by giving examples and accurately label situations
 - 4. Defines continuum of behavior from healthy to abusive.
 - K. Offender understanding, identification, and management of one's personal pattern of violence
 - 5. Acknowledges past/present violent/controlling/abusive behavior
 - M. Offender understanding and use of appropriate communication skills
 - 1. Demonstrating non-abusive communication skills that include how to respond respectfully to the offender's partner's grievances and how to initiate and treat one's partner as an equal
 - 2. Demonstrates an understanding of the difference between assertive, passive, passive aggressive, and aggressive communication, and makes appropriate choices in expressing emotions
 - P. Offender eliminates all forms of violence and abuse
 - R. Offender identification and challenge of cognitive distortions that play a role in the offender's violence
 - 1. Offender demonstrates an understanding of distorted view of self, others, and relationships (e.g., Gender role stereotyping, misattribution of power and responsibility, sexual entitlement)
- 5.08 VI. Offender Additional Competencies
- A. Offender understands and demonstration of responsible parenting
 - 1. Demonstrates an understanding that abuse during pregnancy may present a higher risk to the victim and unborn child. The offender demonstrates sensitivity to the victim's needs (physical, emotional, psychological, medial, financial, sexual, social) during pregnancy.

III. GUIDELINES

A. Victim Considerations/Safety

Providers, Victim Advocates and others on MTT should have knowledge about the following:

1. Short and Long Term Impact
 - a. Guilt, fear, shame, depression, hyper vigilance, anxiety
 - b. Unhealthy coping skills
 - c. Decreased sense of self
 - d. Lack of recognition of what has happened to them
 - e. Struggles with trust
 - f. Safety planning
 - g. PTSD
 - h. Expense for victims of including counseling services and medical costs
 - i. Unintended consequences of reporting
2. Role of Victim Advocate
 - a. It is **not** the role of the advocate to inquire about or investigate sexual abuse or experiences of the victim
 - b. To understand that victims are not being asked to report or discuss sexual abuse, but we do want to advise victims there are resources IF the victims wants to discuss these issues
 - c. Advocates should be prepared to handle spontaneous disclosures and seek training or support around this as needed
 - d. Safety planning
 - e. To communicate the curriculum utilized for offenders
 - f. To communicate offender's level of integration of treatment concepts and behaviors (where appropriate)
3. Competencies for Advocates
 - a. Information about normalizing the range of response to sexual abuse
 - b. Help understanding what has happened to them: Some victims might not perceive they have experienced sexual abuse (societal beliefs, expectations in relationships)
 - c. Knowledge about coping mechanisms for victims
 - d. Symptoms of trauma and PTSD
 - e. Knowledge of predictors for sexual abuse in an intimate relationship (Reference item B.2)

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f. Resources for victims

- i. Know your local resources and what's available to people in your community.
- ii. CCASA: 303-839-9999, <http://ccasa.org>
- iii. National Sexual Assault Hotline: 1-800-656-HOPE (4673)
- iv. RAIN : Rape Abuse and Incest National Network, online hotline, www.rainn.org

4. Resources for advocate information only: scales from victim perspectives:

- a. Partner Directed Insults (PDIS)¹
- b. Sexual Coercion in Intimate Relationships (SCIRS)²

B. Provider Competency

In order to provide effective interventions in this area, providers are encouraged to pursue specialized training in the following areas:

Please also refer to Section H. Resources and J. Bibliography

1. Knowledge about healthy sexual behavior
2. Knowledge about predictors for sexual abuse in an intimate relationship
 - a. "Perceived" female infidelity,
 - b. Male low self-esteem,
 - c. Male alcohol and pornography consumption
 - d. Male sexual jealousy,
 - e. Men's partner directed insults,³
 - f. Men's controlling behavior toward their partner
 - g. Men's physical and psychological partner directed aggression⁴
3. Knowledge regarding intimate partner sexual violence
4. Knowledge about subtle sexual coercion
5. Impact of sexual abuse on victims
6. Provider comfort level with discussing sexual issues

¹ Items a-e: Starratt, V.G., et al. "Men's partner-directed insults and sexual coercion in intimate relationship." *Journal of Family Violence* 23.5 (2008): pg 315-323

² Goetz, A.T., Shackelford, T.K., "Sexual Coercion in Intimate Relationships Scale (SCIRS)", *Handbook of Sexuality-Related Measures*, (2010) pg 125-127

³ Items a-e: Starratt, V.G., et al. "Men's partner-directed insults and sexual coercion in intimate relationship." *Journal of Family Violence* 23.5 (2008): pg 315-323

⁴ Items f-g: Goetz, A.T., Shackelford, T.K. "Sexual Coercion in Intimate Relationships: A Comparative Analysis of the Effects of Women's Infidelity and Men's dominance and Control." *Archives of Sexual Behavior* 38.2 (2009): pg 226-234

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Discussion Item: While research demonstrates that most perpetrators are male, there are female perpetrators. Although research is limited on female perpetrators, some exhibit unhealthy sexual behaviors and attitudes toward their partners/victims.

C. Assessment Considerations

The goal is not to assess whether a client is a sex offender per statute nor is it to do a sex offense specific evaluation. However, it is important for treatment providers to begin exploring the following at evaluation and throughout treatment. Providers should begin to explore these issues with clients to normalize discussions on these topics.

1. Effective questions for exploring intimate partner sexual violence
2. Effective questions for exploring healthy sexual behaviors
3. Familiarity with intimate partner sexual violence scales such as:
 - a. Partner Directed Insults⁵
 - b. Sexual Coercion in Intimate Relationships (SCIRS)⁶
 - c. National Intimate Partner and Sexual Violence Survey (NISVS) 2010⁷
 - d. Sexual Coercion Questionnaire⁸(Victimization Questions will have to be adjusted for use in working with the offender)

D. Evaluation

1. DV Providers are not intended, expected, nor necessarily qualified to perform a sex offense specific evaluation.⁹
2. DV Providers are not expected to do a separate assessment or evaluation on these issues, but to incorporate these areas into the normal evaluation and treatment.
3. Suggestions regarding assessment indicators are identified in Section B “Provider Competency” of this document.

⁵ Items a-e: Starratt, V.G., et al. “Men’s partner-directed insults and sexual coercion in intimate relationship.” *Journal of Family Violence* 23.5 (2008): pg 315-323

⁶ Goetz, A.T., Shackelford, T.K., “Sexual Coercion in Intimate Relationships Scale (SCIRS)”, *Handbook of Sexuality-Related Measures*, (2010) pg 125-127

⁷ NISVS, “National Intimate Partner and Sexual Violence Survey, 2010 Summary Report” National Center for Injury Prevention and Control, Division of Violence Prevention

⁸ Kim, J.H. “Sexual Coercion Across Cultures: An Examination of Prevalence, Perceptions, and Consequences of Sexual Coercion in Korea and the United States.” (2012)

⁹ Colorado Domestic Violence Offender Management Board, *Standards for Treatment of Court Ordered Domestic Violence Offenders*, (2010) Section 11.11 Offenses Involving Unlawful Sexual Behavior, pg 11-2.

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E. Treatment Parameters and Dynamics

In order to provide effective interventions in this area, providers are encouraged to incorporate sexual abuse and healthy sexual behaviors in treatment content.

1. Incorporate into offender competencies such as those identified in Section II of this document
2. Discussion of sexual topics on a regular basis to normalize client/group comfort level with these issues
3. Referrals: When there is a conviction for an offense for which the underlying factual basis has been found by the court on the record to include an act of domestic violence, and the conviction includes a sex offense... that offender shall be evaluated and treated according to the *Colorado Sex Offender Management Board Standards and Guidelines For The Assessment, Evaluation, Treatment And Behavioral Monitoring Of Adult Sex Offenders*. (Standard 11.11) This would include consultation with probation and the SOMB provider.

F. Curriculum Resources

Providers are encouraged to address healthy sexual behaviors in treatment as well as addressing the differences between consent, cooperation, compliance and coercion. The following are suggested resources (more information in bibliography):

1. Curriculums:
 - a. "Intimate Partner Sexual Abuse: A Curriculum for Batterer Intervention Program Facilitators" Commonwealth of Massachusetts¹⁰
 - b. Module I: Defining Intimate Partner Sexual Abuse and Assessing Its Prevalence, National Judicial Education Program, also listed here under H. Resources: (www.njep-ipsacourse.org)
 - c. Steve Brown's Older, Wiser, Sexually Smarter, and Street Wise to Sex Wise
 - d. Berman, Laura, *Loving Sex: The book of joy and passion*
 - e. Leman, Kevin. *Sheet music: Uncovering the secrets of sexual intimacy in marriage*

G. Supervision/Consultation Considerations

- a. Consultation with SOMB providers as needed on specific cases
- b. General consultation with SOMB providers; consultation could benefit both professions due to high crossover of these behaviors

¹⁰ Rothman, EF, Allen, C, & Raimer, J. (2003). "Intimate Partner Sexual Abuse: A Curriculum for Batterer Intervention Program Facilitators". *Commonwealth of Massachusetts, Executive Office of Public Safety*: Boston, MA. <http://www.mass.gov/eohhs/docs/dph/com-health/violence/bi-curriculum.pdf>

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- c. Outreach to rape crisis staff, victim services such as Colorado Coalition Against Domestic Violence, Colorado Coalition Against Sexual Assault and local community based programs
- d. Supervision regarding group dynamics or special cases with DV Clinical Supervisor or Peer Group

H. Resources

1. Trainings and Information

- a. SOMB website: <http://dcj.state.co.us/odvsom>
- b. DVOMB website: <http://dcj.state.co.us/odvsom>
- c. CCASA website: <http://ccasa.org>
- d. CCADV website: <http://ccadv.org/>
- e. National Judicial Education Program web course: Intimate Partner Sexual Abuse: Adjudicating this Hidden Dimension of Domestic Violence Cases. Module One, Two and Three. www.njep-ipsacourse.org
- f. CDC website:
<http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html>
- g. National Institute of Health: multiple articles and research findings: nih.gov

I. Definitions

Abusive Sexual Contact

- Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person without his or her consent, or of a person who is unable to consent or refuse.
http://www.cdc.gov/violenceprevention/pdf/SV_Surveillance_DefinitionsI-2009-a.pdf

Assumption

- Thinking you know something when you haven't checked it out.
<http://www.yesmeansyes.com/DEFINITIONS>

Coercion

- Coercion is the use of emotional manipulation to persuade someone to something they may not want to do – like being sexual or performing certain sexual acts. Examples of some coercive statements include: “If you love me you would have sex with me.”, “If you don't have sex with me I will find someone who will.”, and “I'm not sure I can be with someone who doesn't want to have sex with me.”...Being coerced into having sex or performing sexual acts is not consenting to having sex and is considered rape/sexual assault. <http://www.clarku.edu/offices/dos/survivorguide/definition.cfm>

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- **Bribes, lies, threats, guilt:** Methods of manipulation and coercion used to force or trick someone to be sexual. May be used to force someone to consent, to say yes, to sexual acts they don't really want to do.
<http://www.yesmeansyes.com/DEFINITIONS>
- **Emotional Pressure:** Taking advantage of the level of trust or intimacy in a relationship. Exploiting the emotions or threatening to end the relationship. Making you feel guilty about not engaging in sexual activity and wearing him/her down by using the same tactic over and over again. Phrases like these may be used: "If I don't get it from you, I will get it from someone else." "I want to show you how much I care about you." "If you love me, you will have sex with me." "You have had sex before, what's the problem?"
<http://www.afspc.af.mil/news/story.asp?id=123222934>
- **Verbal Pressure:** Begging, flattery, name calling, tricking, arguing, lying or misleading.
<http://www.afspc.af.mil/news/story.asp?id=123222934>

Consent

- **Colorado Revised Statutes:** Consent means cooperation in act or attitude pursuant to an exercise of free will and with knowledge of the nature of the act. A current or previous relationship shall not be sufficient to constitute consent. Submission under the influence of fear shall not constitute consent. Source: 18-3-401(1.5) (1992).
- A mutual, verbal, physical, and emotional agreement that happens without manipulation, or threats. <http://www.yesmeansyes.com/DEFINITIONS>
- Is clear permission between intimate partners that what they are doing is okay and safe. To consent to something – like being sexual – means both parties confidently agree to do it based on their own free will without any influence or pressure. A person cannot legally consent if they are drinking or under the influence of drugs as their ability to consent has been impaired. <http://www.clarku.edu/offices/dos/survivorguide/definition.cfm>
- **Inability to Consent** - A freely given agreement to have sexual intercourse or sexual contact could not occur because of age, illness, disability, being asleep, or the influence of alcohol or other drugs.
http://www.cdc.gov/violenceprevention/pdf/SV_Surveillance_Definitionsl-2009-a.pdf

Cooperation

- A victim may cooperate in order to protect one's self based on fear, or an effort to prevent bodily harm and/or fear of death, this is not consent.

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- A victim's cooperation may look like consent, but it's not if they are cooperating to protect themselves.

Intimate Partner

- **Colorado Revised Statutes:** Intimate relationship means a relationship between spouses, former spouses, past or present unmarried couples, or persons who are both the parents of the same child regardless of whether the persons have been married or have lived together at any time. Source: 18-6-800.3(2) (1994).

Non-physical sexual coercion

- The imposition of sexual activity on someone through the threat of nonphysical punishment, promise of reward or verbal pressure rather than through force or threat of force. Sexual activity forced upon a person by the exertion of psychological pressure by another person. <http://quizlet.com/dictionary/sexual-coercion/> These tactics can include the use of lies, guilt, false promises, continual arguments, and threats to end the relationship, or ignoring verbal requests by the victims to stop (without using force). [Understanding Perpetrators of Nonphysical Sexual Coercion: Characteristics of Those Who Cross the Line](#)

Sexism

- Sexism is the system of attitudes, assumptions, actions and institutions that treat {one gender} as inferior and make {that gender} vulnerable to violence, disrespect and discrimination. Sexism is intensified and compounded by other systematic imbalances of power because of class, race, age, sexual orientation and physical/mental ability. In our country, its generally women that are seen as inferior and are in general more susceptible to violence. <http://www.clarku.edu/offices/dos/survivorguide/definition.cfm>

Sexual Abuse

- Coercing or attempting to coerce any sexual contact or behavior without consent. Sexual abuse includes, but is certainly not limited to : marital rape, attacks on sexual parts of the body, forcing sex after physical violence has occurred, or treating one in a sexually demeaning manner. [Office on Violence Against Women, US Department of Justice](#)
- Sexual abuse is any sort of non-consensual sexual contact. Sexual abuse can happen to men or women of any age. Sexual abuse by an intimate partner can include: derogatory name calling, refusal to use contraception, deliberately causing unwanted physical pain during sex, deliberately passing on sexual disease or infections and using objects, toys, or other items (e.g. baby oil or lubricants) without consent and to cause pain or humiliation. <http://www.pandys.org/whatissexualabuse.html>

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