

# **DRAFT DRAFT DRAFT**

**04/08/05**

## **SPECIFIC OFFENDER POPULATIONS SUBCOMMITTEE**

### **Best Practice Guidelines 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. The following describes training, assessment, treatment, and supervision issues related to effective work with female offenders.

#### **A. Competency, training and experience requirements for providers**

1. Minimum competencies (obtained through core or basic training) **(5.1.3)**
  - a. Sexism, gender stereotypes
  - b. Unique impact of violence on women
  - c. Origins of anger, modes of anger, levels of anger
  - d. Women's trauma issues; e.g., miscarriage, stillbirth, abortion, rape, sexual assault
  - e. Effects of domestic violence on victims
  - f. Victim support issues, including safety plans
  - g. Drug/alcohol issues for women and victims
  - h. Dual arrests: predominant aggressor vs. co-combatant vs. true victim
  - i. Local mandatory arrest laws/policies/procedures
  - j. Parenting issues

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2. Critical training areas (obtained from advanced training)
  - a. Working with “perpetrator”, “retaliator” and “victim” issues in the same group
  - b. Identify and refer victims who have been inappropriately arrested back to probation or the courts
  - c. Addressing Past criminal issues: e.g., DOC
3. Field experience requirements **(5.2.4)**

**B. Assessment of Offenders**

1. Unique prior arrest and conviction history, including background check
2. Physically abusive behaviors perpetrated in the past
3. Addiction history: drug/alcohol evaluations (SSI, ASI, ASAM and/or DSM), “meth rage”, check fraud, etc.
4. Assessment of predominant aggressor tactics
5. Relationship assessment
  - a. Current status of relationship
  - b. Mutuality assessment: Are both partners abusive, or only the defendant?
  - c. Lethality assessment as appropriate
  - d. Prior violence: Was the defendant in other abusive relationships as either offender or victim?
6. Upper/middle class defendant considerations (having not called police in prior incidents); other unique facades
7. Anger assessment: unique behaviors when angry, unique “triggers” for anger, emotional volatility
8. Rape, sexual abuse history, childhood history of victimization
9. Suicidal, homicidal, postpartum, menopausal and other pertinent mental/emotional health information
10. Unique psychiatric medication issues; eg., adult PTSD
11. Unique physical health issues; eg., reproductive difficulties
12. Gender roles, attitudes toward women
13. Unique dependency issues
14. Unique criminal thinking patterns
15. Current offense/arrest information: level of aggression (predominant aggressor vs. co-combatant vs. true victim)
16. Self-defending victims

17. Unique stalking concerns

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**C. Treatment parameters and dynamics (6.2.1)**

1. Gender-specific groups are required.
2. Women's unique trauma issues; eg., abortion, rape, miscarriage, stillbirth
3. Allowing enough processing before introducing a topic, ("relational" dynamics vs. "topical" issues)
4. Clinical immediacy: "Here and Now"
5. Sexual empowerment vs. compulsion
6. Trauma response and its effect on group: "trauma glasses"
7. Ego strength building without splitting or polarizing
8. DOC considerations: individual vs. group treatment, "in-jail" groups, specialized case management
9. Dual-diagnosis groups
10. Ostracism within the group; e.g., boundaries vs. isolation
11. Completion/Discharge
  - a. Unique aspects of accountability
  - b. Unique aspects of consistent use of time-outs
  - c. Less stereotypical roles in relationship
12. Unique safety parameters

**D. Curriculum of Unique Women's Topics (7.5.2)**

1. Working with different "types" of anger (i.e. entitlement anger, 'fear-of-abandonment'-based anger, residual anger from past relationship, residual anger from prior adult or child victimization and rage issues)
2. Issues that may come up throughout the course of 36-week treatment: abortion, miscarriage, stillbirth, grief, rape or other sexual assaults, sexual harassment, etc. These issues may contribute to anger.
3. Arrest and incarceration trauma (for some of this population)
4. Accountability for behavior, despite partners behavior, (i.e. no blaming)
5. Parenting, single parenting, reunification, step-children, discipline, childcare, attachment, custody, visitation  
Child Protection Services intervention

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**E. Supervision/consultation issues (5.4.3)**

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

**F. Resources**

1. For victims --- male, female
2. For offenders --- heterosexual, lesbian, bisexual, transsexual
3. Regarding aftercare for offenders

**G. Bibliography**

1. Research articles (Hamburger, Renzetti, etc.)
2. Women's studies textbooks
3. Local trainings

**H. Victim Advocacy (7.7.1b)**

1. Some outreach necessary but perhaps better called "partner outreach"
2. Dual arrests, co-combatant arrests, inappropriate arrests
3. Inaccurate arrests