



Colorado Domestic Violence Offender Management Board Important Considerations for Sentencing Domestic Violence Offenders May 31, 2024

Introduction

This policy brief offers new and updated information regarding the Domestic Violence Offender Management Board (DVOMB), the purview of the DVOMB, the DVOMB Standards and Guidelines, and various requirements that may impact sentencing. Professionals working in the criminal legal system should be aware and consider this important information as part of the DVOMB's mandate to assess, evaluate, treat and monitor individuals who have committed domestic violence offenses. Meetings of the DVOMB are open to the public and there are many ways for stakeholders to engage with the ongoing work of the DVOMB. To learn more, please visit the DVOMB website for more information.

Colorado Domestic Violence Offender Management Board

In 2000, the Colorado General Assembly passed legislation that created a Domestic Violence Offender Management Board (DVOMB) to develop standards and guidelines for the assessment, evaluation, treatment and behavioral monitoring of domestic violence offenders.

The Legislative Declaration for the DVOMB states: *“The general assembly hereby declares that the consistent and comprehensive evaluation, treatment, and continued monitoring of domestic violence offenders who have been convicted of, pled guilty to, or received a deferred judgment or prosecution for any crime the underlying factual basis of which includes an act of domestic violence as defined in section 18-6-800.3 (1), C.R.S., and who are subject to the supervision of the criminal justice system is necessary in order to work toward the elimination of recidivism by such offenders. Therefore, the general assembly hereby creates a program that standardizes the evaluation, treatment, and continued monitoring of domestic violence offenders at each stage of the criminal justice system so that such offenders will be less likely to offend again and the protection of victims and potential victims will be enhanced.”* (§16-11.8-101, C.R.S.)



Sentencing Requirements

Pursuant to statutory purview of § 16-11.8-103(4)(a)(II) C.R.S.¹, DVOMB has purview over guilty pleas, Pleas of nolo contendere, convictions after criminal trials, deferred sentences, and stipulation/finding of a domestic violence factual basis. These Standards and Guidelines are required for adult domestic violence offenders whose criminal charges include an underlying factual basis of domestic violence (§ 18-6-800.3, C.R.S.) and are required to undergo an evaluation and treatment by a DVOMB Approved Provider as:

- Ordered by the court to be placed on state probation, municipal², or private probation;
- Ordered by the Parole Board per the parole agreement;
- Ordered as part of the Community Corrections sentence (i.e. direct sentence, DOC inmates occupying state funded community correction beds);
- Ordered to complete as part of a pre-sentence offender evaluation.³

Removal of the DV Flag: In cases where the domestic violence offender enhancer/tag has been removed, the court may still order a defendant to domestic violence offender treatment when the court makes a finding for the requirement to undergo treatment as being reasonably related to the defendant's rehabilitation, community safety, or the goals of probation.

Defendants who are ordered to undergo domestic violence offender treatment shall meet the requirements of the DVOMB Standards and Guidelines which includes addressing responsibility for the domestic violence related behaviors in the index offense. It is important to note that the removal of the enhancer/tag does remove Victim Rights Act (VRA) related protections and provisions.

Unsupervised Probation: Offenders who are sentenced to receive a domestic violence offender evaluation and treatment services are sometimes placed in the community without supervision (e.g., state probation, private probation, parole, or community corrections). Data collected from DVOMB Approved Providers from 2023 indicates that approximately 9.8% domestic violence cases were placed on unsupervised probation. Circumstances for unsupervised court orders vary, but these cases should be rare due to the possible risks posed to victim and community safety. **The lack of a supervision officer can compromise the effectiveness of the MTT, offender containment, and accountability; can undermine efforts toward creating safe case management strategies; and may create ethical challenges for DVOMB Approved Providers.** Providers are encouraged to work with community stakeholders to address the lack of a supervising officer for domestic violence offenders when it occurs. This includes identifying

¹ Pursuant to § 16-11.8-103(4)(a)(II) C.R.S., the DVOMB Standards apply to adult domestic violence offenders who have committed a crime, the underlying factual basis of which has been found by the court on the record to include an act of domestic violence, and who are placed on probation, placed on parole, or placed in community corrections, or who receive a deferred judgment and sentence.

² C.R.S.18-1.3-204(2)(a)(15), Courts possess probationary powers to stipulate conditions

³ C.R.S.18-6-801(1)(b), *Partners in Change v. Domestic Violence Offender Management Board*, within the Division of Criminal Justice of the Department of Public Safety of the State of Colorado, Case Number 06cv10083



strategies for how these offenders will be managed in such situations to enhance public safety. DVOMB Approved Providers may accept such a client into treatment if, in their clinical judgment, it is in the best interests of the client, victim, and community safety to do so.

Evaluation and Treatment as Recommended

The post-sentence offender evaluation is a required component of the defendant's intake process and shall be conducted with each defendant by a DVOMB Approved Provider. The purpose of a post-sentence offender evaluation (hereafter evaluation) is to assess a client's need for treatment, determine what type of treatment is needed, and identify the risk level and any additional needs the client may have. The evaluation describes and conceptualizes the development, nature, and extent of a defendant's domestic violence and abusive behavior; determines the criminogenic and other needs that should be addressed by adjunct interventions; identifies specific responsivity factors and strengths that are likely to influence treatment amenability and outcomes to treatment.

Pre-Sentence Evaluations: Offender evaluations may be conducted prior to sentencing by a DVOMB Approved Presentence Evaluator to provide the court with relevant information upon which to base sentencing decisions.

Once the evaluation is complete, the Provider analyzes all assessment and screening instrument outcomes, along with the information gathered by other collateral information and clinical interview, and conceptualizes the data. In a succinct manner, the Provider articulates in a summary the issues that constitute the risk of the offender, the offender's needs for treatment, and the responsivity necessary in order to provide the best opportunity for the offender to succeed in treatment. From these recommendations, specific treatment goals are recorded in the initial treatment plan, including goals addressing all dynamic risk factors and criminogenic needs. Additionally, the identification of the initially recommended level of a treatment is also reported in the summary as either Level A, Level B, or Level C.

Assessing Domestic Violence Risk Using the DVRNA

The Colorado Domestic Violence Risk and Needs Assessment (DVRNA) is an empirically validated and structured risk assessment used to evaluate and place domestic violent offenders into differential domestic violence treatment levels based on their likelihood of being charged with another domestic violence offense. The DVRNA is composed of 14 risk domains (e.g., prior domestic violence-related incidents), each with a range of risk items indicative of that risk factor. The total DVRNA score corresponds to a recommended domestic violence treatment placement level that varies by low, moderate, or high intensity. More information about the DVRNA and the validation study can be found in the [2024 DVOMB Annual Legislative Report](#).



Effectiveness of Domestic Violence Offender Treatment Using Risk, Needs, and Responsivity

To improve the effectiveness of domestic violence treatment, researchers and practitioners have recommended that domestic violence offender treatment adhere to the Risk-Need-Responsivity (RNR) principles of effective practice (Radatz, Hansen, & Thomasson, 2020; Richards & Murphy, 2018; Travers, McDonagh, Cunningham, Armour, & Hansen, 2021). The State of Colorado was the first state to update its legislation surrounding domestic violence offender treatment to include a mandate for the integration of evidence-based practices.

The DVOMB Standards and Guidelines adopted the RNR principles in 2010 with the creation of the DVRNA and the differential treatment model. The creation of the DVRNA has allowed Providers in Colorado to formulate treatment targets that adhere to the RNR principles without removing a Provider's ability to address underlying clinical aspects of coercive control. Travers et al. (2021) conducted the most recent, comprehensive, meta-analysis of domestic violence treatment and the only one to-date that examined adherence to the RNR model as a moderator of treatment outcome (recidivism rates following treatment). Overall, the domestic violence treatments produced a positive treatment effect compared to no-treatment but one that was clearly moderated by degree of adherence to the RNR principles. Programs that fully adhered to the RNR model had the greatest reductions in recidivism rate over 2 years follow-up, with a 7.0% recidivism rate for treated individuals versus 19.6% for untreated comparisons ($k=2$, $n=479$; $OR=.30$). For programs that partially-adhered to RNR, the recidivism rate was 23.0% for treated individuals compared to 33.5% for untreated comparisons ($k=3$, $n=8,851$; $OR=.58$). There were few programs that were fully "one-size-fits-all" (i.e., did not adhere) and these did not produce significant treatment effects.

Gannon, Olver, Mallion, and James (2019) also conducted a meta-analysis regarding the effectiveness of specialized psychological treatments for offending with an added focus on staff and program moderators of that effectiveness. Findings were separated for domestic violence treatment, alongside sex offending and general violence prevention treatments. Gannon et al. found the domestic violence recidivism rate over an average 5-year follow-up was 15.5% for treated individuals and 24.2% for untreated comparisons ($k=14$, $n=9,845$; $OR=.65$). Gannon et al. found preliminary evidence for better treatment effectiveness in programs that provided supervision and that had a psychologist (qualified practitioner) consistently present during program delivery, which supports the notion that program integrity is important for program effectiveness (LeBlanc & Mong, 2021). Overall, Gannon et al.'s meta-analysis supports the findings from Travers et al. (2021), but notably did this with little overlap between the studies included. While the overall effect size was comparable between the two meta-analyses, Travers et al. demonstrated greater effects were evident when programs fully-adhered to the RNR principles.



Requirements and Access to Domestic Violence Offender Treatment

- *Progress in Treatment is Not Determined by Time* - Consistent with current research and professional practices, domestic violence offender treatment is the comprehensive set of planned therapeutic experiences and interventions designed to uniquely change the coercive control, abusive thoughts, and behaviors. Such treatment specifically addresses the occurrence and dynamics of domestic violence and utilizes differential strategies to promote offender change. Much more importance is given to the meeting of all treatment goals than the passage of a specific amount of time, since defendants make progress in treatment at different rates. Treatment is more successful when it is delivered consistently and with fidelity to the individual needs of the offender.
- *Adjunct Treatment Needs* - Adjunct treatment and interventions are referred to as Second Contacts in the DVOMB Standards and Guidelines. Offenders who are higher risk to victims and the community require more intensive treatment and supervision designed to address an offender's criminogenic needs. Second contacts require adjunct treatment interventions that are based on the offender treatment plan comply with the Position Paper Regarding Second Clinical Contacts (November, 2013). Some common examples include mental health treatment and substance abuse treatment. Second contacts are identified as part of the offender evaluation and become required components of the defendant's treatment plan.
- *Monitored Sobriety* - The DVOMB Standards and Guidelines direct that defendants must "agree not to use alcohol or drugs; to agree not to use illegal drugs and not to use drugs illegally. This includes misuse or abuse of prescribed medications. If substance abuse treatment is indicated, offender shall complete the substance abuse treatment and abide by any conditions that may be applied as determined by the substance abuse evaluation." Treatment Contract is the signed treatment agreement between the Approved Provider and the client that specifies the responsibilities and expectations of the client and the DVOMB Approved Provider. If a defendant refuses to agree to any of the terms of the Treatment Contract including monitored sobriety, they may not begin offender treatment.
- *Teletherapy* - The provision of services via teletherapy is considered to be a privilege that is intended to promote risk-reduction strategies and engagement in the therapeutic process for the client. **In-person therapy is the preferred and expected modality in which domestic violence offender treatment should occur.** In some cases, teletherapy may be an appropriate modality to meet the needs of the client. If using teletherapy, providers shall be Teletherapy Approved per Standard 9.07 and follow the criteria outlined in Appendix I. If the use of teletherapy presents any unresolved concern(s) related to the safety of a victim, the client's compliance with



the treatment contract, or their overall amenability, the Approved Provider shall document such reasons and determine if face-to-face services are more appropriate. Offenders may be subject to additional monitoring as a result of being allowed to engage in domestic violence offender treatment via teletherapy” ([Appendix I: Requirements and Criteria for Teletherapy With Domestic Violence Offenders](#)).

- *Couples and Family Counseling* - The DVOMB Standards and Guidelines direct that couple’s counseling is not a component of domestic violence offender treatment. Because of the potential therapeutic challenges of concurrent treatment along with dangers and risks to victim safety, Standard 5.10 prohibits a defendant from participating in marriage or couple’s counseling of any kind with the victim outside of offender treatment. The defendant is the client in domestic violence offender treatment, not the couple, nor the relationship. Defendants must agree as part of the Treatment Contract “To not participate in any couple’s counseling or family counseling while in offender treatment. This includes any joint counseling that involves the offender and the victim.” Treatment Contract is the signed treatment agreement between the Approved Provider and the client that specifies the responsibilities and expectations of the client and the DVOMB Approved Provider. If a defendant refuses to agree to any of the terms of the Treatment Contract including monitored sobriety, they may not begin offender treatment.

The DVOMB Approved Provider List

Due to the nature and seriousness of domestic violence, professionals who work with domestic violence offenders require training, competencies, and expertise in domestic violence offender dynamics and victim safety. The evaluation, assessment, treatment, and behavioral monitoring of domestic violence offenders shall only be provided by those individuals whose name appears on the DVOMB Approved Provider List pursuant to § 16-11.8-104(1) C.R.S. DVOMB Providers must obtain specific approval to work with female and LGBTQ+ defendants who are referred for a domestic violence offender evaluation and treatment as recommended. Online programs may represent themselves as being approved in Colorado. However, only those who have approved by the DVOMB and appear on the Approved Provider List are able to provide domestic violence offender services in Colorado.

When Can Treatment Not Be Recommended by a DVOMB Approved Provider

Through the process of conducting and completing the offender evaluation, if indicators suggest that the offender’s risk and criminogenic needs related to domestic violence and issues of power and control are not supported or contra-indicated, the DVOMB Approved Providers can recommend alternative treatment or intervention options to domestic violence offender treatment. The offender evaluation shall include compelling clinical evidence that is well documented and using assessment instruments and collateral information when considering alternative interventions and possible treatment options.



What about youth under the age of 18 who are engaging in domestic violence behaviors?

Youth Who Engage in Relationship Abuse: It is not the intention of the legislation, or the DVOMB, that these Standards and Guidelines be applied to the treatment of juveniles who have engaged in teen dating violence or relationship abuse. Despite many similarities in the behavior and treatment of juveniles and adults, important differences exist in their developmental stages, the process of their offending behaviors, and the context for juveniles who must be addressed differently in their diagnosis and treatment. Please see the current publication of the [Best Practice Guidelines for Working with Youth Who Engage in Relationship Abuse](#).

Does the Board have purview over non-criminal cases coming from civil courts?

There may be other individuals in need of evaluation, assessment, treatment, and supervision who do not meet the statutory definition of a domestic violence offender or are not under the jurisdiction of the Colorado criminal justice system. Approved Providers should consider the use of the DVOMB Standards as a best practice guideline and at their discretion for cases that do not fall under the purview of the DVOMB. The Board provides the following guidance regarding use of the Standards for adults who are not under the statutory purview of the DVOMB.

The Standards and Guidelines may be utilized as best practice in the following situations where there are concerns of abusive, harmful, or domestic violence behavior for:

- Adults placed on Diversion, without a Deferred Sentence,
- Adults requesting a pre-plea evaluation⁴,
- Adults requesting a domestic violence evaluation as part of a domestic relations or civil protection order case pursuant to § 14-10-124, C.R.S.,
- Where a party is receiving services for domestic abuse behavior provided by a County Department of Human Services/Social Services (DHS/DSS) without a legal requirement.
- A person who voluntarily enters into treatment due to self-disclosed behaviors related to domestic violence behaviors

The DVOMB published a white paper in 2022 titled “[Referrals for Offender Treatment Evaluations and Services in Domestic Violence Civil Cases Without Criminal Findings: Challenges and Recommendations](#)”. This white paper contains more information about the legal and practical challenges with civil domestic abuse cases.

⁴ Pre-plea matters are not subject to the purview of the DVOMB Standards.

