



# Tracking Offenders in Treatment Project

July 2013

## Introduction

The purpose of this study examines the impact of changes made to the Standards of the Domestic Violence Offender Management Board (DVOMB), specifically Section 5.0. The Standards were revised to design a differential response in treatment based on offender risks, needs, and responsivity (RNR). This change eliminated the previous minimum length of 36 weeks for all offenders. Treatment length is now determined by offender risk and degree of progress in treatment using the Domestic Violence Risk and Needs Assessment<sup>1</sup> (DVRNA).

In early 2011, DVOMB stakeholders expressed an interest in learning about the programmatic and policy implications tied to these revisions. Because this is a new treatment model, there was no existing empirical data available to describe the frequency with which offenders successfully completed treatment by level of placement. Thus, this study offers the first look at statewide program success rates of domestic violence offenders who have undergone treatment.

## Results

### Research Question 1

Figure 1. Initial DVRNA Risk Level for Placement

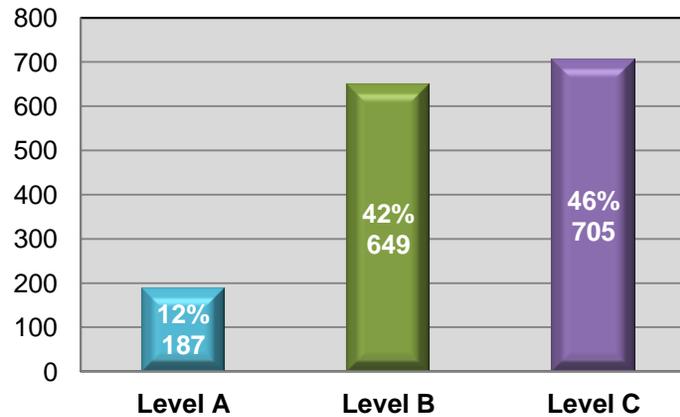
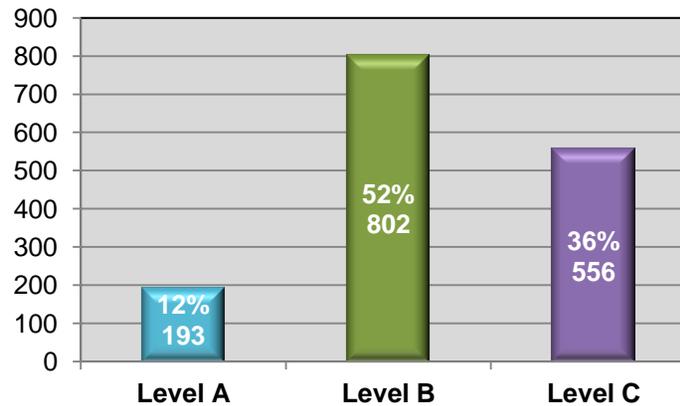


Figure 2. DVRNA Risk Level at Discharge



## Method

To describe the current population using the DVRNA, this study collected data on 1561 cases<sup>2</sup> between June 1, 2011 and November 31, 2012. Three research questions were evaluated:

### RESEARCH QUESTION 1

- What is the distribution of offenders into the different levels of treatment at initial placement in treatment and discharge? (See Figures 1 and 2)

### RESEARCH QUESTION 2

- What is the frequency of successful discharges by treatment level? (See Figure 3)

### RESEARCH QUESTION 3

- What is the average length of time in treatment for each discharge outcome for offenders in levels A, B, and C? (See Figure 4)

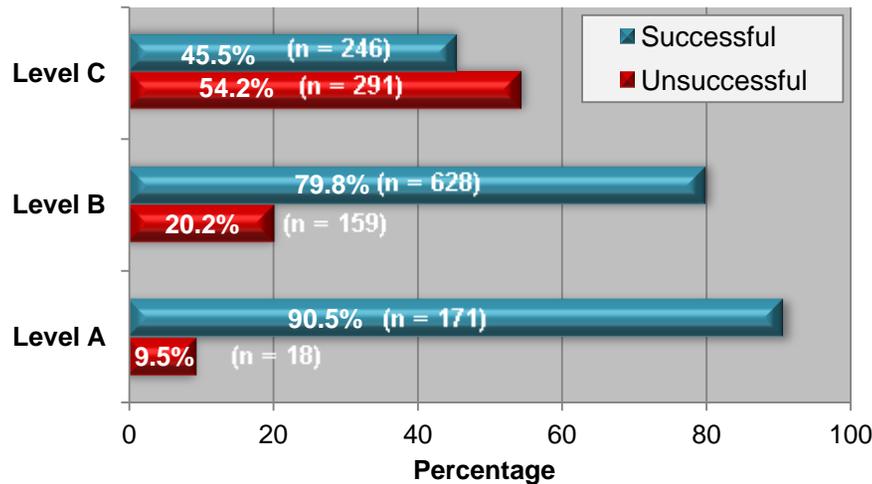
<sup>1</sup> The DVRNA is an instrument designed to assess risk of future domestic violence using numerous factors that have been identified through empirical research.

<sup>2</sup> For the purpose of this analysis, there were 254 administrative discharge cases removed given that these cases usually involve special circumstances. An administrative discharge may be issued due to medical reasons, a relocation of the offender's employment, military deployment, or there is a clinical reason for a transfer.

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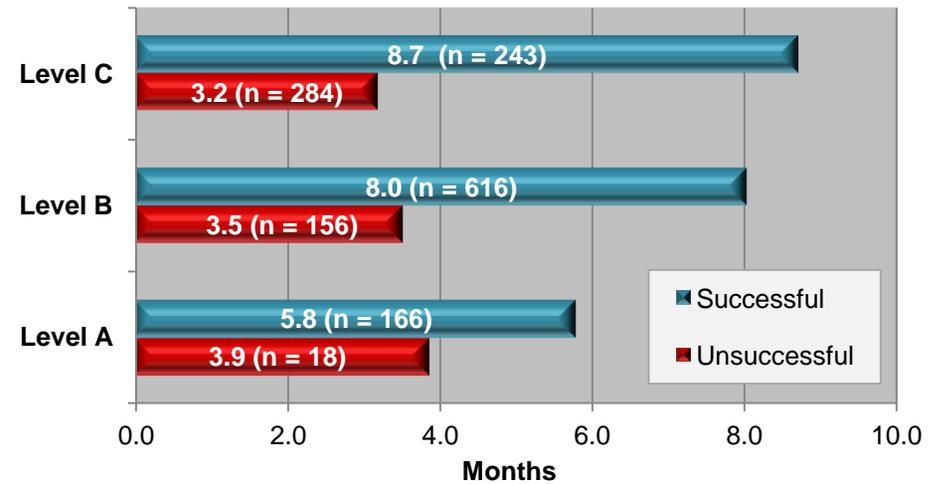
## Research Question 2

**Figure 3. Program Outcome by DVRNA Risk Level at Discharge**



## Research Question 3

**Figure 4. Average Length of Time in Treatment by DVRNA Risk Level at Discharge**



### Contact Information



**Domestic Violence Offender Management Board**

Division of Criminal Justice  
Office of Domestic Violence and Sex Offender Management  
700 Kipling Street, Suite 3000  
Denver, CO 80215

**Cheryl Davis**

Program Manager, MA  
Phone: 303-239-4456  
Email: [cheryl.davis@state.co.us](mailto:cheryl.davis@state.co.us)

**Jesse Hansen**

Statistical Analyst, MPA  
Phone: 303-239-4592  
Email: [jesse.hansen@state.co.us](mailto:jesse.hansen@state.co.us)

### Discussion

This study shows that the DVRNA is classifying offenders into three risk categories that are indeed linked to program success rates. While only 9.5% of the sample fell into the Level A risk category at discharge, 90.5% of this group successfully completed treatment compared with 79.8% of Level B offenders and 45.5% of Level C offenders at discharge. This finding suggests that the DVRNA risk categories are separating the domestic violence offender population into meaningful risk groups as measured by treatment success rates. It is important to note, however, that conclusions cannot be drawn to explain why Level C offenders are failing at a higher rate. Level C offenders may be discharged unsuccessfully for a multitude of factors which may include a reoffense, a lack of treatment engagement or the requirements of Level C treatment.

Regarding length of stay in treatment, lower risk offenders who successfully complete treatment are spending, on average, 5.8 months in treatment compared to 8.0 and 8.7 months, respectively, for Level B and Level C offenders. This finding implies that implementation of the DVRNA has led to differential time in treatment; an objective of the DVRNA. Finally, those who were unsuccessfully discharged from treatment spent fewer months in treatment, which would be expected since noncompliance results in early termination from treatment.

Taken together, these findings suggest that (a) the Standards pertaining to the DVRNA are implemented as planned, (b) meaningful risk groups are being identified, and (c) differential time in treatment by risk level is underway.