

The Supervision of Domestic Violence Offenders in Franklin County, Ohio; Use of Assessment, Differentiated Treatment and Coordinated Community Response

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A WOMAN IS BEATEN
EVERY NINE SECONDS
IN THE U.S.



Mission Statement

- Promoting community safety by reducing recidivism, changing offender behavior and fostering accountability through the effective use of evidence-based practices.
- Vision Statement
- Excellence in rehabilitation through evidence-based practices.
- Goal – Risk Reduction



The History of Franklin County Municipal Court-DVU

- Early 90's there was an expressed need for a specialized unit to monitor DV cases
 - Consisted of 6 officers
 - This included all family violence, non IPV and child abuse
 - Criteria to be supervised by this staff was simply a charge of DV

What about survivors?

- Late 90's
 - VOCA grant to create a component of victim advocacy for survivors.
 - Close working relationship with Prosecutor's office
 - Collaboration on high risk cases
 - Information sharing

Specialized DV prosecutor unit

- Prosecutors only handle DV-IPV cases and related offenses. *Relationship is key.*
- Specialized trained advocates to assist victims through the court process.
- Law enforcement task force for apprehension and felony enhancements.
- Specialized stalking component.
- Train law enforcement.

Central Ohio Batterer Intervention Program Coalition was formed

- Created by the Domestic Violence Unit Supervisor to “right the ship”
- Established criteria to provide Batterer Intervention Programming
- Common goals, mission and values
- Bi-monthly meetings to create an element of fidelity and consistency among providers for the Court.
- Established in the late 90’s
- Created a sense of collaboration and unified goals
- Increased accountability by the offender and enhanced safety for the survivor

What is domestic violence?

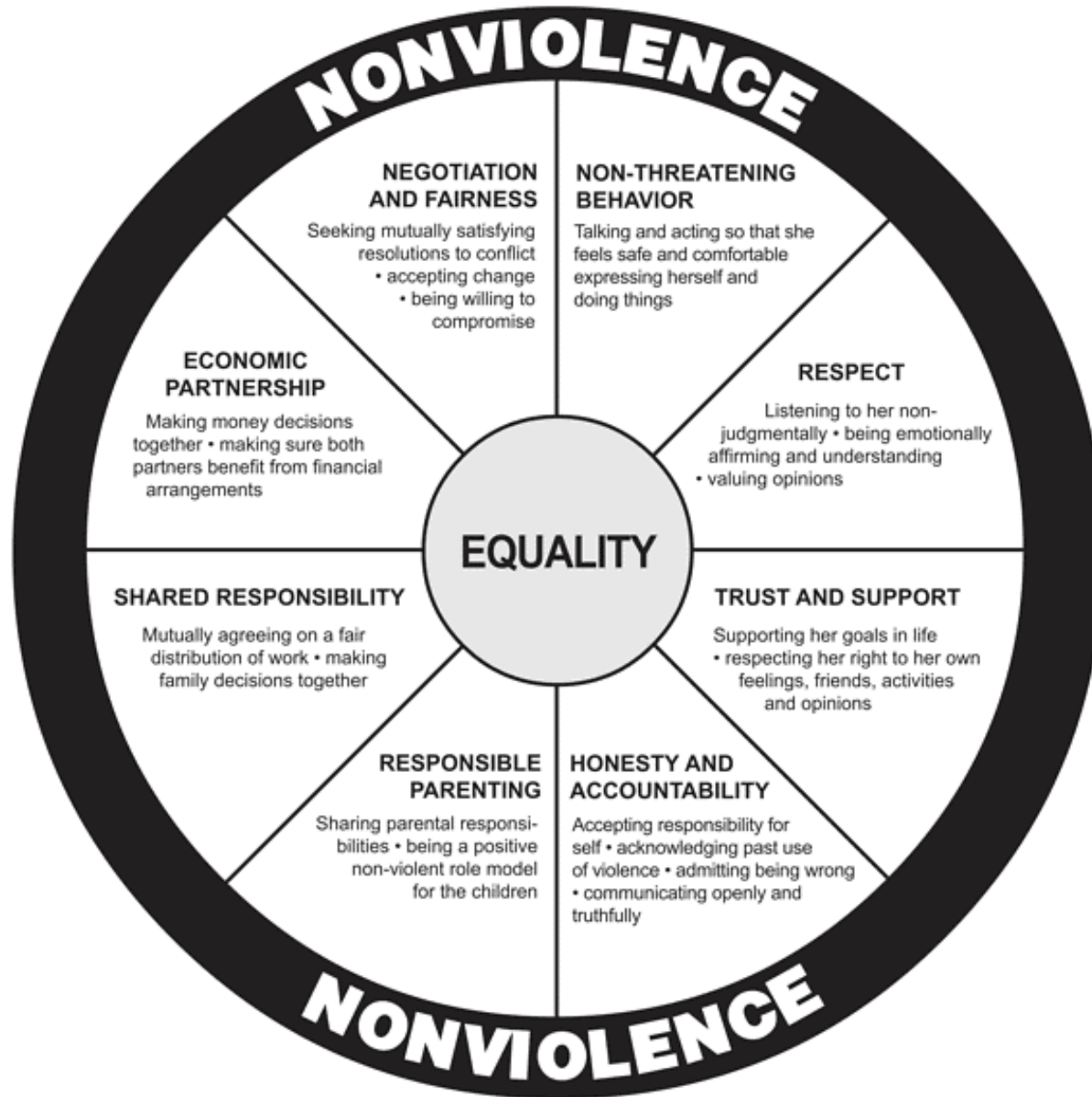
- **2919.25 Domestic violence.**
- (A) No person shall knowingly cause or attempt to cause physical harm to a family or household member.
- (B) No person shall recklessly cause serious physical harm to a family or household member.
- (C) No person, by threat of force, shall knowingly cause a family or household member to believe that the offender will cause imminent physical harm to the family or household member.
- Ohio Revised Code

What is intimate partner or dating violence?

- **Intimate partner violence (IPV)** is domestic violence by a current or former spouse or partner in an intimate relationship against the other spouse or partner.^{[1][2]} IPV can take a number of forms, including physical, verbal, emotional, economic and sexual abuse. The World Health Organization (WHO) defines intimate partner violence as "... any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors."^[3]

(Wikipedia, 2017)





Our focus

- We not only supervise domestic violence cases, but we have opened up our unit to all cases that have an element of power and control dynamics, the relationship between perpetrator and survivor is key.
- If they are currently or have previously been in a relationship and violence, threats of violence, stalking and/or violation of a protection order has occurred, they are eligible for supervision by the DVU.
- Supervision of child abuse cases if there is a companion IPV case.
- Supervision of cases involving violence with “other” family members, if a companion IPV case.



Introduction of EBP in FCMC

- Our court as a whole began implementation in early 2016
- DVU parallel project
 - Small group work
 - Data
 - Goals
- “we can and will do better”

What is EBP?

- “Evidence based practice is the objective, balanced and responsible use of current research and the best available data to guide policy and practice decisions”
- It involves ongoing research, critical review, rigorous quality assurance and evaluation to ensure that practices are replicated with fidelity and that new practices are effective.
- What does that mean?
 - We look at research to tell us what works and what doesn't.
 - We assess our offenders and survivors to find out what their needs are.

(National Institute of Corrections, 2017)



Risk, need, responsivity principles

Risk – Services provided to offenders should be proportionate to the offenders' level of static and dynamic risk.

Need – Interventions are most effective if services target criminogenic needs that have empirically associated with recidivism.

Responsivity – Effective service delivery of treatment and supervision requires individualization that matches the offender's culture, learning style, and abilities, among other factors.



What we did...

- The Domestic Violence Unit reviewed every domestic violence assessment tool.
- Established criteria of what a “good assessment tool” should be and what we want to do with it.
- Decided on the Colorado Domestic Violence Risk Needs Assessment (DVRNA) created by Merve Davies and Cheryl Davis

Assessment tool study

- Specialized for domestic violence offenders
- Risk to re-offend
- Risk to kill
- Takes into account victim safety
- Criminal history

Assessment tool study, continued

- Case planning component
- Utilizes solid collateral
- Not subjective
- Research based
- Identifies criminogenic needs

Assessment tool study continued

- Met with DVU for a year
- We argued, explored, researched, bothered, pestered and belabored until we had one that would meet our needs
- Our questions...
 - What do we want to see?
 - What do we want to eliminate?
 - How do we do this?

The Domestic Violence Risk Needs Assessment (DVRNA)



History of DVRNA

- Developed in Colorado. State legislature mandates oversight by the Domestic Violence Offender Management Board.
- Assessment used on all males, 18+.
- Empirically based assessment.
- Instrument used to identify risk factors that should be considered when placing a defendant into treatment.
- Case plan and programming determined by assessment.



DVRNA Domains

- 14 domains are factored into the score
- Low Risk = 0-1
- Moderate Risk = 2-4
- High Risk = 5+
- Several domains measure significant or critical risk factors that directly place an individual in moderate or high risk categories
- You only get one point per domain
- Maximum score is 14

Prior Domestic Violence Related Incidents

***ALL are significant risk factors**

- Prior domestic violence conviction
 - **Critical risk factor**
- Violation of an order of protection (documented)
- Past or present civil domestic violence related protection orders against offender
- Prior arrests for domestic violence
- Prior domestic violence incidents not reported to criminal justice system

Drug or alcohol abuse

***ALL are significant risk factors**

- Substance abuse/dependence within the previous 12 months
- History of substance abuse treatment with the previous 12 months or two or more prior drug or alcohol treatment episodes during adult lifetime
- Offender uses illegal drugs or illegal use of drugs
 - Does not include tobacco

Mental Health Issue

*ALL are significant risk factors

- Existing Axis I or II diagnosis excluding V codes
- Personality disorder with anger, impulsivity or behavior instability
- Severe psychopathy
- Recent (12 months) psychotic and/or manic symptoms
- Psychological/psychiatric condition currently unmanaged
- Non-compliance with prescribed medications and mental health treatment
- An offender exhibits symptoms that indicate the need for MH evaluation

Suicidal/homicidal

- Serious homicidal or suicidal ideation/intent within the past year
 - **Critical risk factor**
- Ideation within the past 12 months
- Credible threats of death with the past 12 months
- Victim reports offender has made threats of harming/killing her

Use and or threatened use of weapons in current or past offense or access to firearms

- Gun in the home in violation of a civil or criminal order
 - **Critical risk factor**
- Use and/or threatened use of weapons in current or past offense
 - **Critical risk factor**
- Access to firearms
- Note: a weapon is defined as any object used to harm someone, intent is important

Criminal history - non domestic violence (reported and unreported)

- Offender was on community supervision at the time of the offense
 - **Critical risk factor**
- Offender has a prior arrest for assault, harassment or menacing
 - **Significant risk factor if two or more**
- Prior non domestic violence convictions at any time during offenders adult life
- Past violation(s) of conditional release or community supervision
- Past assault of strangers or acquaintances
- Animal cruelty/abuse

Obsession with the victim (current victim or current partner only)

- Stalking or monitoring
- Obsessive jealousy with the potential for violence, violently and constantly jealous or morbidly jealousy



Safety concerns

- Victim perception of lack of safety/victim concerned for safety
- Victim believes offender is capable of killing her
- Offender controls most of victims daily activities
- Offender tried to “choke” victim-CRF
- Physical violence is increasing in severity
- Victim forced to have sex when not wanted
- Victim was pregnant at the time of the offense and offender knew
- Victim is pregnant and offender has previously abused her during pregnancy



Violence and/or threatened violence toward family members including child abuse

- Current or past social services as an adult where the offender was party to the action
- Past assault of family members
 - Excludes previous or present intimate partners
 - Score even if there was no arrest or conviction
 - May be obtained from credible offender self report and written collateral reports
- Children were present during the offense (in the vicinity)

Prior completed or non-completed domestic violence treatment



Victim separated from offender within the previous six months

- This refers to the victim *initiating* the separation
- This includes entering a shelter, moving out, moving in with friends or eviction of the offender.

Attitudes that support or condone spousal assault

- Explicitly endorses attitudes that support or condone intimate partner assault
- Appears to implicitly endorse attitudes that support of condone intimate partner assault

Involvement with people who have pro-criminal influence

- Some criminal acquaintances
- Some criminal friends
- BOTH factors are necessary to score the point

Employment

- Lawful employment
- Not working at the time of the offense
- Not working at the time of the assessment
 - Public assistance, homemakers, students and retirees does not delineate a scoring point

14 domains are factored into the score

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We have an assessment tool, now what?



Late 2016

- Collaboration IS KEY!
 - Larger strategic planning goals
 - Stake holders
 - Treatment agencies
 - Staff
 - Funding
 - Next steps

January 19, 2017

- One day training
 - All domestic violence unit officers
 - All treatment providers
 - In depth conversation for translating this to case planning and programming

DVRNA work group is formed

- Agencies were sent a letter indicating if they wanted to continue receiving referrals from us, they must attend the mandatory follow up meeting and join the work group. They had to be a part of the process and ongoing effort to make our system better.

Continued...

- Representatives from all interested agencies attended
- All DVU officers
 - Combined goals were established
 - Discussion about how to implement the changes
 - Timeline for launch established
 - Small work groups formed for completion
 - Monthly meetings

DVU Construct

- IPV cases **only**
- Mixed-risk case loads
- Specific programming
- Domestic Violence Assessment Specialist
- 10 probation officers
 - Also: our Spanish speaking officers supervises IPV cases and one of the EM officers specializes in IPV cases
- Support from the: Probation Assisted Victim Empowerment Division (PAVED)
 - 3 advocates
 - 1 supervisor

Franklin County model is born

- Defined what supervision looks like
- Defined what treatment looks like
- Our model, may not be your model
 - Cost
 - Implementation
 - Expectations of probation
 - Expectations of treatment providers
 - THIS is why collaboration is key!

Expectations of treatment providers

- **Reliable** consistency among **all** agencies
- Uniform policy based on risk
- Framework built on the ideal that defendants are at higher risk to reoffend when not engaged in treatment/interventions
- Consistent attendance policy

Expectations of treatment providers continued:

- Certified in the use of the Domestic Violence Risk Needs Assessment (DVRNA)
 - Planning for training completed over a series of several phone calls
 - \$1000/day +expenses to train 24 staff
 - Regardless of who is completing assessment all should attend
- Consistent treatment summaries (weekly/every 90 days)
- Reassessment will be conducted at 90 day intervals (individual sessions)
- Group size (2:15)
 - *ideal model


Expectations of treatment providers continued:

- Male and female co-facilitator per group
- High risk group twice weekly (1.5 hour/session minimum)
- Moderate risk group weekly (1.5 hour/session minimum)
- IMMEDIATE notification to probation when there are substance abuse issues
- IMMEDIATE notification to probation when there are concerns for the safety of the victim or staff

Expectations of treatment providers continued:

- Continued attendance and participation in DVRNA implementation meetings
- On-site visits to ensure quality control and fidelity

Completion of treatment is based on demonstration of competencies through group activities

- Accountability
 - Acceptance by offender that their behavior should and has consequences
 - Participation and cooperation
 - The ability to define types of violence
 - Understanding, identification and management of ones personal pattern of violence
 - Recognition of financial abuse and management of financial responsibility
 - Elimination of ALL FORMS of power and control as a goal
- 

Relevant information

- January 23, 2017 every case assigned to the DVU had a DVRNA completed
- Agencies began to transition out old world cases and implement small changes to incorporate new world standards-baby steps
- Staff added to the DVU to address volume, time of assessment and case planning processes

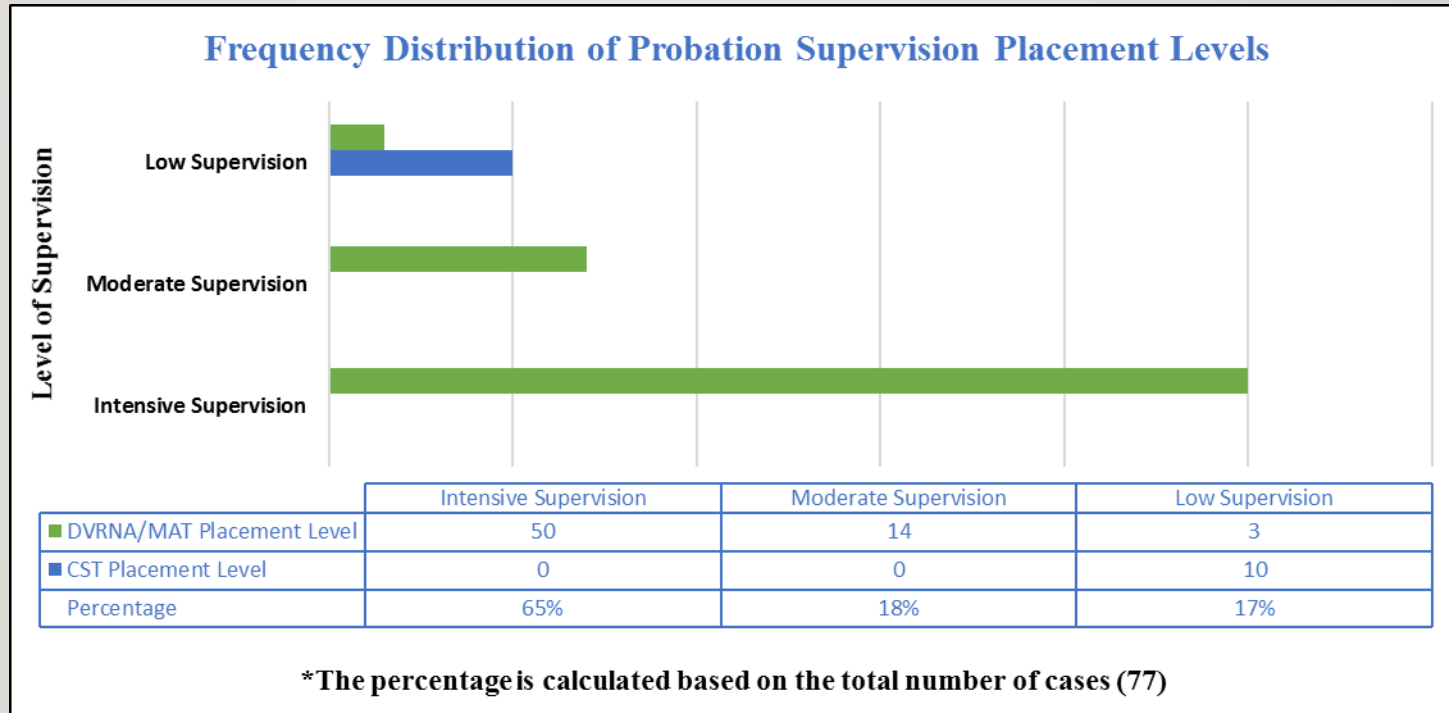
Collaboration never stops

- September 2017
 - More staff trained in the use of the DVRNA
 - Training for judges
 - Agency specific training
 - Ongoing development

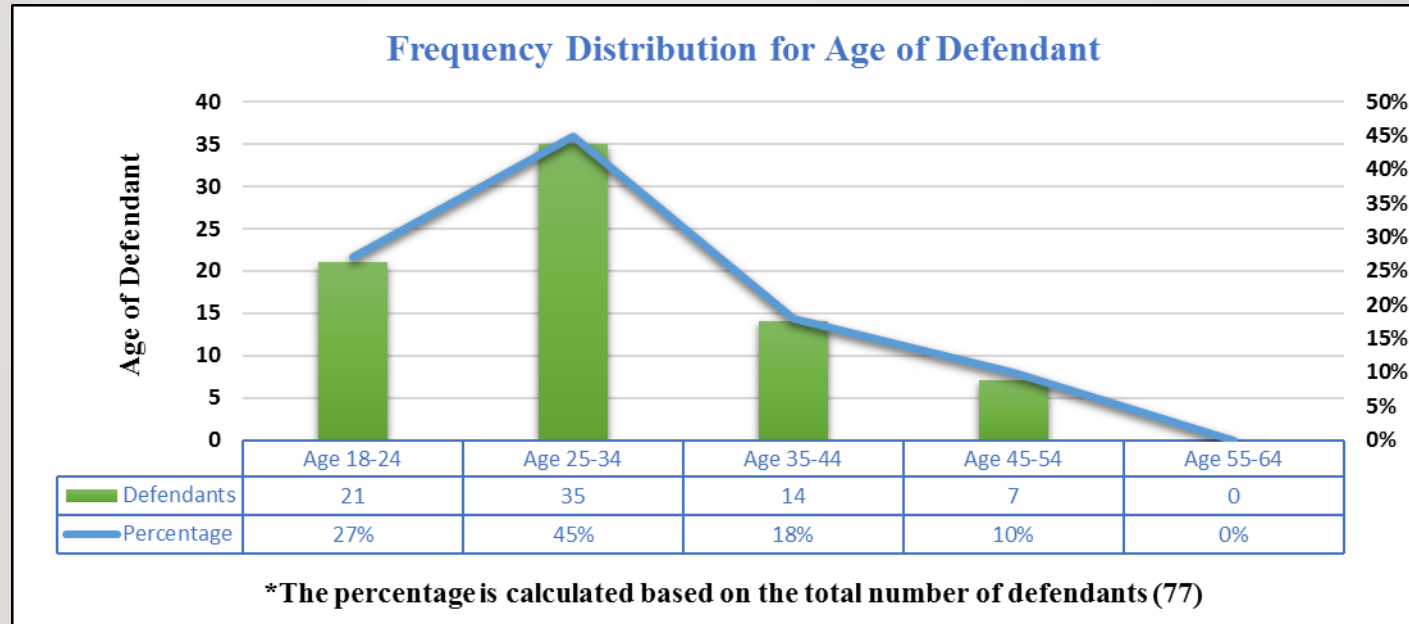
Progress to date



FCMC Risk levels



Risk of offenders in FCMC by age



Foundation for success

1. You must be committed to this!
2. Commitment from your stakeholders is necessary to establish a successful foundation. (judges, prosecutors, defense, victim advocates, and treatment agencies)
3. **Collaboration**-allow everyone to have a voice!
4. Flexibility-understand this is a living breathing organism.

Programs under construction





LGBTQI program

- The creation of a dedicated caseload to LGBTQI offenders
 - Specific programming unique to the power and control dynamics of this population
 - Use of assessment and individualized case planning
 - Group treatment
 - Culturally competent providers
 - Two officers dedicated to this caseload
 - One male
 - One female
 - Monthly case staffing's

Extremely High Risk (EHR)

- The creation of a dedicated caseload to the **extremely** high risk offenders
 - Containment and structure
 - Frequent contact with treatment provider and probation officer
 - Treatment 2x/week
 - Weekly group meeting with probation officer
 - Increased response and outreach from victim advocate
 - Swift response for ALL violations
 - Bi-weekly staffing's
 - Extremely High Risk Response Team
 - Increased field activity
 - Search and surveillance

How to implement in your community

- Identify gaps
 - What is your program missing?
 - Do you have the support to form a work group and a strategic plan?
 - What do you need?
 - Financial
 - Non-financial
- Identify partners
 - Who else is committed to change?
 - Who can help you?
 - Network
- Do your research



"I do this job for the money."

Said no probation officer
ever.



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user card

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