



Supplementary Materials  
for presentation by  
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to the  
Legislative Health and Human Services Committee

**Table of Contents:**

NM Domestic Violence Statistics..... Page 1

ODARA Summary..... Page 2

ODARA Fact Sheet..... Page 3

ODARA Scoring Form..... Page 7

Colorado’s DV Offender Treatment Program..... Page 15

Economic Costs of Domestic Violence..... Page 22

NM BIP Task Force Findings (1-page Summary) ..... Page 24

NM BIP Task Force Findings (5-page Report) ..... Page 25

**Incidence and Nature of Domestic Violence In New Mexico**  
**(Analysis of 2015 data from the NM Interpersonal Violence Data Central Repository)**

- Lifetime prevalence of domestic violence for NM adults; women 32% or 1 in 3, men 15% or 1 in 7
- Approximately three quarters (70% or 11526) of the victims identified by law enforcement were female and 7,015 children were present at the scene, two-thirds of them 12 years old or younger
- Number of law enforcement-reported domestic violence incidents: 17, 757
- Number of domestic violence related protection orders issued by District Courts: 6,106
- District court domestic violence (felony) charges filed: 3,214; charges resulting in conviction 19%, charges dismissed 69%
- Magistrate court domestic violence (misdemeanor) charges filed: 14,753; charges resulting in conviction 10%, charges dismissed 76%

## Summary of the Ontario Domestic Assault Risk Assessment (ODARA)

- The Ontario Domestic Assault Risk Assessment (ODARA) is an actuarial risk assessment tool that ranks domestic offenders on risk for repeated domestic violence.
- It was the first empirically developed and validated domestic violence risk assessment tool to assess risk of future intimate partner violence as well as the frequency and severity of these assaults.
  - Published meta-analyses indicate that the ODARA performs as well as or better than other published IPV risk assessment tools
- It was developed in Canada by the Ontario Provincial Police and the Ontario Ministry of Health and Long Term Care.
- The ODARA can be used by law enforcement, victim service agencies, or corrections.
- The assessment consists of 13 yes no questions determined to be highly predictive of future violence regarding the offender's criminal history of violence and antisocial behavior, details of the most recent assault, and the victim's personal circumstances.
- The information it provides about how an offender's risk compares with others, enables policy-level decisions about how to assign available resources to offenders according to their level of risk.
- While there are no professional restrictions and no fees required for scoring the ODARA, online training for those administering the tool is highly advised.

# The Ontario Domestic Assault Risk Assessment (ODARA)

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The Ontario Domestic Assault Risk Assessment (ODARA), a procedure to identify the risk of future assaults against intimate partners, was developed by the Ontario Provincial Police and the Ontario Ministry of Health and Long Term Care in response to the May/Illes and Hadley inquest recommendations. It was also a result of recommendations by The Joint Committee on Domestic Violence to the Attorney General of Ontario in 1999. It was the first empirically developed and validated domestic violence risk assessment tool to assess risk of future intimate partner violence as well as the frequency and severity of these assaults

The ODARA is a single assessment that is available for use in policing, victim support services, health care, and corrections. It is an actuarial risk assessment, and the information it provides about how an offender's risk compares with others enables policy-level decisions about how to assign available resources to offenders according to their level of risk. .

There are no professional restrictions and no fees required for scoring the ODARA. Our evaluation shows that scoring accuracy is improved following training, which is available online at <http://odara.waypointcentre.ca/>. We strongly recommend use of the full scoring criteria, available in the ODARA and DVRAG manual published in the appendices of this book:

Hilton, N. Z., Harris, G. T., & Rice, M. E. (2010). *Risk assessment for domestically violent men: Tools for criminal justice, offender intervention, and victim services*. Washington, DC: American Psychological Association.

## History

The ODARA is the result of collaboration between the Ontario Provincial Police and researchers at Waypoint. The OPP's Behavioural Sciences and Analysis Section is mandated to provide criminal investigation support services and training of a behavioural nature to OPP and other criminal justice agencies within the Province of Ontario. In 2001, this research team was awarded a quarter-million-dollar grant by the federal government to develop risk assessments for wife assault recidivism. The funds also supported research on the mental health issues of women assaulted by their partners. In 2003, the team was recognized through an award for Team Endeavours from the Ontario Women in Law Enforcement. In 2004, the first article on the

# ODARA Fact Sheet

ODARA, its development, and its first cross validation, was published in the journal *Psychological Assessment*. Subsequent research has demonstrated the ODARA's predictive accuracy among men with a correctional record, incarcerated men, male sex offenders, and female offenders. Published meta-analyses indicate that the ODARA performs as well as or better than other published IPV risk assessment tools

## Development

The ODARA was created from research on nearly 600 cases from OPP and municipal police forces. Using multiple regression techniques, the researchers found that 13 questions were the most highly predictive of future violence. The risk of assault can be predicted with large accuracy using these questions alone, reducing the need for a comprehensive assessment in order to evaluate risk of re-offence. The 13 yes/no questions cover the accused man's history of violence and antisocial behaviour (police record for domestic assault, police record for nondomestic assault, prior correctional sentence, prior failure on conditional release, violence outside the home, domestic assault during pregnancy, substance abuse), details of the most recent assault (physical confinement, threats of harm, victim reported fearing future assaults at time of the assault), and the victim's personal circumstances (number of children, children from a prior relationship, barriers to support).

## Interpretation

The ODARA is an actuarial risk assessment such that its scores rank domestic offenders on risk for repeated domestic violence. Thus, a male domestic offender can be placed into one of seven categories of risk. For example, a score of 0 places a man in the lowest risk category; 9% of men in the ODARA research studies fell into this category, and 7% of these men met the criteria for domestic recidivism within a follow up of about 5 years. A score of 7 or more places a man in the highest risk category; 6% of men fell into this category, and 74% of these men met the criteria for domestic recidivism.

Higher scores on the ODARA also indicate that an accused assaulter will commit more assaults, commit them sooner, and cause more injury (in a range of injury from none to lethality) than an accused with a lower score.

## Validation Studies

The ODARA's predictive accuracy has now been demonstrated in validations by the original researchers and by other researchers. This work includes samples in Canada, the USA, and Europe, as well as female perpetrators and cases of dating violence.

These studies are available in our bibliography, [click here to view](#).

# ODARA Fact Sheet

## Frequently Asked Questions

### *1. Can the ODARA be used for cases of dating violence?*

Yes. Some of the validation studies have scored the ODARA using dating violence as the index assault and/or in the definition of reoffending. The literature on violence risks indicates that the major factors are criminal history and antisocial behaviour, and there is no evidence that risk is lower among men who are not currently in a dating relationship. For these reasons, it is acceptable to use the ODARA in cases of dating violence. The item scoring criteria remain unchanged, however, as there is no research yet that uses dating violence in the definition of prior domestic assaults.

### *2. Has the ODARA been validated for female offenders?*

Yes. The ODARA predicted intimate partner violence recidivism in two studies to date. The ODARA can be used to identify the women most at risk of reoffending. However, women reoffend at a lower rate than men do. Further research is required to develop an actuarial table to identify absolute risk associated with ODARA scores among women.

### *3. Can the ODARA be used when there is a risk of lethality?*

Yes. Higher ODARA scores indicate more severe future assaults, and our current research has found that men who subsequently committed domestic murder ranked in the highest risk category. So, although the ODARA does not specifically predict the occurrence of lethal domestic violence, it can be used in cases where severe and potentially lethal assault is a concern.

### *4. Does the ODARA predict assaults that are not known to the police?*

Yes and no. The ODARA calculates the likelihood of assaults known to police, so the likelihood of any assault, with or without police involvement, could be different from the stated recidivism rate. On the other hand, higher ODARA scores indicate that a man is more likely than other domestically violent men to commit future assaults. This “rank order” is expected to be stable over time and regardless of whether there are assaults that the police don’t find about.

### *5. Can I draw a conclusion about risk using only the ODARA score?*

Yes, the ODARA can be used validly as the only assessment to measure risk of domestic violence. More information is not required in order to score the ODARA. Adjusting the score by adding other information could result in lower accuracy.

# ODARA Fact Sheet

## ODARA Training

**ODARA 101:** The Electronic Training Program: An interactive e-learning program for assessors to learn to use the ODARA any day of the year and at any time that fits their schedule. This project has been made possible by a grant from the Ontario Ministry of Community Safety and Correctional Services.

[Click here](http://odara.waypointcentre.ca/Account/Request) to register: <http://odara.waypointcentre.ca/Account/Request> or [click here](http://odara.waypointcentre.ca/Account/Login) to sign in: <http://odara.waypointcentre.ca/Account/Login>

**There is no professional restriction on the use of the ODARA, but training has been shown to improve scoring accuracy.**

Hilton, N. Z., Harris, G. T., Rice, M. E., Eke, A. W., & Lowe-Wetmore, T. (2007). Training front-line users in the Ontario Domestic Assault Risk Assessment (ODARA), a tool for police domestic investigations. *Canadian Journal of Police and Security Services*, 5, 95-98.

Hilton, N. Z., & Ham, E. (in press). Cost-effectiveness of electronic training in domestic violence risk assessment: ODARA 101. *Journal of Interpersonal Violence*.

## For More Information

For more information, see **ODARA 101:** The Electronic Training Program, or the [book](#): Hilton, N.Z., Harris, G.T., & Rice, M.E. (2010). *Risk assessment for domestically violent men: Tools for criminal justice, offender intervention, and victim services*. Washington, DC: American Psychological Association.

This book contains all the information needed to score and interpret the ODARA and DVRAG in any setting. Practice materials and more extensive Frequently Asked Questions are included.

Please contact us at [ODARA@waypointcentre.ca](mailto:ODARA@waypointcentre.ca)

# ODARA Scoring Form

Print

A summary of scoring instructions from ODARA 101 Learning Modules is provided below for convenient reference. The use of the full scoring criteria and supporting materials is strongly recommended. The ODARA manual is found in Hilton, N.Z., Harris, G.T., & Rice, M.E. (2010). *Risk assessment for domestically violent men: Tools for criminal justice, offender intervention, and victim services*. Washington, DC: American Psychological Association.

**Name:**

**Case #:**

**Date:**

## Item Score

Choose an item.

1. Prior domestic incident of assault in a police or criminal record

[View Criteria](#)

Choose an item.

2. Prior non-domestic incident of assault in a police or criminal record

[View Criteria](#)

Choose an item.

3. Prior custodial sentence of 30 days or more

[View Criteria](#)

Choose an item.

4. Failure on prior conditional release

[View Criteria](#)

Choose an item.

5. Threat to harm or kill at the index assault

[View Criteria](#)





Choose an item.

[View Criteria](#)

6. Confinement of the victim at the index assault

Choose an item.

[View Criteria](#)

7. Victim concern about future assaults

Choose an item.

[View Criteria](#)

8. More than one child

Choose an item.

[View Criteria](#)

9. Victim's biological child from a previous partner

Choose an item.

[View Criteria](#)

10. Prior violent incident against a non-domestic victim

Choose an item.

[View Criteria](#)

11. Two or more indicators of substance abuse

Choose an item.

[View Criteria](#)

12. Assault on the index victim when she was pregnant

Choose an item.

[View Criteria](#)

13. Barriers to victim support

Choose an item. Raw Score (sum of items scored 1)

Choose an item. Final Score (use prorating table if indicated)

### Prorating Table

Use if the available documentation indicates that an item might be present but the information is unclear or incomplete.

Raw Score	Number of Missing Items				
	1	2	3	4	5
0	0	0	0	0	0
1	1	1	1	1	2
2	2	2	3	3	3
3	3	4	4	4	5
4	4	5	5	6	7+
5	5	6	7+	7+	7+
6	7+	7+	7+	7+	7+

### Actuarial Table

Score	Percent who score in this range	Percent scoring lower	Percent scoring higher	Percent who Recidivate
0	9	0	91	7
1	17	9	74	17
2	21	26	53	22
3	20	47	33	34
4	13	67	20	39
5-6	14	80	6	53
7-13	6	94	0	74



## Index Assault

The index assault is the most recent incident in which the man being assessed assaulted a woman with whom he is (or was previously) married or cohabiting. The ODARA may also be used in a case of assault against a woman with whom he had a non-cohabiting intimate relationship (dating). The definition of assault is any act of violence that involved physical contact with the victim, or a credible threat of death made with a weapon in hand in the presence of the victim.

[Go Back](#)

### Prior Domestic Incident of assault in a police or criminal record

A prior domestic incident is one in which the man being assessed assaulted his current or previous female marital or cohabiting partner, or her child, and which is recorded in a police occurrence report or criminal record.

- ✓ The incident must include physical contact or the use, or attempted use of a weapon to contact the victim's body, or a threat of harm made with a weapon in hand. If you do not have a detailed description of the incident, count a criminal charge of assault or other violent offense against a domestic victim as a domestic incident.
- ✓ The incident must have been reported to the police, either when they attended the incident or in a subsequent report.
- ✓ The incident must have occurred on a separate occasion, before the index assault. If the index assault is part of a cluster of assaults documented in one police report, count any domestic assault that occurred at least twenty-four hours before the index assault as a prior domestic incident.
- ✓ The victim of a prior domestic incident must be a person who is a current or previous female domestic partner of the man being assessed, or the child of this partner.

✗ Incidents involving only pets or property do not count for this item.

[Go Back](#)

### Prior Non-domestic Incident of assault in a police or criminal record

A prior non-domestic incident is one in which the man being assessed assaulted any person who is not his current or previous female marital or cohabiting partner, nor her child, and which is recorded in a police occurrence report or criminal record. This item differs from the previous item, prior domestic incident, only in who the victim is.

- ✓ The incident must include physical contact, or the use or attempted use of a weapon to contact the victim's body, or a threat of harm made with a weapon in hand. If you do not have a detailed description of the incident, count a criminal charge of assault or other violent offence against a non-domestic victim as a non-domestic incident.
- ✓ The incident must have been reported to the police, either when they attended the incident or in a subsequent report.
- ✓ The incident must have occurred on a separate occasion, before the index assault. If the index assault is part of a cluster of assaults documented in one police report, count any non-domestic assault that occurred at least twenty-four hours before the index assault as a prior non-domestic incident.
- ✓ The victim of a prior non-domestic incident must be a person who is not a current or previous female domestic partner of the man being assessed, nor her child.

✗ Incidents involving only pets or property do not count for this item.



[Go Back](#)

## Prior Custodial Sentence of 30 days or more

A prior custodial sentence is the final disposition of a court for an offence committed by the man being assessed.

- ✓ The sentence itself must be for at least thirty days.
- ✓ The man must have been admitted to an adult or juvenile correctional facility, prison, or jail, but he need not have been in custody for the entire thirty days. Count the sentence, not the time spent in custody.
- ✓ The sentence must have been handed down before the index assault.
  
- ✗ Do not include a sentence given for the index assault.
- ✗ Time spent in custody before trial or before sentencing is not usually counted for this item.

[Go Back](#)

## Failure on Prior Conditional Release

A failure on prior conditional release requires that the man being assessed was on a conditional release

- ✓ The conditional release must have been ordered before the index assault.
- ✓ The man must have been at liberty in the community under supervision or other requirement ordered by a criminal court, or a no-contact order imposed by a civil court.
- ✓ Any known violation of the conditional release counts for this item.
- ✓ If the man was on a conditional release at the time of committing the index assault, and no further information is available about the conditions of the release, count the index as a failure of conditional release, because such releases almost invariably require the offender to keep the peace.

The same rule applies to any criminal charges incurred while on a conditional release.

- ✓ Count any known failure, even if it does not result in a charge. For example, there might be evidence that the man was using alcohol while on a probation order that required abstinence from alcohol, but the man was not charged with a breach of probation; the use of alcohol is a conditional release failure. Another example is of a man who is in the community under a restraining order but contacts the person he has been ordered not to contact; the violation of the contact order is a conditional release failure.
  
- ✗ Do not include any violations occurring after the index assault.

[Go Back](#)

## Threat to Harm or Kill at the index assault

- ✓ A threat to harm or kill at the index assault includes any uttered threat by the man being assessed to cause physical harm to a person other than himself.
- ✓ Also count bodily gestures that are commonly recognized as a threat of physical harm to a person.
  
- ✗ Threats involving only pets or property, or threats of non-bodily harm, do not count for this item.
- ✗ Do not include any threats occurring before or after the index assault.



[Go Back](#)

## Confinement of the Partner at the index assault

Confinement of the victim at the index assault includes any act by the man being assessed that physically prevents, or attempts to prevent, the victim from leaving the scene of the incident.

- ✓ The victim must be the man's current or previous female marital or cohabiting partner who is the victim of the index assault.
- ✓ Count a criminal charge of forcible confinement or kidnapping at the index assault, if it is known that the victim was the man's partner. Confining the partner in a locked room, or barring an exit, are examples of confinement.
- ✓ In locations without walls or doors, count actions taken to impede the partner's active attempts to escape from the location.
  
- ✗ Do not include any threats to harm the victim if she leaves, pinning the victim down in the course of an assault, cutting off the telephone, or confining persons other than the partner.
- ✗ Do not include any confinement occurring before or after the index assault.

[Go Back](#)

## Victim Concern about future assaults

Victim concern includes any statement by the partner indicating that she is concerned, afraid, worried, or certain that the man being assessed will assault her, or her child, in the future.

- ✓ This statement must be made by the partner in her first report about the index assault to the police. If no statement about victim concern in a police report is present, a statement made by the partner in her first report to a victim support service can be counted.
  
- ✗ Do not count the victim's concern for her safety, or her child's safety, in the course of the index assault.

[Go Back](#)

## More than One Child

To determine whether the man being assessed has more than one child:

- ✓ Count his biological or adopted children.
- ✓ Count the biological or adopted children of the partner who is the victim of the index assault.
- ✓ Count all living children, whether they are minors or adults, and whether they are living with the man, living with the partner, or living elsewhere.

There must be a total of at least two children in order to score 1 for this item.

[Go Back](#)

## Victim's Biological Child from a previous partner

To determine whether the victim has a biological child from a previous partner:

- ✓ Count only the children of the partner who is the victim of the index assault.
- ✓ Count only her biological children whose father is not the man being assessed.
- ✓ All such living children are included, whether they are minors or adults, and whether they are living with the man, living with the partner, or living elsewhere.
  
- ✗ Adopted children do not count for this item.



[Go Back](#)

## Prior Violent Incident against a non-domestic victim

Prior violence against a non-domestic victim is an incident in which the man being assessed assaulted any person who is not his current or previous female marital or cohabiting partner, nor her child. A specific incident is required, but a police occurrence report or criminal record is not required.

- ✓ The incident must include physical contact, or the use or attempted use of a weapon to contact the victim's body, or a threat of harm made with a weapon in hand.
- ✓ The violent incident must have occurred on a separate occasion, before the index assault. Information can come from sources other than criminal justice documentation, and the incident does not need to be known to the police.

[Go Back](#)

## Two or more indicators of Substance Abuse

More than one indicator of substance abuse is needed in order to score 1 for this item. Count any two of these specific indicators pertaining to the man being assessed.

- ✓ He consumed alcohol immediately before or during the index assault.
  - ✓ He used drugs immediately before or during the index assault.
  - ✓ He abused drugs and/or alcohol in the days or weeks before the index assault (e.g., alcohol intoxication, frequent alcohol use, use of street drugs, misuse of medication).
  - ✓ He noticeably increased his abuse of drugs and/or alcohol in the days or weeks before the index assault (without a return to normal consumption prior to the index assault).
  - ✓ He had been more angry or violent when using drugs and/or alcohol, before the index assault. He consumed alcohol before or during a criminal offence pre-dating the index assault.
  - ✓ His alcohol use before the index assault but since age 18 resulted in some problems or interference in his life; this can include alcohol use related to law violations resulting in a charge or revocation of conditional release, withdrawal symptoms or inability to decrease use, or problems attributable to alcohol use (such as financial, job, relationship, legal, or health problems).
  - ✓ His use of illicit or street drugs, or misuse of prescription medications, before the index assault but since age 18 resulted in some problems or interference in his life; this can include drug use related to law violations resulting in a charge or revocation of conditional release, withdrawal symptoms or inability to decrease use, or problems attributable to drug use (such as financial, job, relationship, legal, or health problems).
- ✗ Do not include medications taken as prescribed.

[Go Back](#)

## Assault on victim while she was pregnant

- ✓ Include only assaults against the partner who is the victim of the index assault.
  - ✓ Count the index assault or any prior assault on this victim, committed by the man being assessed, if she was pregnant at the time.
  - ✓ The incident must include physical contact, or the use or attempted use of a weapon to contact the victim's body, or a threat of harm made with a weapon in hand. If you do not have a detailed description of the incident, count a criminal charge of assault or other violent offence if it is known that the victim was the index victim, and that she was pregnant at the time.
  - ✓ It is not required that the man being assessed states that he knew the victim was pregnant.
- ✗ Do not count assaults against previous partners while they were pregnant.

## Barriers to Victim Support

Any one indicator Count any one of these specific circumstances faced by the victim of the index assault. Circumstances not included in this list do not count.

- ✓ The victim of the index assault has one or more children age 18 or under who live with her and for whom she provides care.
  - ✓ The victim of the index assault has no mobile or cell phone and no landline telephone in the home.
  - ✓ The victim of the index assault has no access to a vehicle and no public transportation in the vicinity of her home and no money for a taxi.
  - ✓ The victim of the index assault lives in a rural area with nobody living close by.
  - ✓ The victim of the index assault consumed alcohol or drugs just before or during the index assault, or she has a history of alcohol or drug abuse (e.g., alcohol intoxication, frequent alcohol use, use of street drugs, misuse of prescription medication).
- ✗ Do not include medications taken as prescribed.

## **Colorado's Differentiated DV Offender Treatment Program**

The state of Colorado has had mandated court-ordered treatment for domestic violence offenders since 1987. Treatment is guided and evaluated through Standards overseen and monitored by [The Colorado Domestic Violence Offender Management Board](#) (DVOMB). Until 2010, Colorado's treatment model was criticized as a one-size-fits-all, because regardless of abuse or criminal history, offenders were required to participate in a minimum of 36 weeks of programming.

In 2010, Colorado began implementing revised [Standards](#) and now employs a differentiated treatment model. This model is based on the Risk, Needs and Responsivity Principles<sup>1</sup> which research has shown are effective in reducing general offender recidivism:

1. *Risk Principle*: The level of service must be matched to the offender's risk of reoffending.
2. *Needs Principle*: Assess criminogenic needs (those dynamic risk factors associated with criminal behavior) and target those needs in treatment.
3. *Responsivity*: Maximize the offender's learning by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender.

### **THE INITIAL EVALUATION: IDENTIFYING RISKS AND NEEDS**

After an offender is sentenced, treatment providers conduct an initial evaluation. The evaluation gathers data on the offender that determines the assigned level of risk and recommended treatment plan. The standards require evaluations to include:

- Assessment of domestic violence risk and screening for substance abuse, mental health and other needs that can impact treatment
- Review of external sources of information such as police report, public victim impact statement, criminal history and other relevant evaluations
- Interview with the offender to explore relationship history, psychosocial history, motivation, accountability and responsivity factors

Additionally, the evaluation assists in:

- Determination of the level and nature of risk, including possible lethality, for future domestic violence
- Identification of individual criminogenic factors/needs and strategies for managing them
- Initial recommendations for treatment planning to include offender monitoring related to community and victim safety



- Assessment of offender responsivity, accountability, and amenability to treatment
- Risks and needs of offenders are identified by the [Domestic Violence Risk and Needs Assessment](#) (DVRNA). This instrument, currently involved in a validation study, is designed to assess risk of future domestic violence using numerous factors identified through empirical research. This instrument is also designed to identify degree of risk and therefore allow for treatment matching. There are 14 risk factor domains (see Risk Factor Domains, below) that comprise the DVRNA. Of these, 8 are dynamic, allowing for reassessment during treatment. The presence of each domain is scored as 1 providing a raw score of 0 to 14. Six domains are deemed significant or critical based on published research on dangerousness, lethality, and recidivism. Therefore, if any of these six are present, initial placement in moderate or high intensity treatment is required. All programming is intended to increase victim safety and reduce offender abuse and recidivism.

### DVRNA RISK FACTOR DOMAINS

Prior DV related incidents*	Criminal history (non-DV related)*	Prior completed or non-completed DV offender treatment
Drug/alcohol abuse*	Obsession with the victim	Involvement with people who have a pro-criminal influence
Mental health issues*	Safety concerns	Separated from victim within last six months
Use and/or threatened use of weapons in current or past offense, or access to firearms*	Violence toward family members, including child abuse	Unemployed
Suicidal/homicidal*	Attitudes that condone or support partner assault	*denotes significant/critical risk factor resulting in automatic placement in treatment intensity level B or C.

### THREE LEVELS OF TREATMENT INTENSITY

The treatment plan assigns each offender to an initial level of treatment intensity: A (low), B (moderate), or C (high).

- **Level A** (low intensity) treatment is for offenders who have a DVRNA raw score of zero or one with no significant or critical risk factors. At the time of their initial assessment, Level A offenders have not shown a pattern of ongoing abusive behavior. These offenders attend group clinical sessions once per week until they have reached completion.
- **Level B** (moderate intensity) treatment is for offenders who have a raw score two to four on the DVRNA or at least one significant risk factor and are required to participate in weekly group clinical sessions as well as additional clinical intervention at least once a month. These offenders have an identified pattern of ongoing abusive behavior. They may have some criminal history in addition to substance abuse and/or mental health issues.
- **Level C** (high intensity) treatment is for offenders who have a DVRNA raw score of five or higher or at least one critical risk factor and are considered high risk for reoffending. Level C offenders may be chronically unemployed, likely to have criminal histories, and/or generally have little in the way of a healthy social support system. Level C offenders are required to have two clinical contacts each week, one focused on domestic violence and another addressing other issues, such as substance abuse or mental health problems.

All levels include a minimum of two treatment plan reviews every two to three months. The reviews allow for increasing treatment intensity when risk factors emerge that were not identified initially. For example, suicidal ideation may not have been present at the initial evaluation. If this, or another risk factor, emerges during treatment the offender would be reassigned to a higher level to receive therapeutic help in addition to the groups. Similarly, as risks and needs are addressed and mitigated, intensity of treatment can be adjusted. If a therapist believes an offender has addressed an issue, that therapy may be concluded, thus reducing the level of intensity.

### LENGTH OF TREATMENT AND COMPLETION STANDARDS

The Colorado Standards no longer identify a set length of treatment. Treatment completion is determined by offender risk and progress in treatment. Offenders complete treatment

successfully when they have met all required competencies and conditions of their treatment plan. Offenders are administratively discharged when circumstances such as medical leave, employment location transfer, military deployment or a clinical reason for a transfer occurs. Offenders are unsuccessfully discharged when they have not fulfilled one or more of their required competencies or conditions of their treatment plan.

### **OVERSIGHT BY MULTIDISCIPLINARY TREATMENT TEAMS**

Treatment standards now require members of a local Multidisciplinary Treatment Team (MTT) to manage and oversee decisions about offender assignment to treatment levels and their recommended treatment plan, and make decisions on the timing and type of discharge. The MTT aims to reach consensus in making all of these decisions.

At a minimum, the MTT is made up of a treatment provider, the supervising criminal justice agency (such as probation), and the victim advocate who works with the treatment provider, along with other agency representatives when appropriate. Victim advocates are critical to the MTT and although they maintain victim confidentiality they provide important general insight on the best interests of victims.

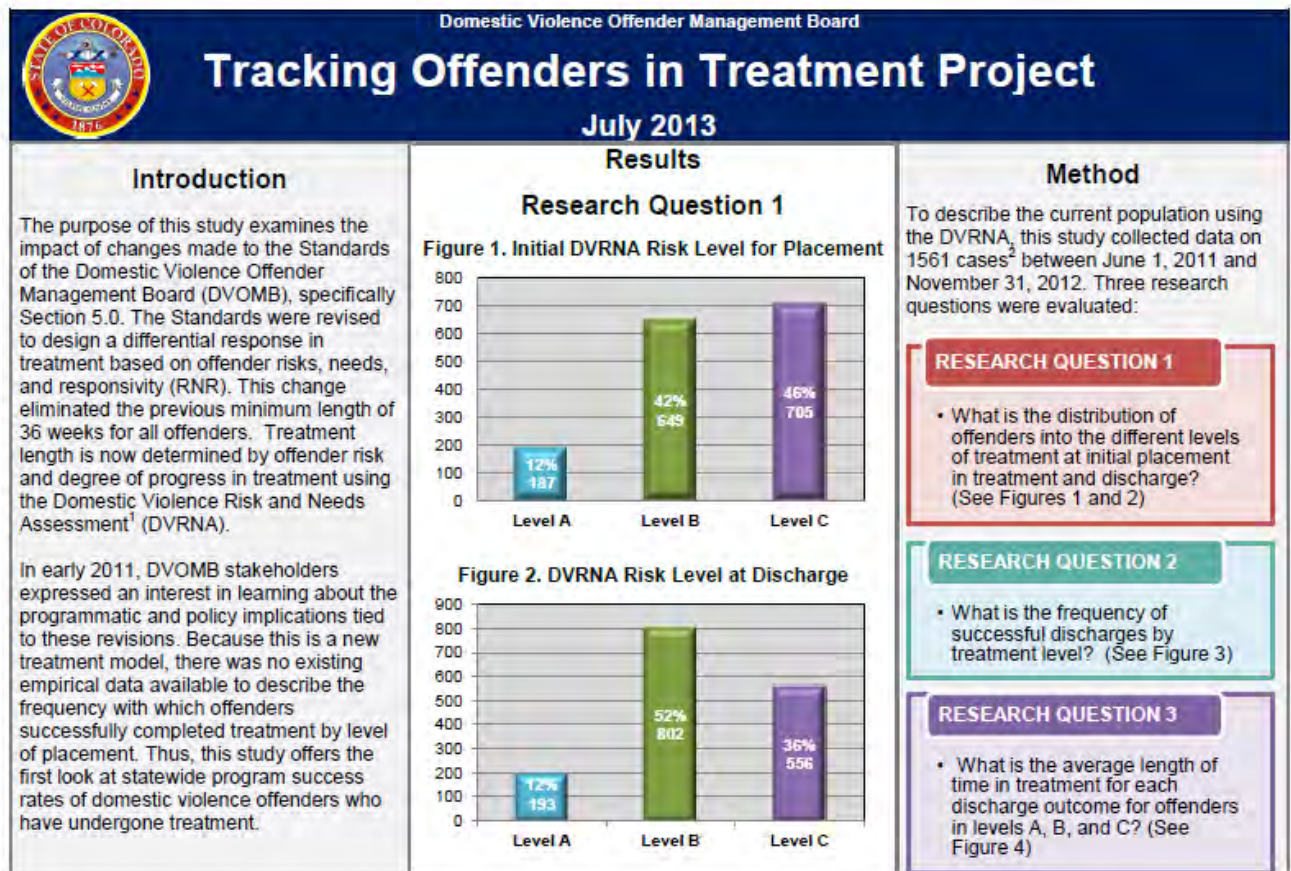
Victim safety is further addressed with the requirement that all treatment providers have a victim advocate working with their program. In addition to being a member of the MTT, this advocate does outreach to the victim and provides the victim with a variety of information. This advocacy is victim driven and based on victim empowerment theory.

### **NEW ACTS OF VIOLENCE**

New acts of violence are considered a violation of the offender contract and treatment plan, and are addressed on a case-by-case basis by the MTT. If the offender remains in treatment, the intensity of treatment is increased. In some cases the MTT may decide to discharge the offender from treatment, and probation may proceed with a revocation. The challenge comes when a victim reports an abusive incident to her advocate, but decides for her own protection that she doesn't want the treatment provider or probation officer informed. In these cases, victim advocates continue to work with the victim to meet her needs. Alternately, a victim can allow the provider to be informed confidentially, and the provider will attempt to discreetly address the issue in treatment.

## STUDY FINDS DVRNA CLASSIFICATIONS LINKED TO PROGRAM COMPLETION RATES

The 2013 Tracking Offenders in Treatment Project looked at the distribution of offenders by treatment level at intake and discharge. The study found that few offenders (12%) are assigned to Level A at the beginning of treatment, and almost equal amounts of offenders are assigned to levels B and C, 42% and 47% respectively. At discharge, while the percentage of offenders in level A had not changed, the percentage of offenders in level B had increased, and level C offenders had decreased. The hypothesis is that offenders in level C had reduced their risk while in treatment and were moved to lower intensity treatment in level B.



<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.

The study also looked at the length of treatment by risk level or level of treatment. On average, lower risk offenders spend less time in treatment, 5.8 months on average, compared to 8 and 8.7 months for Level B and C respectively. Regarding completion of

treatment, 89% of Level A offenders successfully completed treatment and 68% of Level B offenders successfully completed treatment. However, less than half, only 48%, of Level C offenders completed the program. Successful completion requires a consensus of the MTT that the offender has achieved what they call “core competencies” including acceptance of full responsibility for the violence.

By tracking offenders in treatment this study found that the Standards pertaining to the DVRNA are implemented as planned. The DVRNA risk categories are separating the domestic violence offender population into meaningful risk groups as measured by treatment success rates and differential time in treatment by risk level is underway. Further study is needed to understand why offenders in Level C complete treatment at a lower rate than offenders in Level A or B.

### **IMPLEMENTATION SUCCESSES AND RECOMMENDATIONS FOR FUTURE STUDY**

In 2015 researchers at the University of Colorado Denver and the University of Baltimore further studied the implementation of the Standards. In a [February 2015 report](#), the researchers recognized five major achievements of this model. First, the Colorado Domestic Violence Offender Management Board’s commitment to research based models and programs was praised. Treatment for offenders in Colorado is no longer “one size fits all” but instead attempts to differentiate interventions using the risks, needs, and responsivity principles. The DVRNA is empirically-based and guides offender placement into different treatment levels. Multi-disciplinary treatment teams (MTTs) make decisions about treatment intensity placement and treatment outcomes. Finally, victim advocacy has been incorporated into treatment by requiring that MTT’s include an advocate to represent the concerns of DV victims.

The researchers used a survey and follow up interviews with MTT members to answer questions about how well the new standards were being implemented. Among surveyed treatment providers the majority said that the 2010 Revised Domestic Violence Standards had been fully implemented into their treatment program. A majority of providers, 94%, agreed that offenders are assessed with the DVRNA prior to beginning treatment. When asked in follow-up interviews what were the most important critical risk factors identified by the DVRNA, the MTT members cited prior domestic violence as a top risk factor, and identified the threat of using weapons and suicidal/homicidal ideation as critical risk factors.

The report noted that offender assignment to the different treatment levels appeared to be working as planned. Few Level A or B offenders required reassignment to more intensive levels of treatment. They also found that 25% of offenders initially placed in Level C had been reassigned to Level B by discharge, supporting the model design of adjusting intensity of treatment when risk is mitigated.

Recommendations for the future included the continued monitoring and reassessment of offenders over the course of treatment, continued evaluation of the implementation of the standards, and additional research regarding intervention effectiveness. Enhanced training for criminal justice system personnel on the standards, and the development of standardized tools to measure an offender's progress and change, were also recommended.

While these studies focus on the implementation of the new standards, the DVRNA is currently involved in a validation study which will include recidivism data. The DVOMB is also partnering with the University of Colorado Denver and the University of Baltimore which recently received funding to research the current treatment model.

For more information, please contact Cheryl Davis, [cheryl.davis@state.co.us](mailto:cheryl.davis@state.co.us) or 303-239-4456

1. Andrews, D.A., and Bonta, J. (1994). The psychology of criminal conduct. Cincinnati, OH: Anderson Publishing Co.

## Economic Costs of Domestic Violence Incident-Recidivism

*ECONOMIC IMPACT: The Cost of One Incident of Domestic Violence*, The Circle Project Assoc. Inc., June 2016, (Saskatchewan)

Available at: <http://www.circleproject.ca/cp2015/wp-content/uploads/2016/06/Economic-Impact-Cost-of-Domestic-Violence.pdf>

### **Justice System and Social Services Costs (2009 estimate)**

Police Costs for Aggravated Assault Level 3	\$19,804
Average Court Case Cost	\$1,408
Average Cost of Prosecution	\$1,289
Average Cost of Legal Aid	\$811
Provincial Custody for adult male = 113 days (avg. length in days) x \$161/day	\$18,193
Probation for adult male for 12+ months = 424 days x \$20/day for daily probation costs	\$8,480
Average Fine amount for offenders convicted of spousal violence	\$428
Child Protection services costs per investigation	\$675
Foster Care: \$60/child x 14 days x 2 children	\$1,680
Child protection worker visits: 2 hrs/week x 26 weeks (6 months= 182 days) x \$26.37 per/hour (avg. wage – minimum amount)	\$1,371
Crisis lines average hourly cost per call (On average victims make 5 calls totaling 2 hours per victim x \$20/hr)	\$40
Counseling support services for adult female (\$30/hr x 15 visits on avg. at 1 hr per visit)	\$450
<b>Total Justice System and Social Services Costs</b>	<b>\$54,629</b>

**The Minnesota Coalition for Battered Women worksheet template, *Calculating the Cost of Domestic Violence*.** Created for communities to estimate the costs of domestic violence. Available at: [http://www.endvawnow.org/uploads/browser/files/CalcCostDV\\_MCBW\\_2008.pdf](http://www.endvawnow.org/uploads/browser/files/CalcCostDV_MCBW_2008.pdf)

### **COST OF LAW ENFORCEMENT INTERVENTION**

Programs should call law enforcement agencies in their service area to obtain the total number of domestic violence calls and the total number of domestic violence calls with arrests for their last calendar year.

Methods used for estimating law enforcement costs:

- Law enforcement responses to domestic violence calls with no arrest were multiplied by the average response time of 1 hour times the average salary of \$60.00 per hour. (Please note: law enforcement costs only include salaries and fringe benefits and do not include all possible police costs.) E.g. 50 calls without arrest x 1 hour x \$60 per hour = \$3,000
- Domestic violence arrests were calculated by taking the number of domestic violence arrests times the average cost of processing or investigating an assault \$500.00. E.g. 20 calls with arrests x \$500 = \$10,000

**PROBATION COSTS**

Probation costs were calculated by multiplying the number of domestic violence offenders on probation times 365 days. The American Probation and Parole Association estimate the cost of probation/parole as \$3.49 per offender, adjusted for inflation (based on the consumer price index). (2004)

**COURT COSTS**

Court administrative costs were calculated by utilizing a national estimated cost for state court time, about \$4 per minute in 1982 (Bureau of Justice Statistics, 1988d:123) adjusted for inflation (based on the consumer price index) which is \$8.50 per minute. \$8.50 per minute was multiplied by the average minimum time spent of 3.7 hours (250 minutes) per case.



## **New Mexico Senate Memorial 52 Batterer Intervention Program Task Force Summary of Findings and Recommendations**

Program effectiveness and a reasonable return on investment in programs that the state supports are legitimate expectations. To those ends, SM 52 provided for a task force to study the effectiveness of Batterer Intervention Programs (BIP) in New Mexico. The task force reviewed the current state of batterer's intervention services; offender assessment; curricula and implementation, research and the criminal justice system response. There are currently 38 BIP programs across NM, 22 of which receive CYFD funding.

### ***Assessment***

- A small subgroup of domestic violence offenders is responsible for most of the re-assaults. 20-25% of offenders commit 75-80% of re-offenses.
- Recommendation: Implement validated assessment tools to identify offender risk and place them in services accordingly. Assess offender needs such as substance abuse, mental health, employment, housing etc. in order to offer appropriate services.

### ***Program Model***

- Structured, evidence based curricula should be adopted. A number of curricula, including the four reviewed through the Task Force, are adequate.
- Fidelity to the curriculum, training and supervision are the most important factors in program effectiveness.
- There is no solid evidence to support a 52-week program over a shorter, 24 week one. However, strong anecdotal evidence was offered to support the longer duration.
- The Duluth program is not a BIP; it is an approach that emphasizes cooperation and collaboration among systems, one component of which is a BIP.
- Recommendation: Establish an advisory group to consider and recommend specific curricula to CYFD and to develop training and supervision sufficient to implement selected curriculum.

### ***Criminal Justice System Response***

- The justice system exerts a strong influence on recidivism. Program drop out predicts recidivism. By imposing swift and certain sanctions for non-compliance with BIP requirements, drop out rates can be reduced and program effectiveness can be enhanced. No common definition of recidivism exists.
- Recommendation: Work with NM Sentencing Commission to develop criminal justice system strategies to reduce recidivism and promote safety of victims. Develop a working definition of recidivism.

### ***Research***

- Research is mixed and sometimes contradictory. Some studies show high levels of program effectiveness; others show little or no impact. Research is confounded by inconsistencies in implementation and criminal justice system response.
- No conclusions should be drawn based on any one study.
- Recommendation: Review variety of studies with attention to applicability.
- Recommendation: A national scientific advisory group, with NM participation, should be established to review and recommend research for purposes of advancing practice and effectiveness.

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# SUMMARY FINDINGS

## NEW MEXICO BATTERER INTERVENTION PROGRAM (BIP) TASK FORCE 2015

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### PURPOSE AND BACKGROUND

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Questions arose during the 2014 State of New Mexico legislative session about the effectiveness of domestic violence Batterer Intervention Programs (BIP) in reducing recidivism. The need to answer those questions became the driving force behind Senate Memorial 52. That legislation created a statewide task force charged with exploring whether such programs work, for whom and under what conditions.

Program effectiveness is clearly an urgent and legitimate issue. States and other governmental entities understandably expect and are entitled to receive a return on the investment made in these programs and services. The expectation is that offender interventions work for their intended purposes. However, too many variables in the implementation of programs and uneven and inconsistent criminal justice system responses to domestic violence have confounded attempts to accurately evaluate BIP effectiveness. Consequently, it has proven difficult to draw firm conclusions about the efficacy of these programs. Nonetheless, stopping violence at its source, before serious consequences develop, is widely agreed to be a worthy goal and logical approach.

To those ends, the Batterer Intervention Program Task Force was convened in April 2015. Co-chaired by the Children, Youth and Families Department (CYFD) and the New Mexico Coalition Against Domestic Violence, (NMCADV), the task force was made up of stakeholders from a variety of disciplines across the state and met 5 times, formally, over a 6-month period. A steering committee met an equal number of times outside of the general meetings to discuss and sort out information presented during the task force meetings.

The task force brought together experts within the domestic violence field in New Mexico as well as national and international experts and researchers in an attempt to capture and assess the best available information on the effectiveness of BIPs. The effort represented the first such gathering of its kind and garnered significant national and international participation and attention.

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### COSTS TO THE COMMUNITY

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Whether BIP's are effective is a salient question only if there is something at stake. In the case of domestic violence, the costs to the community are well documented. Poverty, substance abuse, homelessness, truancy, lack of education, depression and mental illness, criminal behavior, unemployment, child abuse and a host of physical diseases, such as diabetes, heart attacks, strokes and even some cancers, are a few of the short and long term consequences of exposure to domestic violence. The costs of law enforcement intervention, courts, child protective services calls, medical

treatment, and lost work time are also high. In 2013, Forbes Magazine reported the annual costs of domestic violence nationwide to be \$8.3 billion; a combination of higher medical costs (\$5.8 billion) and lost productivity (\$2.5 billion). The cost to New Mexico is proportional and significant.

In an analysis of 2013 data (most recent year available), provided by Dr. Betty Caponera, New Mexico police responded to 18,954 domestic violence calls. Those calls led to over 12,000 new cases of domestic violence in magistrate courts, and 2,254 district court cases. These figures include only those entities that voluntarily report and so cannot be considered a full and complete estimate of the scope of the problem, which is presumably much greater than these figures indicate.

Because domestic violence is generational, no community can flourish where it is prevalent and goes unchecked. It therefore strongly benefits the state to reduce or prevent the incidence and severity of domestic violence. Any investment that reduces violence will produce a return many times over. The foregoing is based in fact; costs are real, tangible and well documented by agencies such as the CDC, Kaiser Permanente, National Center for Injury Prevention and Control and others.

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## SCOPE OF WORK

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Issues within the purview of the task force included: 1) identifying the current state of domestic violence offender services in NM as presented by staff of CYFD; 2) ensuring that offenders are assessed and placed into programs and services that meet their needs and address the risks that they pose; 3) exploring program approach and curricula including best practices for implementation; 4) researching the existing literature on effectiveness; 5) gauging the criminal justice system response to and effect on domestic violence offender behaviors including recidivism.

Below is a summary of task force findings and recommendations presented here as adjunct to the full report. Supporting documents and video recordings from the BIP Task Force meetings can be accessed at [www.NMCADV.org](http://www.NMCADV.org).

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## FINDINGS AND RECOMMENDATIONS

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### CURRENT STATE OF BIP IN NEW MEXICO

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- CYFD is the state agency with responsibility for BIP programming. There are 38 BIP programs in New Mexico, 22 of which receive CYFD funding. Approved programs meet the requirements of the CYFD promulgated Rule (8.8.7 NMAC) that defines criterion and standards for the provision of services. The rule outlines minimum requirements regarding staff training, policies and procedures, curriculum topics, and oversight of approved programs.
- CYFD is charged with:
  - Managing State of New Mexico funds awarded by CYFD to offender programs
  - Approving and renewing programs
  - Ensuring compliance with relevant state law and contract requirements
  - Maintaining an approved list of 52-week offender programs

## ASSESSMENT

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- Nationally, 20-25% of domestic violence offenders are responsible for 75-80% of recidivism. Because the majority of the risk and costs are attributable to a small subsection of offenders, identifying and dealing appropriately with those individuals will have a significant overall impact.
- Services to offenders will be more effective if they are holistic and include adjunct issues such as mental health, substance abuse and employment.
- Risk management must be ongoing.
- Criminal history is a major predictor of future violence and lethality risk.

### *RECOMMENDATIONS*

- Develop an assessment tool or tools to identify high risk offenders and place them into appropriate services. Place lower risk offenders into services appropriate to them.
- Explore what additional services or linkages should be made and identify a funding source if needed.
- Involve law enforcement, courts, probation, and BIP in coordinated risk assessment.
- Seek ways to make offender criminal history available at critical junctures including BIP program intake.

## PROGRAM APPROACH

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- Many BIPs use a combination of existing models or have developed their own approaches.
- The task force reviewed four (4) separate program approaches. Each presenter produced some evidence for the effectiveness of his or her respective model.
- A gender based, cognitive behavioral approach appears to be appropriate for the vast majority of batterers.
- There is little evidence to suggest a length of program beyond 24 weeks. However many practitioners voiced strong, anecdotal support for longer programs.
- The well known Duluth program is not a BIP, as has been commonly presumed. It is an approach that emphasizes collaboration and cooperation among systems, one component of which includes a BIP program.
- Quality and consistency in implementation matters. The use of structured, evidence-based curricula is crucial.
- Facilitators must show fidelity to the curriculum, receive training in the model and participate in ongoing supervision. By ensuring program fidelity and consistency in training and implementation, curricula may be more usefully evaluated and an evidence base developed for future evaluation
- Compensation for program staff is not commensurate with the level of effort and skill required. Current NM salaries average less than \$15.00 per hour, usually without benefits and often part time.

### *RECOMMENDATIONS*

- Develop a group of BIP practitioners and others as relevant, to advise CYFD on program approaches and best practices.

- Identify and ensure adequate training and supervision in the selected approaches.
- Identify ways to increase program staff compensation.

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## RESEARCH

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- Research is mixed and confounded by inconsistencies in both programming and criminal justice system response.
- The study most often cited to defend the claim that BIPs are ineffective is a meta-analysis, from the Washington State Institute for Public Policy. This study reported that Duluth like models, those focused on gender and power and control as causal factors, are ineffective.
- The other four task force presenters, all Ph.D. researchers, identified a number of limitations to that Washington State study. The prestigious Cochrane Collaboration, which reviews meta-analyses, stated that no conclusions should be drawn from the study.
- In addition, the Washington state study may be good science but has limited applicability, as the characteristics of program participants in the studies reviewed were not reflective of program participants generally in New Mexico and elsewhere.
- Other researcher presenters reported a moderate or better effect on re-assault/ recidivism from participation in a BIP.

## RECOMMENDATIONS

- Use a wide lens and consider a variety of high quality studies when attempting to make determinations about the effectiveness of BIP programs. Do not draw conclusions based on one study that may have limited applicability. Look at the totality of what the research reveals.
- Develop a national, scientific advisory board that includes NM participation, and that involves experienced practitioners to review and recommend research projects that will advance the development of effective approaches.
- Ensure that research information informs practice and reaches BIP practitioners.
- Explore funding sources for ongoing research.
- The CYFD advisory group should recommend reasonable performance measures.

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## CRIMINAL JUSTICE SYSTEM RESPONSE

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- The response of the criminal justice system to domestic violence is a primary factor in reducing recidivism. BIPs can support but do not replace a strong and consistent criminal justice system response.
- Program drop out-predicts recidivism. Swift and certain criminal justice system response to non-compliance improves outcomes.
- Victim safety and recidivism are not synonymous and may be mutually exclusive. Offender recidivism, though an important measurable outcome is not necessarily a measure of victim safety.

## RECOMMENDATIONS

- Approach the New Mexico Sentencing Commission for assistance in ensuring a coordinated, consistent and effective criminal justice system response to domestic violence offenders.
- Identify a criminal justice system strategy for reducing recidivism and promoting safety of victims throughout the process.

## CONCLUSION

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- Domestic violence is an expensive and pervasive problem and any reduction in the severity or incidence of domestic violence will significantly reduce associated costs, both short and long term.
- Addressing the issues of those who commit violence is arguably an important and sensible strategy to reduce the severity and incidence of domestic violence. BIPs are effective for some offenders but more must be known about what approaches work best for which offenders.
- What is generally agreed is that outcomes improve substantially when the system responds appropriately and programs are designed and delivered based on identified best practice.
- The criminal justice system response is *the* critical factor in reducing recidivism. BIPs support and strengthen that response and provide a focus on safety for victims but are merely one part of an integrated response. BIPs cannot be expected to reduce recidivism on their own.
- NM has an existing infrastructure that allows for the improvement of services. A modest state investment will support a focus on evidence -based program implementation, program evaluation, and outcomes.