Restricting Couples Counseling
Domestic Violence Offender Treatment
Position of the victim representatives of the DVOMB
March 13, 2009

Domestic violence offender treatment is intended to ensure that victim safety is paramount to the containment and accountability of court ordered offenders. As such, those of us representing the victim perspective to the Domestic Violence Offender Management Board, offer and propose the following in response to discussion centering on Couples Counseling (Therapy) while in DV treatment.

We acknowledge that all batterers are not the same and that all relationships are not the same. We also realize that couples are different and they may benefit from different interventions. Additionally, we understand that many couples choose to stay together and couples counseling can help some couples face, mitigate and deal with stresses. However, despite these realities, the Board's statutory charge is that victim safety is the priority of domestic violence offender treatment and that the offender is the focus of treatment. Because there is not adequate evidence of safety measures in couples counseling, we cannot support this type of treatment during domestic violence offender treatment. GP 3.01 "Victim and community safety are paramount."

Additionally, in order for offender treatment to be effective at reducing or eliminating abusive behaviors by the offender we believe it is imperative that they be offered the opportunity to have as few distractions and requirements as possible and the ability to concentrate on their own treatment. If other forms of counseling are allowed to occur at the same time treatment can be diluted and or convoluted, increasing the likelihood of conflicting messages and goals for the offender. Thus we recommend that couples counseling only occur in aftercare.

We realize that this position imposes a restriction on the offender from participating in any couples counseling during offender treatment. This position is supported by the concerns and reasons listed in the following table as well as the Guiding Principles of the Standards. It is imperative that risk for the victim and community is minimized when an offender is receiving treatment. This restriction adheres to the philosophy of the Guiding Principles "Court ordered domestic violence offenders are a separate category of violent offenders requiring a specialized approach. The primary goals are cessation of abusive behaviors and victim safety." The Standards outline many other restrictions as identified in 5.10 and 5.14, which promote the focus on treatment. These restrictions would fall into the same category of restricting actions or behaviors that would advance victim safety as well as mitigate risk such as being drug and alcohol free. These restrictions on Couples Counseling are not unprecedented but in fact support the purpose of offender treatment and the intent of the Standards. Court ordered treatment is mandated and thus, some automatic restrictions as well as loss of freedoms are to be expected.

Other points to consider:

- DVOMB GP 3.0: "The primary goals are cessation of abusive behaviors and victim safety…The Board must also make decisions and recommendations in the absences of clear research findings. Therefore, such decisions will be directed by the GPs with the governing mandate being the priority of public safety and attention to commonly accepted standards of care."

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- DVOMB GP 3.01 "…Whenever the needs of domestic violence offenders in treatment conflict with community (including victim) safety, community safety takes precedence."
- Clinically and according to board guiding principles, the guideline is do no harm in offender treatment. The offenders most likely to fall into the perceived category of "appropriate" for couples counseling will likely be those in Level A. This will probably be shorter treatment, so the question becomes what is the harm in waiting on couples counseling?
- Couples counseling during offender treatment could send a message to the victim that she is part of the problem.
- Historically the board has taken the stance that it will not write standards for rare circumstances, because this isn't the purpose of the standards. The purpose is to write the minimum standard for the majority, not try to use the standards to address unusual or rare circumstances.
- Although couples counseling may have some merit in certain cases, enough is not known about what safety measures need to be in place at this point in time. For example, reliable risk assessment of offenders who might be appropriate for this form of treatment are not available. Likewise, measures to ensure victim safety do not exist.
- The ethics and potential conflicts of having two counselors treating the same person. Are the treatment goals in conflict, are both counselors trained in DV? Are the philosophies of treatment in conflict?. GP 3.03 "The management and containment of domestic violence offenders requires a coordinated community response. (This cannot be accomplished if the offender can attend couples counseling anywhere of his/her choice during offender treatment).
- Victim may be pressured by the offender to participate in Couple's treatment even though s/he may not see this as a safe or desired option.
- The added element of case planning for either therapists and MTT to consider.
- "Attempts to implement family therapy in the presence of ongoing violence may increase the risk of serious harm. The first concern must be for the safety of the woman and her children." AMA Diagnosis and Treatment Guidelines of Domestic Violence *(Chicago, IL. AMA 1992)*
- In a survey of mental health providers, 40% failed to identify IPV and none predicted lethality. In a recent study to replicate that study, they found that although there was some improvement, it found that therapists still failed to adopt a non-victim blaming stance and showed a tendency to intervene in ways that are likely to increase the victim's risk of danger and injury. *(Journal of Aggression Maltreatment and Trauma, 17, 1, 2008. pg 81)*

We are in support of the addition of the Appendix for Couples Counseling to the Standards and the restriction / prohibition of Couples Counseling while an offender is in Court Ordered Domestic Violence treatment.

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# DOMESTIC VIOLENCE OFFENDER TREATMENT

# VS.

# COUPLE'S THERAPY

The following chart outlines some of the major theoretical and orientation differences in Domestic Violence Treatment and Couple's Therapy.

| DOMESTIC VIOLENCE TREATMENT | COUPLE'S THERAPY |
|---|---|
| 1. The **offender** is the client | 1. The **couple's relationship** is the client |
| 2. The initial engagement in treatment is initiated by the criminal justice system; with collateral information obtained from a variety of sources to better assess the issues and dynamics to be addressed. | 2. The offender most always initiates the initial engagement, i.e. carries the offender's agenda and issues identified by self-report of the offender (and victim). |
| 3. The goal is for the offender to change and take responsibility for the abuse and subsequent impact to the victim and the relationship. | 3. The goal is for both partners to change, including the victim in DV relationships. Both partners are seen as participants in creating the relationship problems; sending a counterproductive (and often dangerous) message to both parties. |
| 4. In each case, the victim is identified as such and receives advocacy and support. | 4. The therapist may be unaware that he/she is working with a DV victim as part of the couple. A victim will rarely self identify this as an issue due to the inherent dynamics and safety issues. |
| 5. DV treatment providers address and work through offender resistance through confrontation techniques | 5. Therapists work with the resistance in non-confrontational ways. If clients discontinue therapy, therapist has no authority to require continued participation and risks losing income. |
| 6. DV providers are trained to always consider victim safety issues and have the knowledge of potentially unsafe or high risk behavioral patterns | 6. Typically, generalists in psychotherapy are not specialized in victim safety and don't always possess the ability to recognize unsafe patterns of behavior and/or intervention strategies to help ensure victim safety. |
| 7. Victim needs are nurtured and addressed by treatment victim advocates | 7. Couple issues and needs are the focus of treatment, not victim needs. Treatment might violate victim's true wishes and needs. |

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| 8. Treatment providers operate on solid ethical ground, keeping roles and boundaries clear i.e. the victim is validated, the offender needs to become accountable | 8. Therapists can face substantial ethical dilemmas |
| 9. Given therapist's orientation toward accountability and dynamics of offender manipulation, therapist utilizes an array of tools to prevent coercion, control manipulation etc. | 9. Therapist orientation is often based in client validation and perception. Therapist may be a victim of manipulation him/herself. |
| 10. DV providers have a mandate to communicate with other entities involved and clear authority to have offender sign appropriate releases. | 10. Couple's therapists don't have any specific mandates and may not know that other professional involvement exists if client does not disclose. |
| 11. DV providers are part of community systems (Fast Track, Coalitions etc.) and have relationships developed to access an array of services as necessary (shelter, legal advocacy, etc.) | 11. Psychotherapists can practice without involvement in community systems and may have more difficulty in accessing resources. |
| 12. DV providers receive consistent supervision or peer supervision. This can be critical in working with a population where issues of safety, accountability and manipulation are ever-present. | 12. Licensed psychotherapists, spiritual counselors, life-coaches etc. don't have to have supervision. |
| 13. Evidence based practices for DV treatment are developed through public and legislative investment | 13. Traditional practices are utilized, effectiveness is subjective and is measured through the eyes of the person who initiated therapy |
| 14. Research indicates that concurrent couple's therapy is counterproductive | 14. Research indicates that couple's therapy is counterproductive in regard to domestic violence treatment. |