



**COLORADO**

Division of Criminal Justice

Department of Public Safety

Domestic Violence Offender Management Board  
700 Kipling Street, Suite 3000  
Lakewood, CO 80215

DATE: September 4, 2017

TO: Approved and Listed Colorado Domestic Violence Treatment Providers

FROM: Domestic Violence Offender Management Board (DVOMB) - Jesse Hansen, Program Coordinator

RE: POLICY CHANGE REGARDING THE DOMESTIC VIOLENCE RISK AND NEEDS ASSESSMENT - DOMAIN H AND STRANGULATION CASES

To Whom It May Concern,

The Domestic Violence Offender Management Board (DVOMB) reviewed new research, literature, and documentation on August 11<sup>th</sup>, 2017, regarding domestic violence where strangulation is present and its link to near-fatal or fatal violence against an intimate partner resulting in homicide. Based upon review of the information presented, the DVOMB strongly encourages DV Treatment Providers to use the Manual Override feature of the Domestic Violence Risk and Needs Assessment (DVRNA) to automatically place offenders into Level C treatment where strangulation (or “choking”) is present. This policy change affects Domain H of the DVRNA and is effective immediately and may be implemented at the discretion of Multi-Disciplinary Treatment Teams (MTTs). The DVOMB has prioritized the revision and validation of the DVRNA as a strategic priority and this represents a significant step in the process of improving the predictive accuracy and reliability of the instrument as well as the safety for victims afflicted by strangulation.

#### **Historical Background**

The DVOMB created the DVRNA nearly a decade ago and its development relied on the existing extant research available at the time. Strangulation research available in 2007 was still emerging and more research has been published since this then. As a result more information is available now about strangulation as a risk factor related to domestic violence lethality. This new information has generated changes at the legislative level through HB 16-1080 which “adds intentionally causing serious bodily injury through strangulation as a means of committing the crime of first degree assault and intentionally causing bodily injury through strangulation as a means of committing second degree assault.” In other words, HB 16-1080 allows prosecutors to pursue felony level charges in the first and second degree assault where evidence of strangulation is present because of the post-physical, neurological, and psychological health consequences associated with victims of strangulation and the increased risks associated to domestic violence fatalities.

#### **Strangulation Defined**

Pursuant to HB 16-1080, strangulation is defined as an act whereby someone “impedes or restricts the breathing or circulation of the blood of another person by applying pressure to the neck or by blocking the nose or mouth of the other person and thereby causes serious bodily injury.” Strangulation typically comes in three different forms:

- Manual - use of one or both hands against the victim
- Ligature - use of a constricting band such as a telephone cord, wire, or rope against the victim
- Sleeperhold/Chokehold - use of one’s arm against the victim



As noted in the DVRNA, while strangulation is often referred to as “choking” it is important to recognize this as the technical term. Victims more readily identify with the word choke when reporting abuse to authorities.

#### **Practice Change to Domain H**

Under Domain H: Safety Concerns of the DVRNA, DVOMB Approved Treatment Providers should strongly consider recommending a Level C placement for offenders whose index offense involves strangulation. Strangulation cases should be reviewed individually and should be considered a critical risk factor. As such, the DVOMB is empowering MTT's to use of the Manual Override feature of the DVRNA for cases until a more formal revision of the DVRNA is published.

*Discussion Point: Please note that the excessive use of the Manual Override feature for other Domains of the DVRNA degrades the predictive validity and reliability of actuarial risk assessment instruments. Strangulation should be considered a critical risk factor automatically triggering placement in Level C offender treatment based on the emerging research. The use of the Manual Override feature of the DVRNA for other Domains should only be utilized on a limited basis when there is a significant clinical justification. Examples of an appropriate use of the Manual Override feature include re-scoring for specific offender populations (e.g. female offending populations, same-sex offending populations).*

#### **Additional Guidance for Multi-Disciplinary Treatment Teams (MTTs)**

Any information derived through the offender evaluation regarding strangulation should be considered by the MTTs in making a determination of Level C placement for the purpose of victim safety, even for offenders who would score as a Level A placement. If strangulation is present, the MTT should seek placement in Level C for a minimum of the first Treatment Plan Review (TPR) period. Additionally, the DVOMB recommends that MTTs attend any available trainings on domestic violence and strangulation in order to be more knowledgeable and skilled at identifying clinical indicators of strangulation.

#### **Questions or Concerns**

If you have any questions or concerns regarding this policy change or its implementation, please feel free to contact DVOMB staff for technical assistance.

Respectfully,

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#### **Resources and References**

- HB 16-1060
- DVOMB Strangulation Power Point Training - August 2017

