

Arkansas Domestic Violence Intervention Programs

*Program Standards, Evaluation Criteria, and Best
Practices from the Arkansas Coalition Against
Domestic Violence*

Updated March 2024



Table of Contents

Introduction	3
Code of Ethics, Values, and Principles	4
Diversity, Equity, & Inclusion	5
Trauma-Informed DVIP	6
Coordinated Community Response	7
Standards	8
Overarching Operational Standards	8
Screenings & Risk Assessments	10
Dual – Victim Services & DVIP Provider	11
Curriculum / Core Concepts	12
Accessibility	13
Prohibited to include in DVIP	14
Women who use force	15
Virtual DVIP Sessions	16
Intake procedures	17
Exclusion criteria	17
Survivor / Partner Contact	18
Program Completion	20
Compliance Criteria	21
Data Collection & Evaluation	21
DVIP Advisory Board & Governance	22

Introduction

The Arkansas Coalition Against Domestic Violence (ACADV) is a nonprofit organization that has served both rural and urban areas of Arkansas since its inception in 1981. The membership consists of domestic violence service providers and others who demonstrate support for the philosophy, goals, and objectives of the ACADV.

MISSION: The mission of the Coalition is to eliminate domestic violence and promote healthy families.

GOALS:

- To strengthen the existing support systems serving victims and their children.
- To develop legislation that provides legal protection to victims.
- To promote public policies which meet the needs of victims.
- To pursue funding for programs working with victims and their children.
- To provide training for the public and those working with victims.

In 2021, the ACADV received funding to launch the State's first-ever set of standards and best practices for domestic violence intervention programs (DVIP) – formerly known as domestic violence intervention programs or DVIP. As part of our dedication to eliminating domestic violence, we are well equipped and have the appropriate resources to provide the oversight that has been missing for domestic violence offender accountability programs.

Code of Ethics, Values, and Principles

All service providers that are members of the ACADV – Domestic Violence Intervention Program (DVIP), shall abide by the following code of ethics and values.

- a. Survivor stories are at the center
 - a. The safety and rights of survivors must be the highest priority;
 - b. It is not the responsibility of a survivor to hold the abusive partner accountable. Batterers are solely responsible for their violent and abusive behavior;
 - c. Effective DVIP providers should consult with advocates who work directly with women to develop new programs, assess the need for substantial program policy changes within existing programs, and conduct periodic program reviews;
- b. Accountability is active and intentional
 - a. Service providers shall recognize that there are limitations to an abusive partner intervention program or DVIP. Intervention is not a guarantee that an abusive partner will cease their violence and abuse;
 - b. Service providers should never state that an abusive partner is, or will be, nonviolent upon completion of the program's requirements;
- c. Domestic violence offenders are a separate category of violent offenders and require a specialized intervention;
- d. Community and local culture are fully respected
 - a. Intervention programs alone do not create abusive partner accountability. They are a component of a larger community response that includes the courts, probation and parole, and the legal and law enforcement systems;
 - b. Service providers should be engaged as a community partner that supports cultural movements to end violence and abuse;
- e. Equity, accessibility, and inclusion
 - a. Interpreters, reasonable accommodations, and flexible hours are essential elements to ensuring all who need these programs can access and engage with the program.

Additionally, all service providers will utilize the following definition and understanding of domestic violence: *Domestic violence is caused by one person seeking to gain and maintain power and control over another person, using a pattern of methods, tactics, and behaviors.*

Importantly, all service providers shall agree to the following core principles:

- Abusive behavior is a pattern of behavior, not a standalone event
- Abusive behavior is NOT an addiction or disease and is NOT caused by alcohol or substance abuse
- Abusive partners are solely responsible for their actions and must be held accountable for their violence and abuse
- DVIP service providers shall remain neutral in court settings to prevent collusion or manipulation by abusive partners if subpoenaed.
- The goal of the DVIP program is to address the abusive partner's use of violence and abuse, NOT to reunite a family or couple

Diversity, Equity, & Inclusion

Around the world, domestic violence has impacted the lives of virtually every man, woman, and child. Violence does not discriminate based on culture, ethnicity, gender, sexual orientation, religion, or any demographic that comes to mind. Furthermore, the methods in which power and control can be exploited against a person are limitless when an abusive partner decides to abuse their loved one(s).

The Arkansas Coalition Against Domestic Violence strives to ensure every victim and survivor is recognized, their rights amplified, and their story is told. For the offenders, we take accountability seriously and must balance the voices of survivors with the needs of abusive partners seeking rehabilitation. For the Domestic Violence Intervention Program (DVIP) Advisory Board, the pages that follow will include the broadest possible view of diversity, consider all the ways possible to expand access to these programs for the community at large, and include as many voices and backgrounds in the development and enforcement of standards.

We welcome every person who brings a unique perspective and experience to advance our mission and progress our fight to eliminate domestic violence and promote healthy families.

Trauma-Informed DVIP

All domestic violence intervention programs (DVIP) should strive to be trauma-informed through the incorporation of three key elements:

- realize the prevalence of adverse childhood experiences (ACEs), trauma, and vicarious trauma
- recognize how trauma impacts all individuals involved with the program, organization, and system (including their workforce);
- respond to the prevalence of trauma by putting knowledge of trauma into practice.

Importantly, all service providers should strive to understand the importance of trauma-informed care in the context of supporting survivors and victims of domestic violence. For these purposes, trauma-informed care is:

- based on the recognition that many behaviors and responses expressed by survivors are related to traumatic experiences
- led by the victim to ensure that the people being serviced have authority over their own life choices, no action will be taken on behalf of a victim/their family without the informed, and time-limited, consent of the victim.

Coordinated Community Response

An abusive partner intervention program should not exist without a coordinated community response to domestic violence and abuse. An abusive partner intervention program must not exist in isolation, as it is only one component of a coordinated community response.

A coordinated community response identifies domestic violence and intervenes consistently. This response requires the creation of cooperative strategies that effectively deliver a consistent and supportive response to survivors. An abusive partner intervention program should have a particularly collaborative and interactive relationship with the community's victim services agencies.

The priority of a coordinated community response to domestic violence is the safety and protection of those who have been abusive partners. This approach holds abusive partners accountable for their violence and abuse. A coordinated response to domestic violence includes community education that builds community awareness and results in a unified demand for a zero-tolerance response to domestic violence. Communities need to develop and maintain community responses that bring together all organizations and systems that have contact with survivors or perpetrators of domestic violence. This can include representatives from:

- Domestic Violence Intervention Program (DVIP);
- Children's Protective Services;
- Children's service providers;
- Clergy and the faith community;
- Domestic violence programs;
- Hospitals;
- Judges;
- Law enforcement;
- Legal services;
- Mental health agencies;
- Probation and parole;
- Prosecuting attorneys;
- School districts;
- Substance abuse programs;
- Survivor service providers;
- Attorney/Guardian ad litem;
- Culturally specific organizations that serve marginalized communities;
- Programs that promote non-abusive parenting; and
- Any and all other agencies involved in providing services to abusive partners, survivors, or their children.

Standards

To be a member of the ACADV, DVIP service providers must comply with the following elements.

Overarching Operational Standards

- Services shall be facilitated by at least one (1) qualified professional according to Arkansas statute.
 - o Qualified professionals shall:
 - 1) Bachelor's Degree from an accredited institution of higher learning is preferred / High school diploma or GED is required.
 - 2) Be a certified facilitator in an ACADV-approved domestic violence intervention program (i.e. Duluth, EMERGE, Family Peace Initiative, etc, a full list can be found on page 12);
 - 3) Complete a minimum of 20 continuing education hours in domestic violence and related topics, each year; and,
 - 4) Disqualifying criteria include those who:
 - refuses a background check;
 - knowingly makes a materially false statement in connection with the background check;
 - is registered, or is required to be registered, on the State or National Sex Offender Registry;
 - has been convicted of a felony consisting of murder; child abuse or neglect; crime against children; spousal abuse; crime involving rape or sexual assault; kidnapping; arson; physical assault; or a drug-related offense committed during the preceding 5 years; or
 - has been convicted of a violent misdemeanor committed as an adult against a child.
- Training for all new facilitators, co-facilitators, and staff should include 40 hours of educational training on the following topics:
 - o Dynamics of domestic violence
 - o History of the domestic violence movement
 - o Survivor behavior
 - o Elements of Power & Control
 - o Human trafficking and exploitation
 - o Cultural diversity
 - o Anger management versus domestic violence intervention program (DVIP)
 - o Relevant domestic violence laws and legal issues
 - o Responsibility versus denial
 - o Characteristics of men who abusive partner
 - o Impact of violence on children and family
 - o Adverse Childhood Experiences (ACEs)

- Sexism, racial bias, and oppression
 - Group facilitation skills
 - LGBTQIA+
 - Diversity, Equity, and Inclusion (DEI)
- All facilitators who will have contact with groups should have a minimum of 40 hours of experience co-facilitating an abusive partner intervention group before leading a facilitation session.
 - A log of their hours shall be kept on record, with signatures from the co-facilitators who worked with them during the sessions.
 - A minimum of 20 hours of continuing education each year, on any of the above topics.
 - Training opportunities that qualify for continuing education will be made available on Coalition Manager (ACADV database for service providers) and members can also use the database to log their hours to stay in compliance.
 - Continuing education that is provided outside of ACADV must be submitted to ACADV within 30 days, before completion, for approval.
 - All facilitators and staff must sign an agreement to be non-abusive during their service with the organization, in all of their relationships (personal and professional).
 - Clients with dual court orders and/or co-defendants are not to be placed in the same session.
 - Length of groups will be a minimum of 26 group sessions at a minimum of one (1) hour in length per session, with the option to refer for additional individual sessions and therapies as determined necessary by program staff.
 - Service fees shall be determined by the service provider, ACADV has no responsibility or legal authority to determine fee structures for programs.
 - Each program will have an updated code of conduct that includes the following information, at a minimum:
 - All staff and facilitators must complete a criminal background check and complete a registry search for child maltreatment, adult maltreatment registry, and sex offender registry. Documentation for this process should be completed for each staff member and facilitator for the program.
 - Any staff and facilitators who are on the child maltreatment, adult maltreatment registry, and/ or sex offender registry are prohibited from facilitating group or individual sessions.
 - No staff or facilitator shall have a personal or professional relationship outside of the DVIP program with any client (abusive partner or victim) or immediate family member

of the client. If a relationship is determined to exist, the service provider or staff will be held to the program's code of conduct.

Screenings & Risk Assessments

All member DVIP service providers will utilize one of the following evidence-based pre and post-screening tools to measure the impact of their program. This data will be de-identified and shared with ACADV each quarter, for evaluation and analysis purposes.

Suggested Screening Tools:

- Domestic Violence Inventory (DVI)
- VAW Scale

For domestic violence intervention programs to work effectively with abusive partners, service providers need to have an understanding of the potential level of risk of harm and/or lethality of each client in their program. However, no one instrument or tool will perfectly predict the risk of danger or lethality posed to a victim by their abusive partner. The process of assessing and managing risk in the context of domestic violence is dynamic and complex. Programs are encouraged to use various established tools and methods for risk assessment, with a realistic understanding of what the tools can assess and how to interpret the results.

Dual–Victim Services & DVIP Provider

For programs that operate a victim service program and wish to add a domestic violence intervention program (DVIP), the following recommendations apply:

- Each organization must maintain separate facilities and staff for their DVIP and victim services.
 - Dual advocates and/or facilitators are prohibited.
 - Location, hours, and/or availability of DVIP sessions must remain separate from victim services to avoid offenders encountering survivors in any capacity. DVIP sessions are prohibited from being offered out of a domestic violence shelter program.
 - If possible, the DVIP program will operate on separate properties to reduce any potential contact between offenders and survivors.
 - All records and resources associated with victim services must remain kept in a separate, and secure area where offenders have no access.
 - For locations that are utilizing a shared administrative space for DVIP and victim services, additional security measures need to be put in place to ensure complete separation of services and confidentiality of victim services. We recommend a minimum of two-lock-separation (i.e. a locked door and a locked file cabinet OR password-protected digital storage).
- Any services or resources for victims (i.e. support groups) will not be posted in public spaces for dual programs.

Curriculum / Core Concepts

The following is a list of evidence-based curricula that the ACADV endorses for member DVIP service providers and those seeking to become “a qualified professional” for facilitation purposes. A service provider may utilize any combination of these curricula or just one, so long as they maintain training and continuing education requirements for each curriculum’s guidelines and all evaluation components.

To be considered an “evidence-based” program - each curriculum/program needs to have peer-reviewed research, studies by a neutral body (for example: a state government agency) or external review, and/or other substantiated data to validate their outcomes.

- STOP Program - Relationship Training Institute
- Family Peace Initiative
- Allies in Change
- The Duluth Model (DAIP)
- Conceptual Clarity Model (HEAL Curriculum)
- EMERGE Model
- House of Ruth: House of Ruth Maryland’s Gateway Project
- Domestic Abuse Project (DAP)

Curriculums will be reviewed by the DVIP Advisory Board for approval and addition to this list, to submit new curriculums to review please email info@domesticpeace.com with “DVIP Curriculum” in the subject line. The Advisory Board will meet each quarter, a calendar with meeting dates of this group and other details can be found on the ACADV website: www.domesticpeace.com.

Accessibility

ACADV will provide resources and referrals, on request, for language interpretation and culturally relevant needs. Each program shall maintain compliance with federal ADA regulations and have a policy for clients explaining how to ask for modifications, and how any disclosures of disability status may be shared.

Disability¹ - according to the ADA, an individual with a disability has a “physical or mental impairment” that substantially limits one or more major life activities, has a record of having such an impairment, or is regarded as having such an impairment. The definition of disability was expanded in 2008 under the ADA Amendments Act. Major life activities are now defined as—

- General life activities, such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. This category is broad, but examples might include intellectual disabilities, developmental disabilities (disabilities that develop before age 21, such as cerebral palsy or Down syndrome), cystic fibrosis, blindness or low vision, Deaf or hard of hearing, spinal cord injury, and so forth.
- Major bodily functions, such as functions of the immune system, normal cell growth, and digestive, bowel, bladder, neurological, respiratory, circulatory, endocrine, and reproductive functions. Examples of disabilities in this category include cancer, AIDS, diabetes, and heart disease.

Further, a person is still considered to have a disability even if the impairment—

- Is treatable with medication (e.g., mental illness, diabetes).
- Can be addressed with the help of assistive technology (e.g., prosthetics for missing limbs, power wheelchairs).
- Happens intermittently if the condition would be substantially limiting when active (e.g., seizure disorder, some forms of mental illness).
- Is in remission if the condition would be substantially limiting when active (e.g., multiple sclerosis, cancer).

¹ Adapted from the [ADA's definition of disability](#) and B. East, Advocacy, Inc., personal communication, June 15, 2010.

Prohibited to include in DVIP

For service providers, the following components are prohibited from occurring during the DVIP sessions. Each DVIP provider can refer to or recommend these programs, but they cannot be a part of their DVIP curriculum.

- Couples counseling
- Family Counseling
- Mediation

Please note – the purpose of DVIP sessions is not to reunite a family and/or couple and as such, family members or partners shall not participate in any group and/or individual DVIP sessions.

Women who use force

Abuse cannot and should not be condoned under any circumstance, all DVIP providers in the ACADV membership understand and prioritize the safety and rights of victims/survivors. Women who use violence and abuse are ultimately responsible for their actions, however, decades of research into this topic area have demonstrated that a disproportionate percentage of female clients in DVIP have utilized violence as a way to defend themselves or their children; disrupt the power and control tactics used against them, and as an attempt to end the violence they may be experiencing themselves. DVIP providers should consider these motivations for violence when serving female clients.

For women who have been referred to domestic violence intervention (DVIP), the ACADV encourages service providers to utilize the following framework to better serve the female clients in their DVIP sessions.

- Women who use violence often do so in the context of a relationship that is violent; women often use violence in self-defense or as an attempt to protect themselves or their children from the predominantly abusive partner;
- All people are capable of abusive behaviors; and
- Battering is a pattern of assaultive and coercive behaviors that include physical, sexual, emotional, and psychological attacks, as well as other forms of coercion, that abusive partners use against their intimate partners.

Virtual DVIP Sessions

It is strongly recommended that all DVIP sessions be conducted in person. However, if virtual DVIP sessions are being conducted, they should adhere to the following minimum guidelines:

- Only available if the offender resides over sixty (60) miles from the DVIP location, exceptions to this rule can be approved on a case-by-case basis and are dependent on each program's specific rules;
- Participants must agree to abide by the program standards and rules, including any additional rules specific to the virtual session;
 - For example, cameras must remain on, stable internet, appropriate equipment to participate virtually (headphones, microphones, speakers, etc...) no drinking alcohol or smoking/vaping during the session, no eating food during the session, and participants must show a 360 degree (full view) of the room they are in to ensure they are alone for the duration of the session.
- Participants must have prior approval from the DVIP program and/or facilitators in order to attend virtual DVIP sessions.

Intake procedures:

The ACADV has developed a sample intake form for service providers that includes all recommended questions. As part of the intake procedure, the abusive partner must sign an informed consent for services document stating they have received and understand all program policies and procedures. Each service provider should collect the following data for all new clients:

- Basic identifying information (must be 18 years old or otherwise emancipated);
- Demographic information;
- Violence used in the family of origin;
- Current or former partner(s);
- Criminal history, including arrests, and/or convictions;
- Pending court actions or charges;
- Descriptive history of his use of violence and other abusive behaviors, including those within and outside of the intimate relationship; and
- History of mental health and substance abuse treatment.

Exclusion criteria:

Each service provider should have policies and procedures developed to determine if DVIP is not appropriate for the client.

Survivor / Partner Contact

The provider shall develop a process by which survivors can be informed of the program's structure, expectations, and confidentiality. For the service provider to remain confidential and neutral, the ACADV has a template letter for service providers to utilize to contact victims and notify them that their offender is enrolled in a DVIP program and resources for victim services. If contact can be made safely, it may be made only for the following reasons:

- To inform the survivor/current partner that the abusive partner's attendance or completion of the program does not guarantee that the abusive partner will not be violent or abusive;
- To inform the survivor/current partner that the victim is not responsible in any way for the abusive partner's success or failure in the program as responsibility for change lies solely with the abusive partner;
- To inform the survivor/current partner of the importance of continually assessing the options for safety, whether remaining in or leaving the relationship and resources for assistance in developing a safety plan;
- To provide information about local domestic violence advocacy agencies, survivor service providers, and information concerning Orders of Protection;
- To notify the survivor/current partner of the abusive partner's acceptance or non-acceptance in the program;
- To notify the survivor/current partner of the abusive partner's non-compliance with program guidelines or requirements;
- To notify the survivor/current partner regarding the abusive partner's supervision by state or local authorities;
- To inform the survivor/current partner of the abusive partner's scheduled program start date; and
- To report when the abusive partner presents a danger to himself or others.

It is not appropriate for the abusive partner intervention program to seek information about an abusive partner from the survivor/current partner. Should contact be made with the survivor/current partner, in any way, the following are limitations regarding survivor/current partner contact:

- No attempt should be made to encourage, persuade, or coerce the survivor/current partner into disclosing information or having contact with the provider;
- No attempt will be made to suggest that information or contact by the survivor/current partner will positively affect the abusive partner's work with the provider;
- No attempt should be made to encourage, persuade or coerce the survivor/current partner into couples counseling;

- Under no circumstances should the provider share information about or from the survivor/current partner with the abusive partner; and
- Survivor/current partner contact will not be used as a method of evaluation to measure the program's success or the participant's completion of the program.
- Caution should be used to reduce dual relationships and/or conflicts of interest.

Program Completion

No abusive partner shall be labeled, certified, or guaranteed to be non-abusive because of completion in an abusive partner intervention program. Evidence of attitude/belief change indicated in the group by the abusive partner may not always translate to behavior change in the relationship with a survivor/current partner. Programs must develop standards for participants' completion. At a minimum, the abusive partner will:

- Pay all fees in full; and
- Fulfill all program guidelines, to at minimum include the following:
 - o Take responsibility for personal abusive behaviors without blaming others;
 - o Demonstrate to staff an understanding of alternatives to abusive behavior;
 - o Demonstrate to staff the use of respectful language regarding survivor/current partner and an understanding of the benefits of equal relationships; and
 - o Any other additional program components as determined appropriate by the service provider.

Compliance Criteria

All DVIP service providers of the ACADV will be evaluated each year, for their compliance to program standards and the impact of their services on domestic violence. Annual evaluations for members will include:

- Site visit from ACADV;
- Full review of policies and procedures;
- Walk-through of facilities to ensure ADA compliance and accessibility;
- One-on-one technical assistance; and
- Submission of quarterly/yearly encounter data.

Data Collection & Evaluation

As part of service providers' compliance with these standards, the ACADV recommends the following data, at minimum, to be collected for evaluation and feedback purposes.

- Demographic data on clients
 - Name;
 - Age;
 - Education history;
 - Residential address;
 - Criminal history (if any); and,
 - Marital status.
- Court data (for court-ordered clients)
 - Judge or Court who ordered participation;
 - Known charges and/or convictions;
 - Prior attendance and/or completion of other DVIP or intervention programs;
 - Check at 6 month, 1 year, and 2 year post completion for new arrests

DVIP Advisory Board & Governance

The Domestic Violence Advisory Board is composed of a variety of legislators, service providers, judicial officers, victim service providers, and other professionals who are uniquely invested in the operations of domestic violence intervention programs (otherwise known as abusive partner intervention programs). The Arkansas Coalition Against Domestic Violence oversees the DVIP Advisory Board. This board shall meet once a quarter, starting in January 2023, to discuss the administrative needs of programs, updates to the DVIP standards, compliance issues, and other needs of the DVIP providers in Arkansas.

The board shall have 12 seats, with each seat designated as follows:

1. DVIP Service Providers x 2 of 2
2. Domestic Violence Expert x 2 of 2
3. Judges x 2 of 2
4. Mental Health Partners x 2 of 2
5. A representative from the Administrative Office of the Courts x 1 of 1
6. A representative from Arkansas Community Corrections x 1 of 1
7. A representative from Arkansas Department of Health x 1 of 1
8. A representative from the Office of the Prosecutor Coordinators x 1 of 1