EXECUTIVE SUMMARY · CLINTON SCHOOL OF PUBLIC SERVICE

A Comparative Analysis of State Standards for Domestic Violence Intervention Programs

Implications for Arkansas and the Arkansas Coalition Against Domestic Violence

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Introduction, Background & Problem Statement

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> *Domestic violence is a pervasive issue in Arkansas and across the United States, affecting millions of people every year. Meaningful progress depends on addressing the other side of the equation: holding abusers accountable.*

Background

Arkansas Code 9 § 9-15-103 defines domestic abuse as physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm between family or household members, as well as any sexual conduct between family or household members that constitutes a crime under state law. "Family or household members" includes spouses, parents, children, persons related by blood within the fourth degree of consanguinity, persons who have resided together, persons who share a child, and persons in a current or past dating relationship.

40.8%
of Arkansas women experience intimate partner physical and/or sexual violence

34.8%
of Arkansas men experience intimate partner physical and/or sexual violence

18.6%
of Arkansas women will experience stalking in their lifetime

3/day
Women killed on average per day by a current or former intimate partner in Arkansas

While physical violence is often what comes to mind, abuse manifests in many forms: minimizing, denying, and blaming; intimidation; emotional abuse; isolation; coercion and threats; economic abuse; sexual abuse; and using children as leverage. These dynamics are captured in the **Power and Control Wheel**, developed in the early 1980s by Ellen Pence, Michael Paymar, and Coral McDonald after consulting battered women's groups in Duluth, Minnesota.

Leaving an abusive relationship is extraordinarily difficult. Victims may stay because leaving increases their risk of being killed or seriously injured by 75%. Financial dependence, children, cultural or religious pressures, and complex legal systems all serve as barriers.

Problem Statement

Domestic violence persists not only because of stigma and silence, but also because abusers often evade accountability. The Arkansas Coalition Against Domestic Violence's intervention program addresses this by focusing on the root causes of abuse — challenging power and control, fostering healthier coping mechanisms, and requiring abusers to confront their actions. By holding offenders accountable through structured counseling and intervention, the program shifts responsibility away from survivors and onto those who cause harm, creating the potential for long-term change.

It remains unclear how well Arkansas's current domestic violence intervention standards align with national guidelines and evidence-based practices, creating a gap in understanding where the state's programs may fall short or excel. Addressing this gap is essential if Arkansas is to reduce domestic violence, prevent intergenerational cycles of abuse, and create safe and healthy communities.

Research Questions

1. What are the common practices for designing and implementing domestic violence intervention programs nationwide?
2. What common barriers and enabling factors affect the delivery and success of these programs across different states?
3. How do Arkansas's standards for batterer intervention/domestic violence intervention programs compare to national standards?

> *Three major themes emerged from the literature: models and approaches to domestic violence intervention programs, factors affecting effectiveness and implementation, and state standards and policy variability.*

Models & Approaches

The most widely used approach in the United States and Canada is the **Duluth Model** (Bohall et al., 2016), grounded in feminist and sociocultural theories that intimate partner violence is often utilized by men to assert dominance and control over female partners. The model focuses on shifting blame off victims and holding perpetrators accountable through coordinated community responses.

CRITICS OF THE DULUTH MODEL

Dutton and Corvo (2006) posit that Duluth-type interventions rely too heavily on gender paradigms and ignore individual psychological, situational, and cultural risk factors. They argue that strong therapeutic bonds are more likely to lead to behavioral change, and that in Duluth-type programs, empathy is impossible, change is unlikely, and commitments to change are rarely internalized.

SUPPORTERS OF THE DULUTH MODEL

Gondolf (2007) asserts that Dutton and Corvo's interpretation lacks nuance and overlooks the empirical support for its approaches. He maintains that the Duluth Model is not static and that many programs have successfully adapted it to incorporate individually responsive elements alongside psychological and therapeutic interventions.

From both critics and supporters, one thing is clear: domestic violence intervention programs must incorporate several approaches. There is no "one-size-fits-all" model; interventions must be flexible and adaptable, drawing on evidence-based, multidisciplinary approaches that integrate the Duluth framework with cognitive-behavioral, trauma-informed, and culturally responsive practices.

Factors Affecting Effectiveness & Implementation

Radatz et al. (2021) discuss how integrating **Principles of Effective Intervention (PEI)** improves outcomes and reduces repeated offenses, including the Risk, Need, and Responsivity (RNR) model and treatment fidelity principles.

RISK
Assessing offenders based on risk of reoffending: low, medium, or high

NEED
Addressing criminogenic and non-criminogenic needs affecting reoffending

RESPONSIVITY
Tailoring treatment to offender strengths, abilities, and learning style

Satyen et al. (2022) found that culturally specific interventions were associated with reduced recidivism, decreased psychopathological symptoms, and positive changes in cognitive biases. Facilitators who share participants' cultural background and language enhanced satisfaction and reduced attrition.

Jumarali et al. (2023) found that centering survivors and following up with them regularly is integral to ensuring a program achieves its intended outcomes. Survivors wanted to know what offenders were being taught and reported mixed experiences when behavioral change proved only temporary.

State Standards & Policy Variability

Flasch et al. (2021) conducted a comprehensive content analysis of batterer intervention program (BIP) standards across the United States and found significant variations in theoretical approaches, facilitator qualifications, program procedures, duration, coordination with community agencies, and evaluation requirements. Most states emphasize accountability and victim safety, but many do not provide detail on evidence-based curricula, program fidelity, or evaluation procedures.

> *"Consideration of a unifying national standard might be worthy of exploration."*
> **— Flasch et al., 2021, p. 703**

The National Network for Safe Communities at John Jay College (2021) developed a comprehensive strategy emphasizing

Methodology

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> *This project utilized a qualitative approach through comparative policy analysis of national DVIP standards and semi-structured interviews with DVIP/BIP providers, carried out over a four-month period from January–April 2026.*

Research Design & Data Collection

Publicly available DVIP/Batterer Intervention Program (BIP) standards from multiple U.S. states were collected through the National Network of Abuse Intervention Programs via the Battering Intervention Services Coalition of Michigan (BISC-MI) website. Documents were included if they described state-level standards, outlined program philosophy or training requirements, and were published or endorsed by a government agency or statewide domestic violence coalition.

State Standard Review Measures

State standards and policy documents were reviewed across six core domains:

PHILOSOPHY
Theoretical basis (Duluth, CBT, trauma-informed)

FACILITATORS
Qualifications and training requirements

STRUCTURE
Program length, format, and session design

EVALUATION
Outcome measures and quality assurance

COLLABORATION
Courts, probation, victim services

ACCESSIBILITY
Cultural competence and equity standards

Interviews & Participants

Nine qualitative interviews were conducted with domestic violence intervention practitioners, researchers, curriculum developers, and training providers. Interviews took place over Zoom or Google Meet, lasted approximately 30–45 minutes, and were audio-recorded with participant consent. Participants represented eight states:

CALIFORNIA · COLORADO · GEORGIA · KANSAS · MICHIGAN · PENNSYLVANIA · UTAH · WASHINGTON

Participants included program directors, facilitators, or coordinators with at least one year of professional experience running or overseeing DVIP/BIP groups. Recruitment occurred through ACADV professional contacts, national domestic violence coalitions, and public directories of state-certified intervention providers.

Project Timeline

J — January – February: Recruitment & Initial Data Collection
Comparative policy analysis commenced while awaiting IRB exemption. State standards comparison table created and updated throughout February. Recruitment emails sent to DVIP/BIP practitioners.

M — March: Interviews & Data Analysis
Interviews conducted over the first two weeks of March. Audio recordings transcribed using Zoom automatic transcription and OtterAI software. Findings synthesized with the comparative state standards analysis.

A — April: Final Report Writing
Results organized into the final comprehensive report outlining national common practices, summarizing practitioner insights, and comparing Arkansas's standards to other states.

Ethical Considerations

This project presented minimal ethical risk as it involved analysis of publicly available standards and voluntary interviews with professionals discussing programmatic and policy-level issues. IRB exemption was obtained prior to beginning interviews. Identifying

Key Findings

> *Findings from both qualitative interviews and the state standards comparison illuminate substantial variation in how domestic violence intervention programs are designed, implemented, and overseen across the United States.*

Program Philosophy

No single dominant model emerged, but recurring frameworks were present. Many states utilized elements of the Duluth model while others incorporated CBT. Most effective programs have moved beyond a binary approach, blending Duluth-informed accountability frameworks with CBT, trauma-informed care, and motivational interviewing. Standards should establish clear philosophical foundations while permitting program flexibility rather than mandating a single curriculum.

> *"You have to make them feel like you're working on their behalf."*
>
> **— Interview Participant**

Program Structure

All programs took place in group settings with weekly sessions, though program length varied widely. Most states set maximum group sizes of 10–20 participants. Group-based formats were consistently identified as a strength, with peers holding each other accountable in ways facilitators alone cannot. Colorado's competency-based model — requiring demonstrated knowledge rather than fixed session counts — emerged as a leading practice.

> *"Group is a great place to keep people accountable — they get to call each other out."*
>
> **— Interview Participant**

Collaboration & Coordinated Community Response

The most effective programs utilize coordinated community responses (CCR) integrating treatment providers, courts, probation officers, and victim advocates. Colorado's multidisciplinary treatment team model and Georgia's state-level coordinating commission — with 37 members including judges, law enforcement, and victim advocates — represent the most formalized examples. Arkansas's standards already require a broad CCR, but the depth of collaboration varies substantially depending on local resources and relationships.

Key Gaps Identified

- **Evaluation & Outcomes:** The absence of consistent, standardized outcome measures represents one of the most significant systemic gaps. Many states, including Arkansas, rely primarily on pre/post screening tools without longitudinal outcome tracking or recidivism monitoring.
- **Cultural Competence:** While most states include language around cultural competence, this remains one of the most inconsistently enforced dimensions. Satyen et al. (2022) found culturally specific interventions were associated with reduced recidivism and positive cognitive changes — making this a high-priority area for Arkansas given its racial, ethnic, and rural diversity.
- **Rural Access:** Geographic barriers and lack of providers were identified as significant challenges, particularly relevant given that approximately 41% of Arkansas's population resides in rural communities (Slone, 2023).
- **Group Size Guidelines:** Arkansas does not specify a maximum group size, while many other states define clear limits and facilitator-to-participant ratios — a gap that may reduce participant engagement and facilitator effectiveness.
- **Court Consistency:** Research found courts were less than 50% compliant with sentencing laws in some states. Inconsistent judicial orders undermine program effectiveness and survivor safety.

Recommendations & References

Five actionable recommendations were developed to support the ACADV in strengthening offender intervention programming, ensuring survivor safety, and promoting an effective statewide response to domestic violence.

RECOMMENDATION 01

Strengthen Evaluation & Outcome Measurement

Arkansas primarily relies on pre- and post-screening tools. Stronger evaluation would improve program effectiveness and support data-driven decision-making.

- Require validated risk and needs assessment tools at intake and throughout treatment
- Implement recidivism tracking (re-arrests, protection order violations)
- Develop statewide reporting guidelines for consistency across providers

RECOMMENDATION 02

Shift Toward Competency-Based Completion

Requiring participants to demonstrate mastery of core competencies better assesses whether meaningful behavioral change has occurred.

- Develop core competencies related to accountability and emotional regulation
- Allow flexibility in program duration based on participant progress and risk level
- Train facilitators on competency-based evaluation methods

RECOMMENDATION 03

Clarify Group Size Guidelines

Arkansas does not specify a maximum group size. Overly large groups reduce engagement and limit facilitator effectiveness.

- Establish a maximum group size (8–15 participants, consistent with other states)
- Require minimum facilitator-to-participant ratios for larger groups

RECOMMENDATION 04

Improve Rural Access to Services

With ~41% of Arkansas's population in rural communities, geographic barriers significantly hinder program participation and completion.

- Provide funding incentives or grants for rural program providers
- Expand hybrid and telehealth service options where appropriate
- Develop outreach strategies for underserved areas

RECOMMENDATION 05

Incorporate Risk/Needs Assessments

Structured frameworks such as the Risk-Need-Responsivity (RNR) model and the Intimate Partner Violence Risk and Needs Evaluation (IPVRNE) are supported by research and identified as effective for tailoring interventions.

- Require validated risk and needs assessment tools at program intake
- Adjust program intensity and duration based on assessed risk level
- Train facilitators on administering and interpreting assessment tools

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