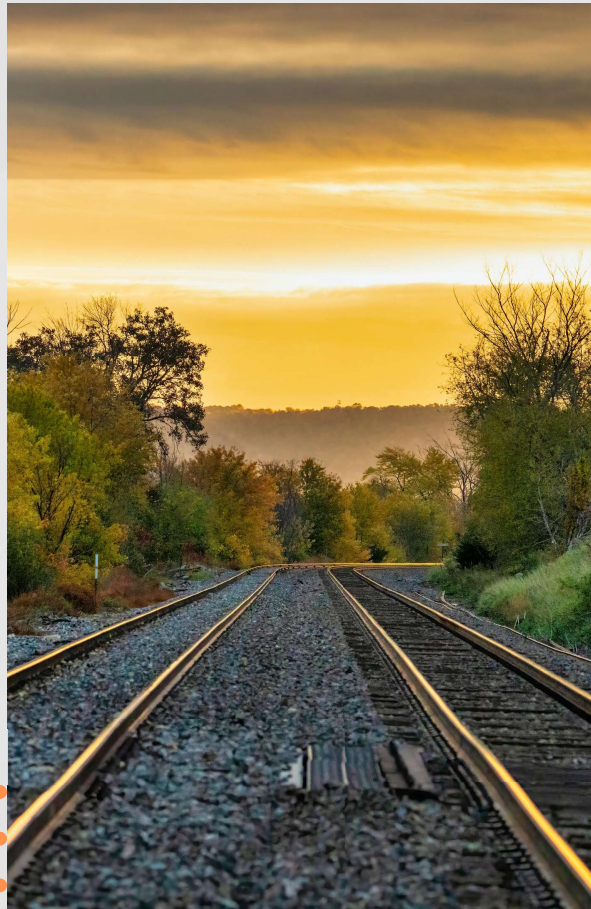




Georgia
Commission on
Family Violence

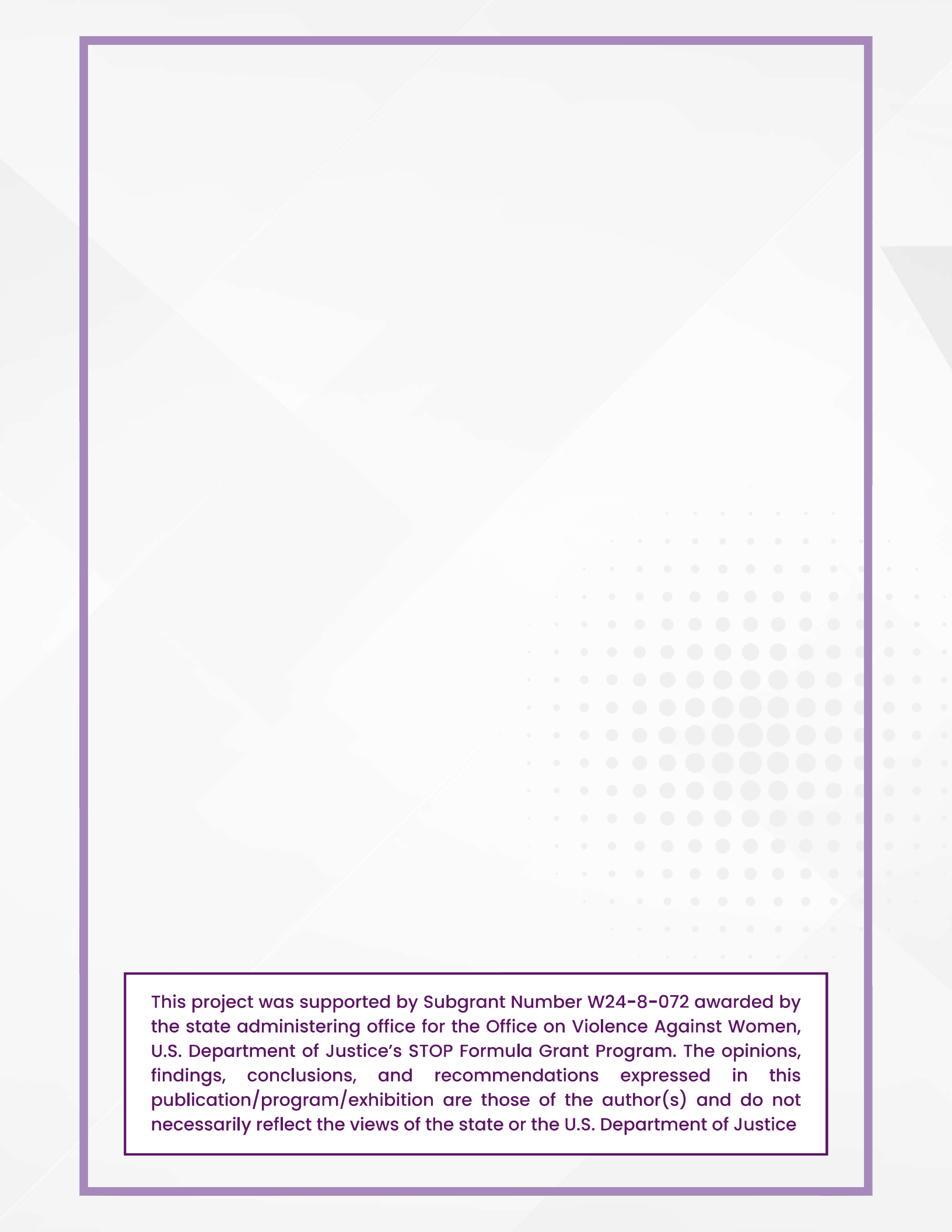
THE ROAD TO TRANSFORMATION

An Evaluation of Georgia's Family Violence Intervention Programs



2026

ANNUAL REPORT



This project was supported by Subgrant Number W24-8-072 awarded by the state administering office for the Office on Violence Against Women, U.S. Department of Justice's STOP Formula Grant Program. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the state or the U.S. Department of Justice

TABLE OF CONTENTS

GCFV Mission and Vision Statements	5
Acknowledgements	5
About Us	6
Executive Summary	7
1. Introduction: Georgia's Intervention Model for Family Justice	9
1.1 Purpose of the Report	9
1.2 Defining Family Violence in Georgia	10
1.3 Overview: Family Violence and FVIPs	11
1.4 Coordination, Accountability, and Judicial Referrals	11
1.5 FVIPs and Victim Advocacy Partnerships	12
2. Intimate Partner Violence and Power Dynamics	13
3. Georgia Family Violence Intervention Programs	15
3.1 Official Framework and Best Practices	15
3.2 Origins of Georgia Family Violence Intervention Programs	16
3.3 Accountability and Education in Programs that Confront Harm	17
3.4 Anger Management is Not an Appropriate Intervention for IPV	18
3.5 Goals, Objectives, and Challenges in Georgia FVIPs	21
3.6 IPV-Focused FVIP Curricula and Challenges in Non-IPV Application	24
3.7 FVIPs and the Victim Liaison Relationship	25
3.8 FVIP Structure, Administration, and Intended Outcomes	26
4. Baseline Assessment of FVIPs in Georgia	27
4.1 Survey Methods	27
<i>Figure 1 FVIP Provider Response Rate</i>	27
<i>Figure 2 FVIP Facilitator Response Rate</i>	28
4.2 Intervention Program Curricula and Delivery Methods	28
<i>Table 1 Elements of Three Commonly Used FVIP Curricula for Men</i>	29
<i>Figure 3 FVIP Provider Agreement on Curricula Meeting Participants' Needs</i>	34

<i>Figure 4 FVIP Provider Agreement on Curricula Meeting Participants' Needs</i>	35
4.3 <u>FVIP Strengths and Gaps</u>	36
<i>Figure 5 FVIP Statewide Concentration Map</i>	37
4.3.1 <u>Key Stakeholder Involvement and Relationships</u>	38
<i>Figure 6 Reported Challenges Coordinating Victim Liaisons</i>	39
4.3.2 <u>Program Effectiveness</u>	41
<i>Figure 7 Provider and Facilitator Program Effectiveness Perspectives</i>	41
4.3.3 <u>Qualitative Methods</u>	42
4.3.4 <u>FVIP Strengths</u>	43
4.3.5 <u>FVIP Accessibility Gaps</u>	44
4.4 <u>Key Stakeholder Relationships</u>	46
4.4.1 <u>Victim Liaisons</u>	46
4.4.2 <u>Judges</u>	48
4.5 <u>Perceived Program Effectiveness</u>	49
5. Recommendations for Strengthening Family Violence Intervention Programs	51
6. Conclusion	53
7. Glossary	54
8. References	56
9. Appendices	57
Appendix A – <u>Power & Control Wheel</u>	57
Appendix B – <u>Georgia Statutes Mapped to Power & Control Dynamics</u>	58
Appendix C – <u>Georgia Judicial Circuits and FVIP Distributions</u>	60

GCFV MISSION AND VISION STATEMENTS

MISSION: GCFV's mission is to provide leadership to end Family Violence by promoting safety, ensuring accountability, and improving justice for generations to come.

VISION: GCFV's Vision is to serve as the statewide clearinghouse for family violence research and data:

- Ensuring victim safety is balanced with offender accountability;
- Implementing research-based and data-driven responses;
- Collaborating with partners to promote safe homes for all Georgians.



ACKNOWLEDGEMENTS

The Georgia Commission on Family Violence (GCFV) would like to acknowledge the contributions of project staff, contractors, and supporting agencies in the research and development of this report. GCFV extends its sincere appreciation to the FVIP providers and facilitators, as well as domestic violence advocates, who generously shared their time, insights, and experiences. We also thank members of the judiciary for their valuable perspectives. GCFV Commission Members are appreciated for their continued support of this agency and its mission.

Report Contributors

This report was authored by **Jacqueline Herrera**, Project Coordinator, **Rachel Rothman-Bell**, Research & Data Analyst; Publication Designer, and **Dr. Dabney P. Evans**, Contract Research Analyst, Emory University, Rollins School of Public Health.

Editorial support and supervision by **Stacey Seldon**, Senior Program Coordinator – Grants and Special Projects, **Jameelah Ferrell**, Director of Program Planning and Development, and **April W. Ross**, Executive Director.

Special Thanks

We also extend our gratitude to the Georgia Criminal Justice Coordinating Council and the Family Violence Intervention Program professionals across the state.



ABOUT US

GEORGIA COMMISSION ON FAMILY VIOLENCE

The Georgia General Assembly created the Georgia Commission on Family Violence (GCFV) in 1992 to create a comprehensive state plan to end family violence in Georgia. GCFV's mission is to provide leadership towards ending family violence by promoting safety, ensuring accountability, and improving justice for generations to come. GCFV is led by a dedicated team and 37 appointed Commission members from multidisciplinary backgrounds. GCFV is administratively attached to the Georgia Department of Community Supervision.

ABOUT THE FAMILY VIOLENCE FATALITY REVIEW PROJECT

The Family Violence Fatality Review Project (FVFRP) conducts extensive research and data collection to help stakeholders understand the prevalence and impact of family violence happening throughout Georgia. The project prioritizes safety and accountability in its work and seeks to make a meaningful impact in addressing family violence. Since its inception in 2004, it has published numerous resources to guide communities and statewide stakeholders. By examining fatal and near-fatal incidents of family violence and the factors that influence their frequency and severity, the project provides recommendations to reduce domestic violence fatalities and improve system responses to family violence.



EXECUTIVE SUMMARY

The Georgia legislature established GCFV to develop a comprehensive plan to end family violence in Georgia. To fulfill this mandate, GCFV's efforts support a strong, diverse coordinated community response (CCR) as the primary strategy for addressing domestic violence in Georgia. CCR is a multi-system driven engagement approach in which courts, law enforcement, probation, victim advocacy programs, behavioral health providers, survivors, and community partners work together to cultivate and implement a response to family violence that supports survivors and holds people who use violence accountable. Through this collaborative approach, participating systems can activate and enhance a community's resources, ensuring consistent and effective responses to family violence.

Family Violence Intervention Programs (FVIPs) play a key role in the state's efforts to reduce and ultimately end family violence. FVIPs are structured, evidence-informed educational intervention systems that emphasize accountability. Within the CCR, FVIPs use tools and strategies to hold offenders accountable for their actions while providing support to address harmful behavior.

Under Georgia law, GCFV is charged with developing certification standards and providing regulatory oversight of FVIPs. This statutory authority helps us ensure that FVIPs operate under consistent standards that promote program integrity, victim safety, and effective intervention and accountability measures.

To assess how these standards and practices are working in practice, the findings in this report are informed by a mixed-methods data collection approach that includes surveys, focus groups, and interviews with key stakeholders, namely FVIP providers, facilitators, domestic violence advocates, and judges around the state.

Using surveys, GCFV collected numerical and informational data on the structure, practices, and challenges of FVIPs across Georgia. Focus groups and interviews provided deeper insights by allowing stakeholders to share perspectives, experiences, and emerging themes related to program operations. Taken together, these sources allow us to examine how FVIPs currently operate, gather feedback from programs and stakeholders, and evaluate strengths, gaps, and opportunities for improvement.



Using surveys, GCFV collected numerical and informational data on the structure, practices, and challenges of FVIPs across Georgia. Focus groups and interviews provided deeper insights by allowing stakeholders to share perspectives, experiences, and emerging themes related to program operations. Taken together, these sources allow us to examine how FVIPs currently operate, gather feedback from programs and stakeholders, and evaluate strengths, gaps, and opportunities for improvement.

As GCFV's first report focused on interventions for domestic violence, this report examines the progress, challenges, and gaps facing FVIPs and should open the door to stakeholder collaboration to improve program outcomes. It should be viewed as a foundational beginning for future data collection, evaluation, and continuous improvement efforts for Georgia's intervention response framework. The goal is to keep stakeholders and decision-makers informed. Georgia's intervention response needs regular data collection and stakeholder feedback to identify areas for growth and improvement while acknowledging the realities and limitations of the legal system.

The purpose of this report is to provide a clear, data-driven assessment of Georgia's Family Violence Intervention Programs by collecting and analyzing data from statewide surveys and focus group findings.

This report will serve as a foundation for:

- *Establishing the need for an outcome-driven approach to family violence intervention;*
- *Creating improved feedback and information channels to identify challenges and opportunities to strengthen program coordination and effectiveness; and*
- *Identifying key performance measures to evaluate program outcomes, reduce repeat offenses, and guide future improvements.*



1. Introduction: Georgia's Intervention Model for Family Justice

1.1 PURPOSE OF THE REPORT

FVIPs have served as Georgia's primary accountability framework for individuals who use violence in intimate and family relationships for more than two decades, yet the state has never conducted a comprehensive, data-driven examination of how these programs function or whether they achieve the intended outcomes. Despite their central role in Georgia's CCR, no comprehensive system exists to collect, analyze, or compare information from certified programs, the courts that mandate them, or the survivors and communities affected by their implementation.

This has left policymakers, practitioners, and stakeholders without a clear understanding of program effectiveness, practice gaps, or opportunities for improvement. A rigorous exploration grounded in quantitative and qualitative evidence is essential to determine whether FVIPs are meeting the state's goals for accountability, behavior change, and survivor safety. It is also necessary to ensure that future reforms reflect the realities of those closest to the work.

This foundational report presents current data and findings while establishing a framework for long-term evaluation and continuous improvement. It highlights the need for an outcome-driven approach to family violence intervention, improved feedback and information-sharing to strengthen coordination, and clear performance measures to evaluate outcomes, reduce repeat offenses, and guide reform.

Consistent, transparent data collection and reporting are essential to understanding how the system operates and identifying opportunities to strengthen effectiveness. This clarity helps Georgia build a more responsive system that prioritizes the safety and well-being of individuals, families, and communities through data-driven decision-making.



1.2 DEFINING FAMILY VIOLENCE IN GEORGIA

Domestic Violence (DV) is generally understood as a pattern of abusive behaviors used by one person to gain or maintain power and control over another person in an intimate or household relationship. In practice, “domestic violence” is often used as an umbrella term describing violence occurring within intimate and household relationships.

The term Intimate Partner Violence (IPV) is more narrowly focused and refers specifically to violence occurring within a romantic or dating relationship, whether heterosexual or same-sex, and regardless of whether the relationship currently exists or has ended. IPV falls within Georgia’s legal definition of Family Violence. Georgia FVIP programming specializes in the power dynamics of IPV, including the use and abuse of power tactics in romantic relationships.

Georgia does not use the term “domestic violence” anywhere in its statutes. Under Georgia law, the correct legal term is “family violence.” Understanding these differences is important for legal, judicial, and community responses around the state.

Under the Official Code of Georgia Annotated **§ 19-13-1, “Family Violence” requires two components: a criminal act and a qualifying relationship.**

For a criminal act to be classified as family violence in Georgia, it must occur between:

- Past or present spouses
- Parents of the same child
- Parents and children
- Stepparents and stepchildren
- Foster parents and foster children
- Other persons living or formerly living in the same household.

In the context of these relationships, Georgia defines family violence as the occurrence of one or more specific criminal acts. These include:

- Any felony
- Battery
- Simple battery
- Assault
- Simple assault
- Stalking
- Criminal damage to property
- Unlawful restraint
- Criminal trespass



1.3 OVERVIEW: FAMILY VIOLENCE AND FVIPS

Family and intimate partner violence remain significant public safety and public health concerns across the state. FVIPS are a key part of Georgia's response to family violence and are an important judicial tool for offender accountability. This report provides an overview of how FVIPS are defined, structured, and implemented, offering insight into a system that is not consistently understood across jurisdictions. Despite their critical role, there has been limited analysis of these programs' operations or impact.

FVIPS operate as one piece of a coordinated, multi-system response that includes courts, law enforcement, behavioral health providers, social services, and community-based organizations.

Effective collaboration between these systems is important for increasing accountability, consistent system responses, and addressing the complex dynamics of family violence. A clear understanding of how FVIPS should operate helps inform judicial referral decisions and reinforces coordinated responses among courts and system partners.

1.4 COORDINATION, ACCOUNTABILITY, AND JUDICIAL REFERRALS

Under **O.C.G.A. § 42-8-35.6**, defendants sentenced to probation for family violence offenses, as defined in **O.C.G.A. § 19-13-10**, must complete a 24-week FVIP class. Additionally, **O.C.G.A. § 19-13-4** gives courts the authority to order a respondent to complete FVIP as a condition of a Temporary Protective Order (TPO) to help prevent further acts of family violence.

Referral to an intervention program and program completion are important accountability measures because they further the courts' ability to appropriately monitor an individual while fostering the development of non-violent behaviors and positive changes in conduct.

Low confidence in or limited information about FVIPS – from content to operations and oversight – affects the consistency of referrals to FVIPS.

Confidence and knowledge about FVIPS vary across jurisdictions. Increasing all stakeholders' understanding of FVIPS' structure, purpose, limitations, and effectiveness improves confidence, referrals, and coordination.

Consistent and informed referral

practices are critical if FVIP participation and completion are to be used by courts to evaluate compliance, accountability, and progress toward changes in abusive behavior in family violence cases. A coordinated response among courts and system partners can promote consistent practices across the state and improve statewide outcomes, including increasing victim safety.

1.5 FVIPS AND VICTIM ADVOCACY PARTNERSHIPS

FVIPs and victim advocacy services are both essential to addressing domestic violence and promoting long-term safety and accountability. Their work is most effective when it is coordinated.

FVIPs focus on individuals who have used violence. These programs provide structured opportunities to address abusive behavior, challenge beliefs that support harm, and develop nonviolent, accountable relationship skills.

Victim advocacy services focus on the safety, autonomy, and healing of survivors. Advocates provide crisis intervention, safety planning, legal support, and connections to housing, counseling, and other critical resources. Effective advocacy also requires recognizing that lasting safety depends on the person who caused the harm changing their behavior.

Ending the cycle of violence requires more than responding to immediate harm; it requires preventing abuse from continuing with current or future partners. For that reason, accountability-centered interventions through well-designed, well-monitored FVIPs are a critical component of victim safety.

Together, FVIPs and victim advocacy services strengthen the coordinated community response to domestic violence. By combining offender accountability with survivor-centered support, they reinforce that domestic violence is a serious public safety issue that requires intentional, systemwide intervention.

Addressing offender behavior is not separate from victim advocacy. It is a key strategy for preventing future harm. Supporting meaningful behavior change in offenders is also a form of advocacy for current victims and for those who may otherwise be harmed in the future.

Victim advocates play an important role in supporting effective offender intervention as part of a broader victim safety strategy.

Promoting offender responsibility also requires a coordinated community response to simultaneously address other escalation risk factors, including employment instability, limited educational opportunity, housing insecurity, and substance use.

2. Intimate Partner Violence and Power Dynamics

IPV refers specifically to patterns of intentional abusive behavior by a partner in a romantic or dating relationship. This includes current or former spouses or dating partners, whether in heterosexual or same-sex relationships. IPV is about the ability to gain or maintain power and control over another person. This can include intimidation, threats, emotional, psychological, economic, physical, or sexual abuse. The effects of IPV reach beyond individual survivors, affecting children, families, first responders, and communities.

Intimate Partner Violence is rarely an isolated incident, and physical violence is not required.

Systems generally become involved as a result of a single event; however, survivors often experience abuse as repeated and ongoing, with the risk of serious harm escalating during periods of separation, court involvement, or any perceived loss of control by the abusive partner. Recognizing abuse dynamics can be challenging for systems that primarily look for visible injuries. Many forms of abuse do not leave physical marks yet significantly impact safety, autonomy, and well-being.

Survivors may also face safety challenges due to financial dependence, housing instability, fear of retaliation, or limited access to or knowledge of supportive services. The risk of harm may be underestimated, and system decisions regarding bond conditions, community supervision, or court-ordered intervention may not fully address ongoing safety concerns. Understanding the dynamics of abuse is crucial for informed decision-making in courts and coordinated community responses, especially when interventions aim to interrupt harm, enforce accountability, and prevent future violence.

Social systems can shape how individuals experience abuse and access help. Factors such as race, socioeconomic status, gender identity, disability, and immigration status can affect vulnerability to abuse and the ability to obtain safety, services, and legal protection. Survivors from marginalized communities may experience discrimination or more intense monitoring by law enforcement, courts, or child welfare agencies. At the same time, they often have fewer resources





available to help them. This can affect whether survivors seek help and how cases are decided. It may create barriers to accessing services rather than increasing safety. Survivors with disabilities may depend on abusive partners for care or communication, and immigrant survivors may face language barriers or threats related to immigration status and deportation. These issues can limit safety options and increase isolation for survivors, even when court and community interventions are available.

Effective system responses should focus on root causes of abusive behavior rather than just individual incidents. This means examining learned patterns, past trauma, and beliefs that perpetuate power and control. Recognizing and understanding abuse dynamics and root causes is essential for all stakeholders. It helps prevent responses that reinforce harms, such as discrimination, through system manipulation.

Instead, knowledgeable systems compel abusers to be held accountable and reinforce protections for survivors, regardless of background or circumstances.

FVIPs play an important role in this work by using structured, evidence-informed techniques to teach accountability to prevent future violence. FVIP providers and facilitators offer services designed to educate offenders about IPV. These accountability-based educational curricula primarily aim to keep victims safe and hold offenders answerable to their harm and its underlying causes.

Through education, accountability exercises, and skill-building, FVIPs help participants recognize harmful patterns and develop nonviolent alternatives to conflict.

They can connect participants with community resources, reinforce legal and court-mandated requirements, and challenge participants to take responsibility for the impact of their actions.

3. Georgia Family Violence Intervention Programs

3.1 OFFICIAL FRAMEWORK AND BEST PRACTICES

GCFV establishes the administrative rules and certification standards for FVIPs through the Department of Community Supervision. GCFV defines the structure, purpose, and operational guidelines for these programs, which are not designed as therapeutic services. Instead, FVIPs serve as educational and accountability-based interventions for individuals who have exhibited violent behavior in relationships. Their aim is to promote accountability, reduce the likelihood of reoffending, and enhance safety.

FVIP providers are required to focus on holding participants accountable and must not engage in collusion, which is the act of agreeing with, minimizing, justifying, or excusing abusive behavior. The standards explicitly prohibit practices that blame victims, suggest mutual responsibility for violence, or imply that completing the program guarantees safety.

The emphasis is on abusive behaviors as a choice. Thus, meaningful change requires the

participant to recognize the harm they caused and maintain accountability.

The standards set by GCFV mandate that FVIPs utilize a state-approved, written, structured curriculum delivered in a group setting. This curriculum must cover power and control tactics, the impact of violence on victims and children, and the belief systems that enable abusive behavior.

The group setting fosters peer accountability and discourages collusion among participants. Programs must establish clear boundaries within the group class. FVIPs are prohibited from providing couples counseling, family therapy, individual psychotherapy, or using anger management approaches that treat anger as the primary cause of domestic violence. None of these are effective interventions for intimate partner violence and may even be harmful. When participants appear to have needs beyond the scope of the FVIP, the appropriate action is to refer the individual back to the referral source and/or to a licensed professional.

The Georgia Commission on Family Violence's guidelines for FVIPs prioritize victims' safety, rights, and privacy above all else.

The Commission's framework follows best practices and requires that FVIPs participate in Georgia's coordinated community response to family violence.

FVIPs are expected to form collaborative relationships with courts, probation services, victim advocates, and other community partners to support victim safety.

This includes sharing relevant information about participants and consistently applying accountability practices.

Additionally, facilitators must meet training requirements and agree to ongoing monitoring for compliance with certification standards. These elements help maintain a consistent statewide model that focuses on victim safety, promotes offender accountability, and ensures that FVIPs align with Georgia's broader public safety goals.

3.2 ORIGINS OF GEORGIA FAMILY VIOLENCE INTERVENTION PROGRAMS

The Family Violence Act, **O.C.G.A. § 19-13-1, et. seq.**, was amended in 1998 to create the legal framework for FVIPs. This meant FVIPs became the sole intervention specifically mandated for family violence offenders by court order.

In 2002, official program standards, certification requirements, and

operating rules were established and are outlined in the Georgia Administrative Rules, Chapter 105-3. The most recent update to these rules took effect in 2026.

The FVIP structure was influenced by the Duluth Model, a program widely recognized for creating one of the earliest coordinated intervention models in the United States. Developed in 1981 by the Domestic Abuse Intervention Project (DAIP) in Minnesota, the Duluth Model emphasizes a coordinated community response to domestic violence. This approach posits that IPV is rooted in power-and-control dynamics and is best addressed through accountability-based education.

DAIP was one of the first organizations to unite law enforcement, courts, probation, and victim advocates in addressing domestic violence as a systemic issue rather than treating individual incidents in isolation. Ellen Pence, a sociologist and domestic violence activist, was central in developing this framework, focusing on coordinated system responses, survivor safety, and holding individuals who use violence accountable. The Duluth Model remains one of the most influential and widely used approaches to addressing intimate partner violence. It has significantly shaped the evolution of abuse intervention programs nationwide.

Today, the Family Violence Act instructs courts to order participation in an FVIP when sentencing a defendant for a family violence offense. This requirement also applies when revoking probation for a qualifying offense or issuing a protective order involving family violence. If a court does not order FVIP in these cases, it must clearly state on the record why the program is not appropriate. **O.C.G.A. § 19-13-16(a)**. This statutory requirement reinforces that FVIPs should not be treated as optional interventions for IPV.

While maintaining a strong focus on individual accountability and victim safety, FVIPs reflect a broader policy approach to addressing abuse, particularly between intimate partners. These programs connect courts, probation, law enforcement, and social service agencies to provide a coordinated response.



3.3 ACCOUNTABILITY AND EDUCATION INTERVENTIONS IN PROGRAMS THAT CONFRONT HARM

FVIPs are carefully designed as educational and accountability-based interventions rather than therapeutic services. Their primary purpose is to promote accountability by confronting the beliefs, attitudes, and choices that enabled abusive conduct. Unlike counseling or clinical treatment, FVIPs neither diagnose nor treat mental health conditions. Instead, they provide structured education in a group setting focused on personal responsibility, the impact of violence, and the development of non-violent relationship skills.

FVIPs must use a GCFV-approved curriculum that focuses on the dynamics of power and control in abusive relationships, the effects of violence between intimate partners, and the importance of accountability. Using discussion, structured exercises, and guided group dialogue, program participants are challenged to self-reflect and take ownership of their abusive behavior. These behaviors include minimizing and denying the victims' experiences and unfairly blaming the victim. Approved FVIP curricula must reinforce the reality that using abusive behavior is a choice and meaningful change requires, first, taking accountability for the harm the participant has caused.

Although FVIPs focus on personal responsibility for behavior and decision-making, they operate in an educational group setting rather than a therapeutic setting.

Participants have the opportunity to examine harmful beliefs related to entitlement, control, and jealousy, as well as identify high-risk thoughts and situations that can contribute to abusive behavior. This is education rather than therapy, centered on learning and practicing non-violent and respectful ways to respond.

If someone enrolling in an FVIP presents with mental health concerns, substance use disorders, or trauma-related issues that require clinical intervention, the FVIP is required to notify the court or referral source and can provide referrals to licensed professionals rather than attempting to deliver those services within the FVIP setting.

FVIPs are delivered in a structured group format, intended to reinforce accountability and discourage collusion. A group setting provides opportunities for participants to reflect on their behavior, hear feedback, and recognize abusive patterns in others that they have exhibited in their own relationships. Facilitators are trained to maintain the program's educational focus and to guide conversations away from areas or techniques modeling therapy, such as couples

counseling, working through past trauma, or individual mental health treatment. Georgia's standards clearly state that FVIPs are different from anger management classes, couples counseling, or therapy. They are not to provide treatment or mental health services.

This educational model works with Georgia's broader CCR approach to family violence. The majority of participants have been court-ordered to attend. As a result, FVIPs' goals are closely tied to public safety. However, FVIPs also serve as a critical component of efforts to promote safer communities, and can be a vital source for referrals to licensed professionals to address participants' therapeutic needs. This helps create a more holistic approach to intervention, improving the likelihood of sustained behavioral change.

3.4 ANGER MANAGEMENT IS NOT AN APPROPRIATE INTERVENTION FOR IPV

Prior to Georgia establishing standardized FVIP requirements, individuals who used violence in intimate partner relationships were referred to "anger management" classes. However, anger management has always been conceptually different from FVIPs. Anger management focuses on emotional regulation, while FVIPs are designed to address patterns of power, control, and accountability in intimate partner violence.

Understanding the fundamental differences between FVIP and anger management is essential for responsible and effective judicial and community decision-making. As Georgia developed formal standards (particularly in the late 1990s and early 2000s), the distinction became clearer. The state then legislated a shift from using anger management for domestic violence offenders to requiring certified FVIPs, emphasizing that anger management alone is neither appropriate nor sufficient for intimate partner violence. As Georgia strengthened its coordinated community response to family violence, concerns about inconsistency, victim safety, and reliability of FVIPs led to the development of a more formalized and standardized system for these programs.

Anger management is not an appropriate intervention for IPV because the underlying causes and dynamics of IPV are not rooted in anger or impulse control issues.

State-certified FVIPs use curricula designed specifically to address these dynamics. The programs focus on challenging the beliefs, entitlement, and learned behaviors that reinforce abusive conduct. Abuse is exhibited by many tactics, such as intimidation, threats, isolation, emotional and psychological manipulation, economic control, physical violence,

and sexual abuse. IPV is rooted in a pattern of intentional behaviors to gain power and control over another person.

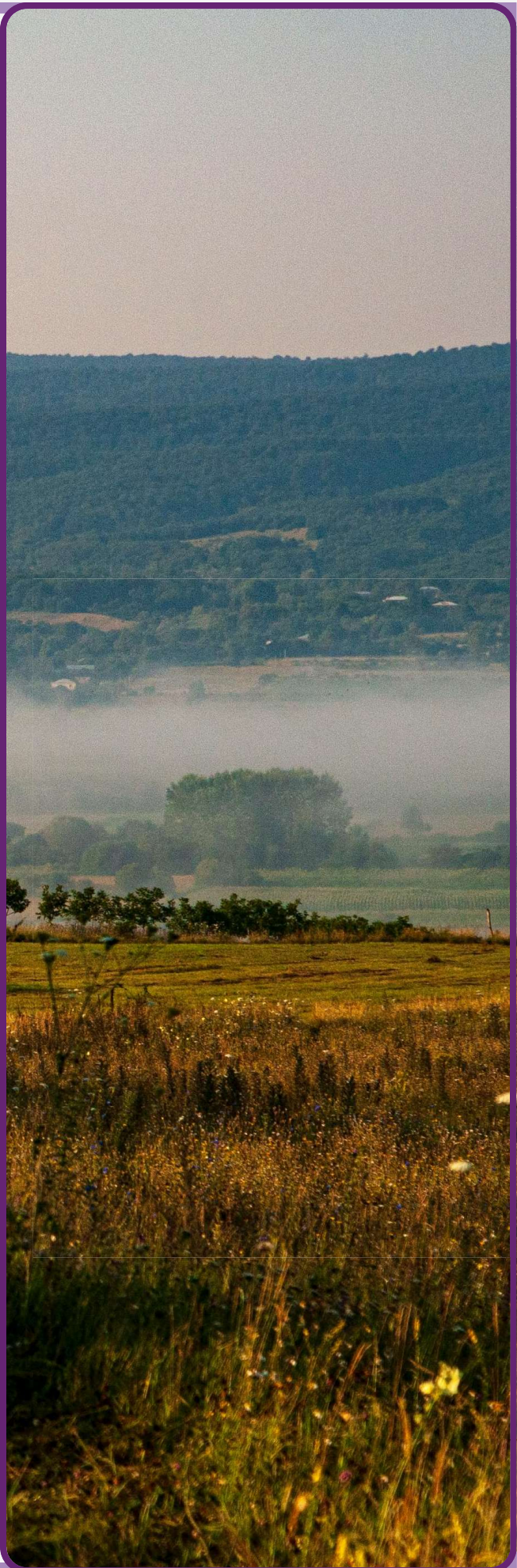
State-certified FVIPs use curricula designed specifically to address these dynamics. The programs focus on challenging the beliefs, entitlement, and learned behaviors that reinforce abusive conduct. Abuse is exhibited by many tactics, such as intimidation, threats, isolation, emotional and psychological manipulation, economic control, physical violence, and sexual abuse. IPV is rooted in a pattern of intentional behaviors to gain power and control over another person.

On its face, a person who harms an intimate partner may appear to have anger issues. IPV and situational, anger impulse-driven outbursts can look the same. However, the distinction lies in the underlying beliefs and motivations that drive a person who abuses an intimate partner or family member.

Georgia's statutory framework and FVIP certification standards further distinguish FVIPs from anger management by defining FVIPs as power-and-control-based interventions for family violence offenders, rather than emotion-regulation programs focused on anger reduction.

Anger management programs are designed to help individuals control their emotions and appropriately respond to stress or stimuli. But these programs do not address the underlying beliefs, sense of entitlement, and coercive patterns of behavior that define abusive relationships. For abusive intimate partners, an appropriate intervention challenges and holds accountable the person's choice to engage in selective use of coercion and abuse within the relationship.

Treating IPV and anger-driven behavior as synonymous leads to inappropriate court referrals and weakens CCR efforts. Further, equating FVIP's goals with anger management minimizes the seriousness of abuse (e.g., escalation and lethality risk), misidentifies the root causes, de-prioritizes accountability, and increases potential for harm to the victim or future partners. Anger management does not address ongoing coercive behaviors. In contrast, FVIPs are specifically designed to address the root causes of abusive behavior, challenge power and control dynamics, and promote accountability. This is what makes it the appropriate intervention for IPV.



3.5 GOALS, OBJECTIVES, AND CHALLENGES IN GEORGIA FVIPs

FVIPs serve several core purposes: reducing repeat violence, protecting victims, promoting offender accountability, and supporting the development of healthy, nonviolent relationships. Their primary function is to hold individuals who use violence accountable while keeping victim safety central to intervention efforts. FVIPs work closely within a coordinated community response framework to promote compliance and reduce harm to survivors. These programs reinforce that abuse is unacceptable and that the legal system plays a vital role in promoting family and community safety.

Another goal of FVIPs is to become an integral part of the local CCR.

Ongoing collaboration with law enforcement, courts, probation, victim advocates, and social service agencies, combined with the education model, supports the broader intervention approach.

FVIP providers are expected to adhere to established professional standards in interactions with participants, including ethical and trauma-informed practices, and to consult with victim advocates to

ensure program activities are safe and effective. Through this coordinated approach, FVIPs can be more effective at achieving the core goals.

Judges play a key role in advancing FVIP goals. The authority to order participation is established in several statutes and is essential to the overarching framework. Under **O.C.G.A. § 19-13-16**, courts must order defendants to attend FVIP classes when sentenced for a family violence offense. This requirement also applies when probation is revoked for such an offense or when a protective order is issued. If a judge does not order attendance, the reason must be stated in the court's order. In addition, O.C.G.A. § 42-8-35.6 authorizes courts to require FVIP participation as a condition of probation, and O.C.G.A. § 19-9-7 allows judges in child custody or visitation cases to require attendance at a certified FVIP when family violence is involved. Together, these laws provide clear guidance and authority for judges to order FVIP participation in both criminal and civil contexts.

FVIPs are designed to reduce future violence by helping participants understand and change the dynamics of power and control in their relationships.

The key is to help participants recognize the effects of their behavior on their victims and children and to develop nonviolent skills for managing emotions and relationships.

Intervention program curricula address multiple forms of abuse, including physical, emotional, economic, verbal, and sexual abuse. The overall objective is to promote accountability, respect, and equality in intimate and family relationships.

Abuse intervention curricula have remained largely unchanged over time. GCFV-approved curricula for men's groups include Choosing Peace, the Duluth Model, Emerge, and Men at Work. Curricula approved for women include Choosing Peace, Curriculum for Justice-Involved Women and Gender-Diverse People, and Domestic Violence Turning Points.

IPV is ever-evolving, particularly with the growing role of technology and other nonphysical conduct as tools of abuse. Programs can be more effective and relevant if curricula are updated to reflect current patterns of causing harm.

Over the past decade, IPV has become more complex and, in many cases, more lethal. While physical violence remains a serious concern, nonphysical forms of abuse have grown significantly and are often less visible yet equally harmful.

Technology-facilitated abuse now enables people who use violence to monitor, harass, and control victims through smartphones, social media, GPS tracking, artificial intelligence (AI), and smart-home devices. These tactics can persist across distances and long after separation, complicating safety planning and exposing gaps in systems not originally designed to address digital abuse, including FVIPs.

At the same time, coercive control is increasingly recognized as a central feature of domestic violence. Patterns of intimidation, isolation, financial control, threats, and ongoing domination can have devastating effects even without physical harm. However, many legal and intervention systems still assess abuse primarily by isolated incidents, visible injuries, or specific acts of violence or threats. This

Lethality risk remains a major concern, especially when firearms are involved. Access to firearms in abusive relationships significantly increases the risk of serious injury or death, yet enforcement of firearm restrictions tied to protective orders or convictions is inconsistently applied statewide.

Survivors often remain at significant risk despite court involvement, legal protections, and even supportive services. In these cases, informed judicial decision-making, strong inter-system communication, coordinated supervision, and the use of lethality risk assessments are especially important for identifying and responding to the highest-risk situations.

In recent years, circuits across Georgia have faced rising caseloads and limited resources. This strain is affecting all systems within the CCR. Much of this challenge was intensified by the COVID-19 pandemic. While virtual court proceedings and remote programming, such as virtual FVIP classes, expanded access at a much-needed time, they also created new challenges related to monitoring, accountability, and participant engagement.

Domestic violence has also become more visible within marginalized communities, including LGBTQIA+ survivors, immigrants and refugees, people with disabilities, and individuals living in rural areas. Although awareness has grown, access to culturally responsive services and specialized intervention programs remains limited. Language barriers, fear of system involvement, transportation challenges, and a lack of relatable programming continue to undermine safety and accountability for many of these survivors and families.

Separation is now widely recognized as a period of heightened risk for survivors and their families. Abuse escalation is common after a relationship ends and can include stalking, harassment, threats, and intimidation. It also appears in the abuse of court processes in cases involving divorce, child support, custody, or visitation. Individuals who use violence may continue to exert control through repeated legal actions or manipulation of family court systems. This places additional pressure on judicial decision-making and underscores the need for informed risk assessment at any stage, especially after the relationship has ended.

3.6 IPV-FOCUSED FVIP CURRICULA AND CHALLENGES IN NON-IPV APPLICATION

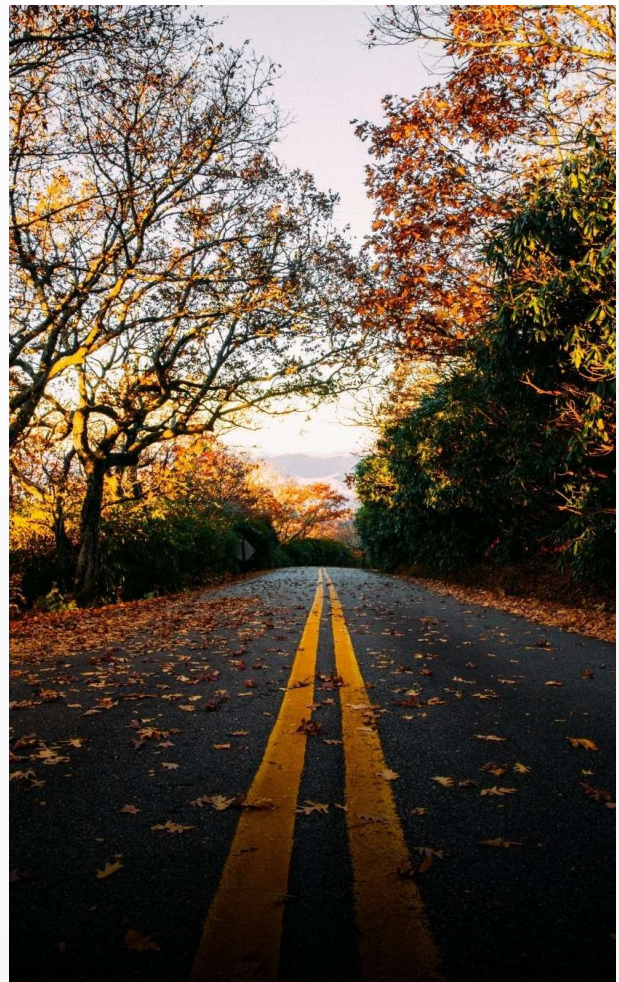
FVIPs in Georgia are designed to deliver structured curricula addressing the dynamics of IPV. Guided by standards from GCFV, programs use evidence-informed content focused on power and control, changing beliefs that support abuse, and the impact of violence on intimate partners. These models emphasize patterns commonly seen in intimate relationships, including jealousy, control, and coercion.

While most referrals to FVIPs involve IPV cases, programs also receive referrals for non-IPV family relationships. Although power and control dynamics can exist across forms of family violence, the dynamics of intimate partner relationships differ from those in other contexts, such as parent-child conflict. As a result, facilitators must apply curricula designed for intimate partner relationships to a broader range of family dynamics. This presents an ongoing challenge for providers and facilitators working to deliver effective services within a model that was not designed for every type of relationship.

It is important to note that FVIPs do not enroll participants or structure classes based on the type of relationship involved in the offense. Instead, facilitators adjust their

approach and adapt intervention strategies in real time to meet the needs of non-IPV participants who are required to attend FVIPs across a range of household contexts.

Currently, there is no national intervention model designed specifically for non-IPV cases. State-approved FVIP curricula focus on IPV and do not address the distinct dynamics of other family relationships. Despite this ongoing challenge, the goal remains to promote safer families and communities and reduce the risk of continued harm within the family system.



3.7 FVIP AND THE VICTIM LIAISON RELATIONSHIP

A key component of the FVIP model is the relationship between the program and the victim liaison. Under Georgia Rule 105-3-.03, a victim liaison is a victim advocate affiliated with a Criminal Justice Coordinating Council (CJCC)-certified domestic violence program, a Commission-approved community-based domestic violence organization that primarily serves victims of domestic violence, or an experienced victim advocate employed or contracted by the FVIP. The liaison must complete Commission-approved domestic violence training and have the experience necessary to monitor the victim's safety throughout a participant's enrollment.

The victim liaison's primary role is to help protect victims, explain the FVIP process, and communicate safety concerns to courts, law enforcement, probation officers, and FVIP staff. This partnership is designed to enhance victim safety, strengthen judicial accountability, and provide facilitators with critical information to address offender behavior effectively while safeguarding survivor confidentiality and safety.

When functioning as intended, the FVIP-Liaison relationship strengthens programs' ability to navigate safety and legal issues.

As a result, some programs may lack essential survivor-informed perspectives, which are crucial for ensuring offender accountability and creating safety plans for victims.

Unlike FVIP facilitators, who are certified and monitored by GCFV, victim liaisons operate under contract with the FVIP. Currently, there is no mechanism in place to monitor whether liaisons are meeting their contractual obligations or fulfilling their duties effectively.

GCFV remains dedicated to enhancing this collaboration by examining models from other states, identifying best practices, and providing training for both FVIP facilitators and victim liaisons.

To address these issues, GCFV is developing a revised approach to the role of victim liaisons. The newly revised FVIP rules, enacted in early 2026, allow programs to hire part-time domestic violence advocates as liaisons through the FVIP provider. However, the advocate must have experience or affiliation with a certified domestic violence agency. This shift aims to standardize liaison responsibilities, clarify role boundaries, and improve consistency across programs.

3.8 STRUCTURE, ADMINISTRATION, AND OUTCOMES OF GEORGIA FVIPs

The Georgia Department of Community Supervision (DCS) and the Georgia Commission on Family Violence establish the regulations governing FVIPs. These policies must be adhered to unless an alternative is approved by the Commissioner of DCS or a designated representative. GCFV certifies and monitors all FVIPs operating in the state.

FVIPs are designed to stimulate consistent engagement, encouraging participants to reflect on their behavior patterns, develop conflict-resolution skills, and accept accountability.

Enrollment can be court-mandated or self-initiated, depending on individual circumstances. Participants must attend weekly sessions and complete the entire program to fulfill court mandates and/or probation conditions. Sessions typically range from \$25 to \$30, and FVIPs must offer a sliding fee scale for low-income participants. The maximum allowable charge is \$60 per session.

Programs in Georgia are primarily conducted in person, although virtual options are permissible under the 2026 FVIP rule revision—a significant shift from the previous position. The prior regulations first allowed online classes through temporary waivers granted by the DCS Board in direct response to concerns during the years of the COVID-19 pandemic.

Virtual sessions must be conducted live on an approved videoconferencing platform and adhere to the same standards as in-person classes, including facilitator-led group participation, session length, and overall program requirements. Participants must remain visible, alone, and distraction-free. Facilitators ensure others are not present during the session, including the victim or children, to foster accountability, engagement, and safety. Self-paced or pre-recorded classes are not permitted.

Success in Georgia intervention programs is measured by participant completion rates, active engagement, adherence to program rules, and a decrease in repeat incidents of family violence over time – and not based on any predictions or guarantees regarding future use of violence.

4. Baseline Analysis of FVIPs in Georgia

4.1 SURVEY METHODS

In Summer 2025, GCFV's Fatality Review Project team developed two surveys to conduct an initial evaluation of FVIPs. One survey focused on FVIP providers; the other, on FVIP facilitators. Both surveys included questions about certification, program delivery, coordination with victim liaisons, and beliefs about program effectiveness. The FVIP facilitator survey also asked about participant engagement, and the provider survey asked about program improvements.

In Fall 2025, all state-certified FVIP providers and facilitators received invitations to complete the surveys online based on their roles. Three reminder emails were sent over a one-month data collection period. Twenty-nine (29) surveys were completed by providers, and 56 by facilitators, for a 40.27% response rate among providers and a 51.85% response rate among facilitators statewide (Figures 1 and 2 below). The data were analyzed in Excel using descriptive statistics.

Figure 1: FVIP Provider Response Rate

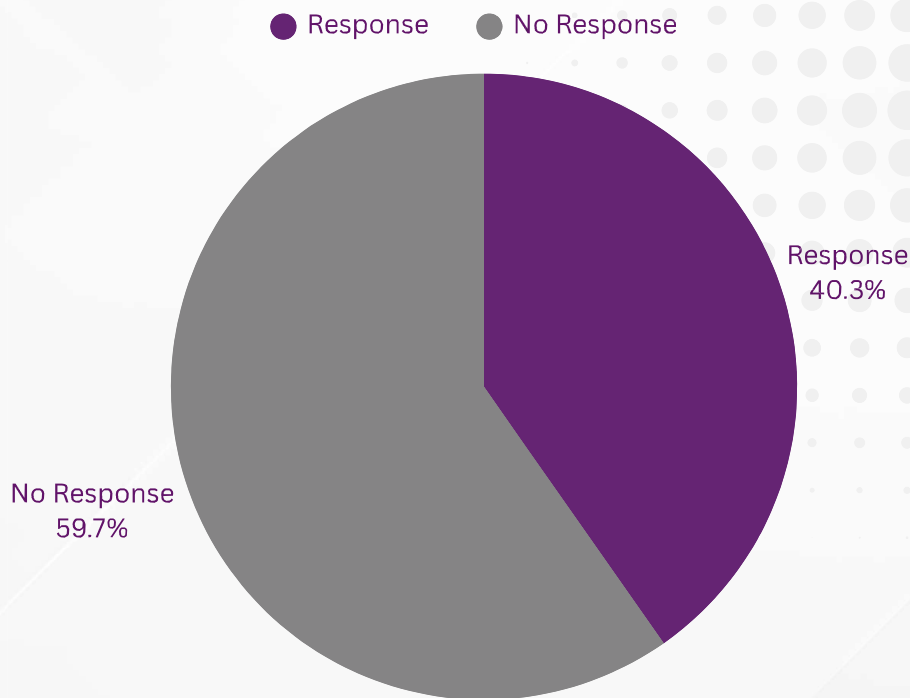
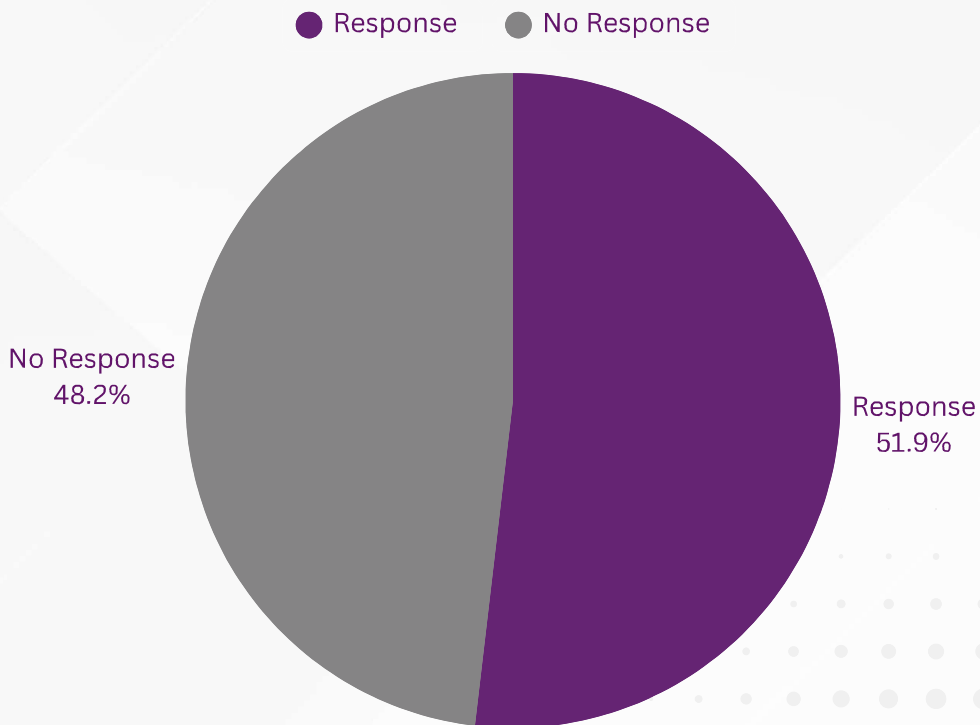


Figure 2: FVIP Facilitator Response Rate



4.2 INTERVENTION PROGRAM CURRICULA AND DELIVERY METHODS

The surveys administered to Georgia-certified FVIP Providers asked which intervention program curriculum is used in their men's and women's classes. The curriculum used by programs must have been reviewed and approved by GCFV before use.

Providers stated that the most frequently used curricula for male FVIP participants were The Duluth Model (53%), Men at Work (39%), and Choosing Peace (31%); The most frequently used curricula for female FVIP participants were: Turning Points (61%), Choosing Peace (22%), and Curriculum for Justice-Involved Women and Gender-Diverse People (6%). Features and strengths of these curricula included strong structure and organization, a focus on trauma-informed care, the use of group exercises, and an evidence-based approach. Table 1 presents a chart of the commonly used men's curricula's approaches to the identified key elements.

Table 1. Elements of Three Commonly Used FVIP Curricula for Men

CURRICULUM ELEMENT	THE DULUTH MODEL	MEN AT WORK: BUILDING SAFE COMMUNITIES	CHOOSING PEACE FOR MEN: FVIP
Program Orientation	Dialogical discussions with participants exploring their socially constructed identity that leads them to abuse; Offers alternatives based on the lived experience of victims.	Informational meeting and application interview framing violence against women as a social and community issue; Establishes expectations for accountability.	Focuses on program expectations, personal responsibility, and commitment to behavior change using Choice Theory principles.
Defining Domestic Violence	Violence is defined as using coercion and force to gain dominance over an intimate partner; See tactics on the Power and Control Wheel.	Violence defined as coercive control rooted in dominance, entitlement, and fear; Includes physical, sexual, emotional, and economic abuse.	Domestic and intimate partner violence defined as behaviors choices used ineffectively to meet needs; Emphasis on ownership of behavior.
Power and Control	Power and control are a result of the tactics they use to dominate their intimate partner. It may not be what the men seek but it's what they get using tactics on the Power and Control Wheel.	Power and control are central organizing concepts; Curriculum examines tactics men use to dominate women and how these tactics are socially reinforced.	Power conceptualized as a basic human need; Focus is on recognizing misuse of power and developing non-threatening attitudes and behaviors.

Table 1 Continued

CURRICULUM ELEMENT	THE DULUTH MODEL	MEN AT WORK: BUILDING SAFE COMMUNITIES	CHOOSING PEACE FOR MEN: FVIP
Gender Socialization/ Patriarchy	Examines the beliefs from social learning that support the notion of male superiority in relation to their female partners.	Explicit examination of patriarchy, male privilege, and gender socialization across individual, community, and institutional levels.	Implicitly addressed through exploration of beliefs, cognitive distortions, and learned behaviors rather than explicit analysis.
Sexual Violence	Explored through dialogue that contrasts intimacy, sexual respect, and trust with force and dominance in relation to sexual relations with an intimate partner.	Dedicates multi-session unit defining male sexual violence, consent, entitlement, and the social norms that support sexual coercion.	Addressed indirectly through empathy building, trauma education, and cognitive restructuring rather than a standalone module.
Pornography	The objectifying nature of pornography is exposed in dialogue in relation to sexual violence and sexual respect.	Standalone unit analyzing pornography as a form of sexual objectification and abuse that reinforces inequality and entitlement.	Discussed as part of belief systems and thinking errors that support disrespectful or controlling behavior.
Stalking	Typically discussed within the tactics of isolation, coercion, intimidation, and privilege, but could come up during any discussion on the Power and Control Wheel.	Dedicated unit defining stalking as a high-risk control tactic; Emphasizes victim safety and coordinated community accountability.	Discussed within broader power, control, and safety conversations rather than as a separate instructional unit.

Table 1 Continued

CURRICULUM ELEMENT	THE DULUTH MODEL	MEN AT WORK: BUILDING SAFE COMMUNITIES	CHOOSING PEACE FOR MEN: FVIP
Accountability Practices	Uses Control Logs to expose the beliefs that support abusive behavior and links those beliefs to actions, intents, and effects.	Structured accountability through New Man Check-Ins, Weekly Check-Ins, peer feedback, and community accountability expectations.	Accountability emphasized through acceptance of responsibility for total behavior and development of relapse-prevention plans.
Cognitive Restructuring	Uses Control and Equality Logs to help men see how their beliefs lead to abuse and what alternatives would lead to an equal and caring relationship.	Challenges beliefs of entitlement and dominance through discussion of social norms and power structures.	Explicit focus on identifying cognitive distortions and replacing ineffective thinking with responsible, non-violent alternatives.
Emotional Regulation	No focus specifically on emotional regulation, but rather focuses on the beliefs that create the emotion in the first place.	Emotions explored in relation to control and entitlement; less emphasis on standalone emotional skills training.	Dedicated instruction on emotions, anger as a feeling, coping skills, and affect regulation strategies.
Trauma and Victim Impact	Based on the lived experience of victims by organizing the topics with the Power and Control Wheel and the Equality Wheel – both of which were developed with victims of battering.	Focuses on the impact of violence on women and children, emphasizing accountability rather than trauma processing.	Dedicated Trauma and Empathy for Victims module examining trauma responses and building victim empathy.

Table 1 Continued

CURRICULUM ELEMENT	THE DULUTH MODEL	MEN AT WORK: BUILDING SAFE COMMUNITIES	CHOOSING PEACE FOR MEN: FVIP
Parenting	Focuses on fathering rather than typical skills-based parenting. Fathering focuses on the beliefs learned about what a father is, gets to do, and where it leads. Alternative, nonviolent fathering beliefs and outcomes are contrasted.	Addresses the effects of male violence on children and the role of fathers in reinforcing or interrupting harm.	Dedicated parenting modules, including trauma informed parenting and the impact of IPV on children.
Communication Skills	Communication skills are not taught directly. Communication examples are examined on both the Equality and Control Logs.	Teaches conscious communication within a framework of equality, accountability, and respect.	Provides structured assertiveness training and non-threatening communication skills.
Problem Solving	The Equality and Control Logs teach critical thinking (what am I doing, why, what is my belief, and how does it impact me, partner, and kids)?	Emphasizes collective and community-based responses to violence and injustice.	Provides step-by-step individual problem-solving models and practice exercises.
Relapse Prevention	Continued abusive behavior framed within the notion that as long as the participant minimizes, denies, or blames his struggle on others, he cannot change.	Relapse framed as a failure of accountability within individual and community systems.	Explicit lapse and relapse prevention framework with identification of risk factors and coping strategies.

Table 1 Continued

CURRICULUM ELEMENT	THE DULUTH MODEL	MEN AT WORK: BUILDING SAFE COMMUNITIES	CHOOSING PEACE FOR MEN: FVIP
Stress Management	Not addressed as a standalone.	Not addressed as a standalone curriculum element.	Dedicated stress management and relaxation training modules.
Community Engagement	No formal expectations for community-based engagement, except for culturally specific programming.	Requires justice-making and community projects to repair harm and promote cultural change.	No formal requirement for community based projects; focus remains on individual behavior change.
Program Conclusion	Emphasizes what most participants want in their lives from their relationship: love, commitment, and trust. Asking the question, what are you doing that erodes these in your relationship, and what could you do to build these with a partner. Most of this work is done through the dialogue around Control and Equality Logs.	Emphasizes ongoing accountability, cultural change, and community responsibility.	Week 24 review integrates skills learned and reinforces long-term personal responsibility.

Just over half (51%) of FVIP providers and even more (61%) of FVIP facilitators felt that their chosen FVIP curriculum needed improvement, with some facilitators noting the need for updates to address current issues (e.g., technology-facilitated abuse) and the lack of culturally specific content and modern, practical coping strategies. Both facilitators and providers noted the need for curriculum updates and for customized curricula for culturally specific groups and LGBTQIA+ populations.

Despite these identified needs, 67% of providers and 62% of facilitators believed their current curriculum meets the needs of FVIP participants, while 20% of providers and 24% of facilitators did not.

Nearly three-quarters (73%) of providers and 75% of facilitators agreed that the 24-week, 90-minute session format was appropriate for achieving FVIP goals.

Figure 3: FVIP Provider Agreement on Curriculum Meeting Participant Needs

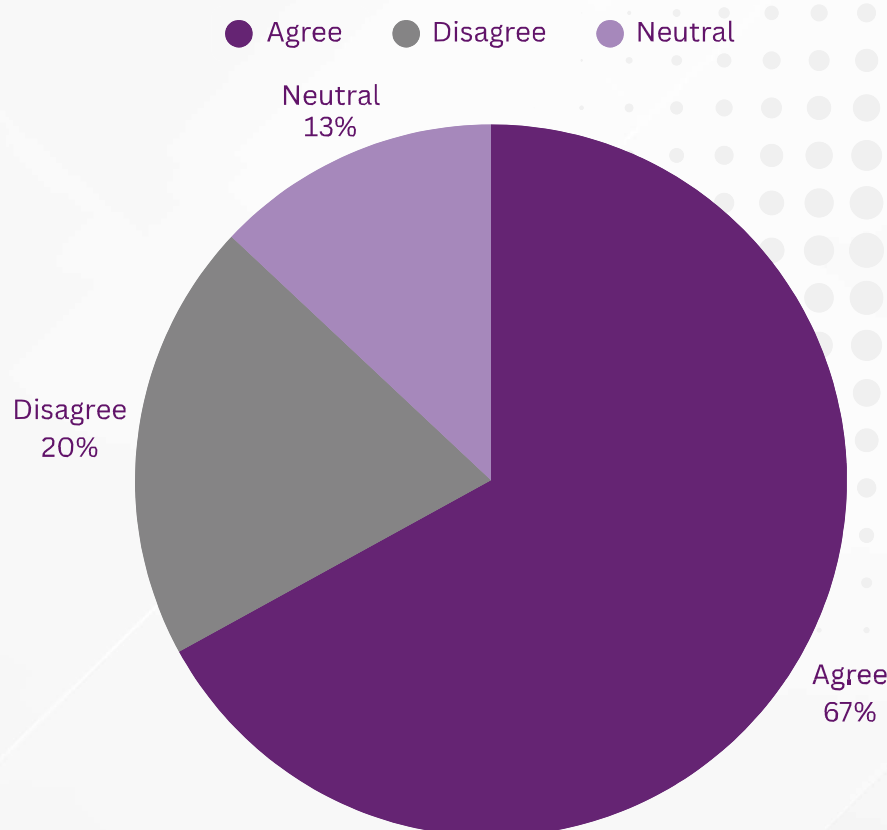
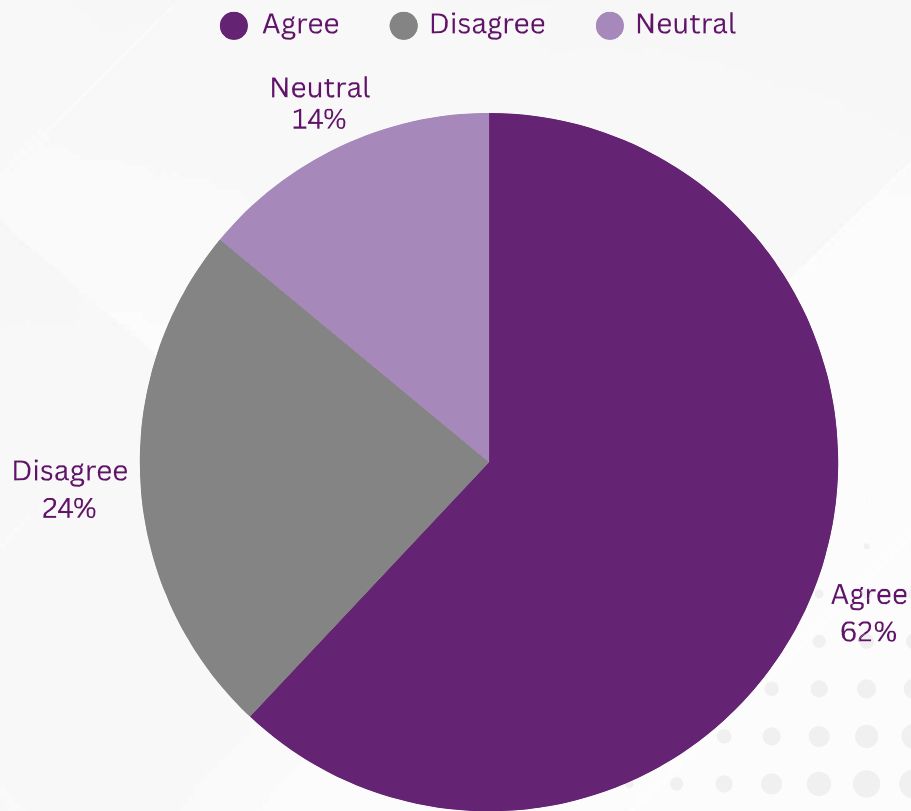


Figure 4: FVIP Facilitator Agreement on Curriculum Meeting Participant Needs



One facilitator highlighted the challenges with participants coming from different types of relationships who are ordered to FVIPs due to the definition of family violence under Georgia law,

“

I think everyone should not be assigned to the same program and standards. The curriculum for the most part focuses on partner violence, but we see people for violence between parents and children, children and grandparents, and so many other dynamics. I feel like there should be levels to FVIP. Some people, due to the gravity of their situation, should be in there longer than others.

”

4.3 FVIP STRENGTHS AND GAPS

The majority of providers (75%) and facilitators (85%) believed that these programs are effective in addressing the root causes of violent behavior. Additionally, 80% of providers and 86% of facilitators feel that FVIPs are successful in reducing the likelihood of future intimate partner violence.

Facilitators, in particular, observed FVIP participants taking accountability for their behavior, with 95% reporting meaningful changes in participants' attitudes over time. They observed that,

“

...setting clear expectations from the start, maintaining consistent boundaries, and addressing issues like collusion or lateness immediately and respectfully are most effective. Using interactive discussions, real-life examples, and personalized feedback keeps participants engaged, while regular check-ins and progress tracking promote accountability throughout the program.

”

Importantly, facilitators frequently observed participant collusion within FVIP sessions; 74% observed collusion at least sometimes. Related, one facilitator described participant resistance as their most significant challenge,

“

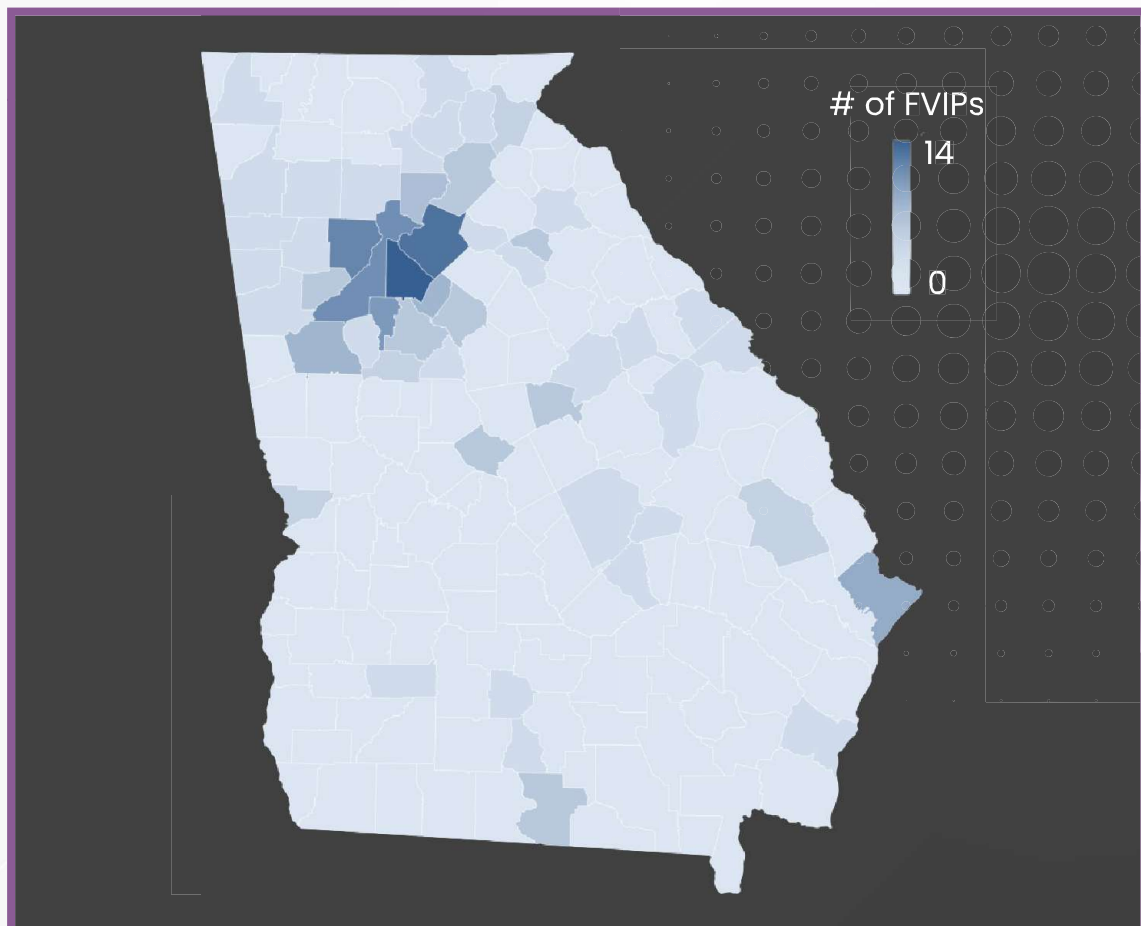
Managing participant resistance—especially from individuals who minimize their behavior, shift blame, or show little motivation to change—while still keeping the group safe, productive, and compliant with program standards. Balancing accountability with empathy can be emotionally taxing and requires constant vigilance.

”

Several geographic accessibility gaps were identified as barriers to FVIP engagement and participation (See Figure 5). Many (29%) FVIP providers offer services virtually. Offering classes online makes programs accessible statewide. The main accessibility issues mentioned by FVIP facilitators, beyond geographic, were: lack of language access (e.g., limited interpretation and translation services) (15%), scheduling conflicts (e.g., few or no evening or weekend options for classes) (15%), and affordability (13%). Other issues included: limited literacy (12%), limited access to transportation (11%), child care (11%), and limited internet access (10%).

Financial and economic factors were identified as significant predictors of participants' completion of the 24-week program. Among FVIP providers, 44% believed there were systemic barriers that impact the delivery or effectiveness of FVIPs. Facilitators noted other systemic issues, such as challenges with timely communication and information sharing between FVIPs and victim liaisons.

Figure 5: FVIP Statewide Concentration Map



4.3.1 KEY STAKEHOLDER INVOLVEMENT AND RELATIONSHIPS

The relationships between FVIPs and victim liaisons were seen as crucial by survey participants. While they agreed on the importance of this relationship, experiences with victim liaison coordination varied. Over half of FVIP providers (67%) and facilitators (56%) viewed their relationship with victim liaisons as effective. One provider shared their positive experience,

“

We have great communication with our victim liaison and see each other at multidisciplinary team meetings, DV task force meetings, and have weekly email contact. If someone is having challenges, go see your contact and get to know each other.

”

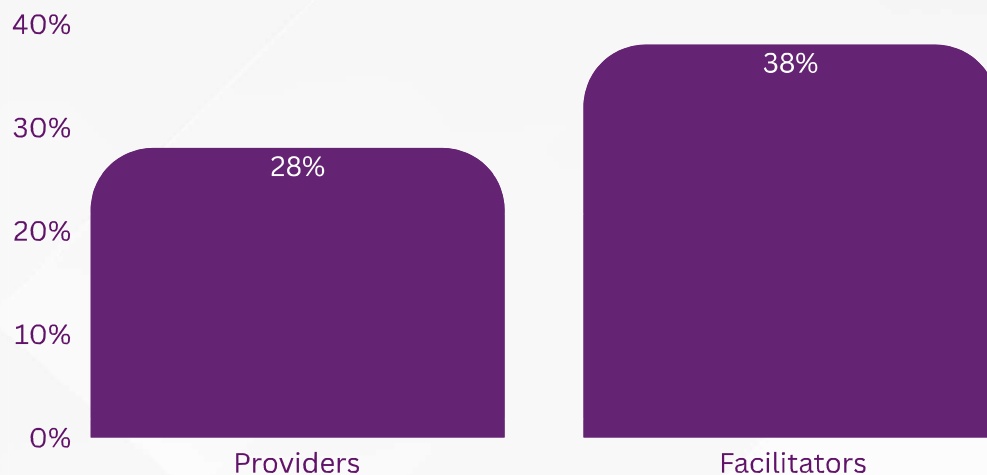
However, 18% of providers and 21% of facilitators disagreed. Also, 28% of providers and 38% of facilitators stated that coordinating with victim liaisons is a major challenge in their work (Figure 6 below). As expressed by one facilitator,

“

There does not appear to be consistent and known ways that communication [between FVIPs and DV advocates] is supposed to occur. We send the forms we should, but never receive any response.

”

Figure 6: Reported Challenges Coordinating with Victim Liaisons



Forty-one percent (41%) of facilitators said they rarely (30%) or never (11%) coordinate with a victim liaison. Major barriers to effective victim liaison coordination included: difficulty knowing whom to contact (33%); lack of communications protocol (14%); turnover at domestic violence programs (12%); lack of consistent contact with victims (12%); and inability to hold victim liaisons accountable to their contracted duties (12%). While some facilitators reported productive relationships with victim liaisons, experiences were varied.

Facilitators reported that communication with victim liaisons was often poor or inconsistent. They indicated that important information was not being shared effectively and that

some victim liaisons lacked sufficient understanding of and accountability to GCFV regulatory requirements.

To address these concerns, facilitators recommended training for victim liaisons on the GCFV regulatory framework, periodic joint meetings between FVIP staff and victim liaisons, and the development of a standardized communication protocol.

Providers raised similar concerns, noting that victim liaisons may have access to victim-related information not available to FVIPs, yet necessary for effective intervention. As an alternative, some suggested that courts, probation officers, or bonding companies could provide FVIPs with relevant case information, including police reports, to improve information sharing.

Under GCFV guidelines for FVIP victim contact and victim liaison procedures, victim safety is the highest priority in all communication between providers or facilitators and victim liaisons.

Liaisons may share general information with providers or facilitators, provided safety remains the primary consideration. Due to confidentiality requirements, specific information that may be used by an FVIP can only be shared with the victim's written consent. If written consent is unavailable, a three-way call among the victim, the victim liaison, and the facilitator may be arranged, provided safety planning has been completed in advance. During that call, the victim determines what information may be shared.

Providers acknowledged the importance of confidentiality and victim safety and indicated that these concerns could be addressed through stronger communication and clearer information-sharing procedures.

Survey respondents also identified judges and the broader court system as critical to the effectiveness of FVIPs. Facilitators noted that some judges do not consistently support FVIPs and may refer offenders to anger management courses instead.

Several facilitators observed that completion of the 24-week program often depends on the degree of importance probation officers, prosecutors, and superior court judges place on it. Participants similarly identified consistent enforcement of sentence or bond conditions, along with regular compliance check-ins, as key factors in increasing completion rates.

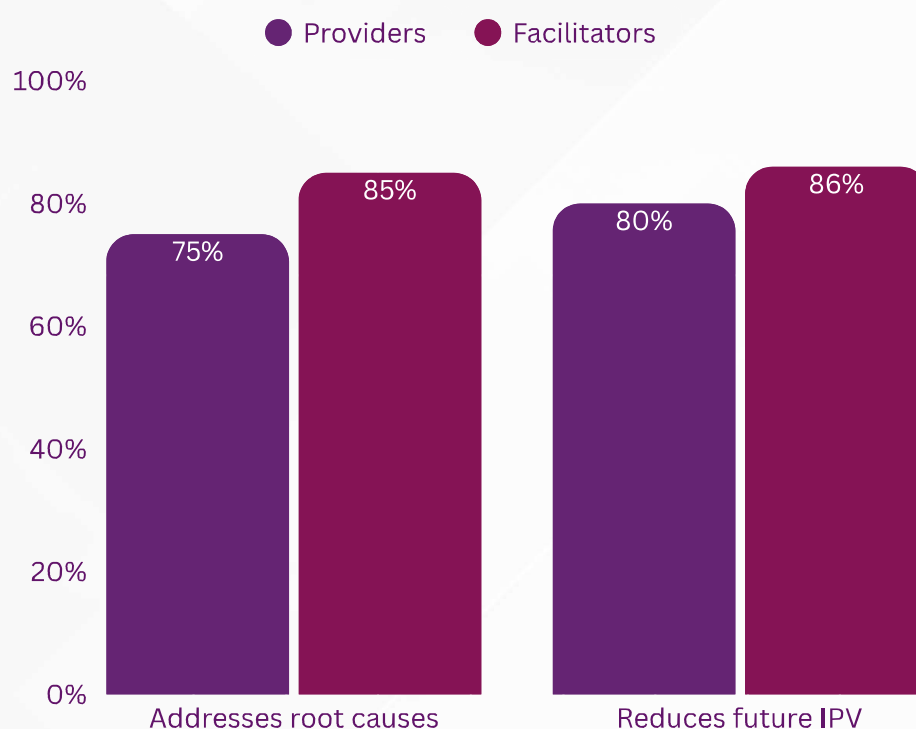
Accountability within the justice system was described as a primary motivator for participant compliance. Respondents specifically identified bond revocation, probation revocation, and parole revocation as important enforcement mechanisms. In civil cases, courts may also use contempt proceedings to enforce compliance with court-ordered FVIP participation.



4.3.2 PROGRAM EFFECTIVENESS

FVIP facilitators and providers had mixed opinions about FVIPs' effectiveness. Almost all facilitators (99%) and most providers (88%) agreed that FVIPs can support meaningful behavior change among participants. Most facilitators (75%) and providers (85%) believed that FVIPs **address the root causes of violence** [Figure 7 left panel]; however, 8% of facilitators and 17% of providers disagreed with this belief.

Figure 7: Provider and Facilitator Program Effectiveness Perspectives



While 86% of facilitators and 80% of providers agreed that FVIPs were effective at **reducing future intimate partner violence** [Figure 7 right panel], others were less sure; 15% of facilitators and 20% of providers either disagreed or were neutral in this belief. Similarly, while 79% of facilitators and 64% of providers believed that FVIPs were effective at reducing forms of violence other than IPV (e.g., elder abuse), a notable proportion did not; 20% of facilitators and 25% of providers either disagreed or felt neutral about whether FVIPs could reduce other forms of violence.

Facilitators considered the potential positive effect of FVIPs. One facilitator shared,

“

Witnessing genuine transformation—when a participant takes ownership of their actions, demonstrates healthier communication, and begins repairing relationships. Seeing those changes not only improves their lives but also promotes safety and healing for victims and families.

”

All facilitators observed that FVIP participants are engaged (8% sometimes, 50% often, 42% always) and take at least some responsibility for their behaviors (39% sometimes, 41% often, 20% always) during sessions.

4.3.3 QUALITATIVE METHODS

In Fall 2025, the Fatality Review Project team developed a discussion guide to assess perceptions of FVIP service strengths, service gaps, effectiveness, and key stakeholder relationships. The guide was used in both focus group discussions and in-depth interviews. All state-certified FVIP providers and facilitators were invited to participate in role-specific focus groups, and three follow-up emails were sent during the one-month data collection period. Domestic violence advocates and family violence judges were also invited to participate in separate stakeholder sessions.

Data collection included four focus groups involving 11 participants across FVIP facilitators, providers, and domestic violence advocates, as well as two in-depth interviews with judges. The data were coded and analyzed using MAXQDA qualitative analysis software. Findings from these discussions are presented below and focus on FVIP program strengths and gaps, relationships with advocates and judges, and recommendations for improvement.

4.3.4 FVIP STRENGTHS

Focus group participants described FVIPs as psychoeducational, non-therapeutic group sessions that teach skills such as communication, conflict resolution, and emotional expression, often based on the Duluth model and focused on power and control dynamics. They emphasized the importance of peer accountability within these groups, where members support and challenge each other, creating a safe space for self-reflection and emotional expression. Focus group participants also discussed the importance of creating a supportive environment for personal growth. They highlighted the value of exercises like check-ins and opportunities to reflect in encouraging change. One facilitator shared,

“

...On Class 1, I'm like, ' Why are you here? ' And then Class 24? Now, why are you here? What have you learned, and what wisdom do you want to leave with the class? **And it's a completely different story by [week] 24.**

”

The 24-week duration of FVIPs in Georgia was viewed as beneficial for fostering personal accountability. However, some believed that extending the program is necessary. Other states permit longer programs that may better facilitate lasting changes in what are likely lifelong beliefs and behaviors. High repeat-offense rates and the challenge of accountability are seen as significant barriers. Additionally, some FVIP participants do not apply the skills they learn outside of the classroom.

To address these concerns, focus group participants suggested enhancing oversight and quality control of FVIP programs. This could include regular monitoring of sessions and the adoption of updated, diverse curricula that tackle issues like participant resistance. They also recommended varying facilitator approaches to effectively engage participants during sessions.

The need for better training for judges to separate and distinguish the FVIP curriculum from that of anger management was identified. One judge shared,

“

And I can talk about some of my colleagues, I'll just say across the state...who think that, well...I'll just send him to an anger management class and be done with it, right?... **It's not about anger, it's about power and control.**

”

4.3.5 FVIP ACCESSIBILITY GAPS

Geographic accessibility and financial affordability were discussed as barriers to FVIP participation. Focus group participants expressed significant concerns about inconsistencies and a lack of commitment and community engagement from some FVIP providers based in Metropolitan areas, but who operate in non-metro regions (e.g., rural, underserved communities). Such programs were criticized for making initial contact in judicial circuits and then disappearing, leading to negative perceptions among judges and local stakeholders and a "false sense" of additional resources in under-resourced communities. There was a strong call for greater program accountability, including mandatory commitment periods of engagement for FVIPs and more rigorous oversight through unannounced visits and the submission of class schedules to a state oversight committee—something already part of existing practice under GCFV.

A domestic violence advocate shared that the majority of the counties served in their seven-county service area are rural. A lack of a local FVIP presence not only limits physical accessibility but also limits effective FVIP referrals and community engagement in the CCR efforts against domestic violence.

When discussing these geographic service issues, the advocate further shared,

“

...it also impacts people being referred...
because judges, DFCS and other
people that would say, like, hey, FVIP
exists...well, we don't even have one in
our community.

”

Similarly, cost was identified as a barrier to participation in FVIP and compliance with court orders. Some focus group participants suggested that the state should help fund participation costs, similar to practices in other states. Additionally, social factors such as low income and unemployment were also cited as obstacles to both participation and successful program completion.

Substance abuse and poor mental health among FVIP participants were mentioned as further barriers to completing the program. Focus group participants expressed a desire for these issues to be addressed prior to starting FVIP. One judge described their approach,

“

If someone is severely mentally ill or suffering from serious drug addiction or alcohol abuse, they're not ready. They're not gonna function in a class. And so, that would be an occasion where, in lieu of the 24-week FVIP program, to get them in intensive mental health or substance abuse treatment. Doesn't excuse them, but it just says that this issue...is the predominant issue that you're dealing with, and oftentimes, the victims will tell you...You've got to get the person stable first, right? The court has jurisdiction over you to monitor you and guide you, **because we want you to succeed, right?**

”

Suggestions for improvement include implementing standardized training for facilitators on how to refer clients to appropriate resources. Additionally, exploring alternative funding models used in other states, such as Vermont and Texas, could help support program funding. It is also important to enhance communication between FVIPs and victim liaisons, potentially by allowing FVIPs to hire their own advocates, which is now permitted under the newly revised rules.

Focus group participants suggested offering more flexible scheduling options for FVIP classes to help overcome barriers related to work and childcare, thus preventing delays in participation. Furthermore, establishing a centralized system or portal for information sharing between FVIPs and relevant agencies was proposed to improve efficiency and timeliness.

4.4 KEY STAKEHOLDER RELATIONSHIPS

4.4.1 VICTIM LIAISONS

The relationship between FVIPs and victim liaisons was considered crucial for victim safety and offender accountability, though the strength of the relationship varied significantly. Focus group participants saw some interactions between FVIP facilitators and victim liaisons as highly effective and communicative, while others were seen as poor, leading to a lack of information sharing and hindering the program's impact. One FVIP facilitator shared,

“

I think I was really lucky for many years working with a liaison that was hands-on, communicative...invited conversations...I think it greatly enhanced my ability to make choices about content or conversations...Now I don't have that same relationship, and I've struggled to create it, and it feels like **I'm facilitating with my eyes closed at times**...the current arrangement is not the way that I want the liaison process to be working.

”

Ineffective or inconsistent FVIP–liaison relations often lead to frustration for both parties, who feel they receive incomplete information without sufficient effort from their counterparts. The current system was described as "siloe," blocking collaboration and a holistic approach to safety and intervention.

Focus group participants had different views on the ideal structure of the FVIP and victim liaison system. Some advocated for in-house victim liaisons within FVIP agencies to improve communication and consistency, while others preferred the current model, where victim services are provided by separate agencies to maintain confidentiality for victims and also allow them to more easily access a range of support services. While FVIP providers see their roles as highly regulated, there is a perceived lack of oversight and training requirements for victim liaisons, leading to inconsistent interactions with advocates in those roles.

When the relationship functions well, it is seen as giving valuable insights that improve victim safety and FVIP processes. But when it falls short, it leaves each side with incomplete information and a sense of operating in the dark, "with eyes closed." The same facilitator shared,

“

I could tell hundreds of stories about times where I learned something from a victim liaison that completely changed how I engage with people in class.

One time, I was planning to remove someone from class because they violated the contract and heard from the liaison that the survivor was escaping out of town, and that they didn't want me to do anything differently in class to arise suspicion from the person. Like, those are the kind of things that make the liaison process invaluable when it's working well.

When it's not working well, I'm not even sure it's working.

”



Improving communication, potentially through information-sharing systems or regular meetings, was consistently identified as a key opportunity. The broader challenge of siloed operations between FVIPs and victim advocacy groups was seen as a barrier to a more collaborative and holistic approach to victim safety, violence prevention, and meaningful intervention.

4.4.2 JUDGES

Judges' understanding and application of FVIPs vary significantly. Some judges were perceived as misunderstanding the purpose and value of FVIPs, often opting for alternative interventions like anger management instead. Additionally, judges have expressed frustration with program consistency and quality, citing issues such as participants disappearing or the programs being perceived as ineffective. This has led to low confidence in FVIPs among certain judicial officials.

There were concerns that judges sometimes perceived FVIPs as a “catch-all” solution, referring individuals with severe mental health issues or violent criminal histories, who would be better suited for other interventions. Focus group participants emphasized the need for judges to receive training on the differences between FVIPs and anger management, as well as tools to assess the specific needs of individuals referred to FVIPs. Lack of understanding was seen as a barrier to appropriate referrals and as a factor that weakens the effectiveness of FVIPs. Regarding the need for ongoing judicial education, one judge noted...

“

That's extra work, it means shedding the robe, getting off the bench, and walking out of the courthouse, but so what? I think it leads to better outcomes.

”

Despite the challenges, some judges actively work to support FVIP's effectiveness by monitoring participant compliance, encouraging stakeholder communication with FVIP providers, and connecting FVIP participants with resources such as employment and mental health services. They highlighted the potential positive impact of FVIPs for individuals who complete the program, observing a shift from denial to accountability. One judge stated,

“

“It really can be transformative for those individuals who complete all 24 weeks.”

”

4.5 PERCEIVED PROGRAM EFFECTIVENESS

Focus group participants consistently highlighted accountability as a cornerstone element in the effectiveness of FVIP programs—both for participants and for the programs themselves. The value of peer support within these groups, where experienced participants mentor newer ones, was recognized as highly impactful. Many participants expressed the view that the existing 24-week program state standard is insufficient, with several advocating for extended program lengths. They referenced examples from other states and highlighted the need for more class time and supervision to effectively document changes in participants' choices and accountability. One facilitator noted that achieving meaningful change and developing the ability to apply new skills in practice requires a significant amount of time, sharing,

“

I've noticed that right when that turning point hits, it's like, it's almost the end of the program. We need more time for practice, as was mentioned. More time to build that habit.

”

A significant concern raised by focus group participants was the appropriate standard for measuring success. Some asserted that reoffense rates alone are inadequate, with some sharing personal experiences of repeat-offense rates among participants as high as 50%. Instead, they propose that success should be measured by a participant's ability to take responsibility, acknowledge their actions, and engage in reparative efforts. This approach aligns with the stages of change model. For example,

“

I look at from when they first came in, how they came in, how their answers were, what their certain responses were to certain scenarios or situations, and I look at where they are, depending on where we are in the group, if that makes sense. **So it kind of depends on what the starting point was, and what the finishing point is, or what the progress is.**

”



5. Recommendations for Strengthening Family Violence Intervention Programs

Based on survey, focus group, and interview findings, several priority areas were identified to strengthen the effectiveness, consistency, and accessibility of FVIPs across Georgia. The following recommendations are grouped by category and are intended to support victim safety, offender accountability, and coordinated community responses.

1. UPDATE AND STRENGTHEN CURRICULUM STANDARDS

[FVIP Providers, Facilitators, and Curriculum Developers]

- Update and adapt curricula to address evolving forms of IPV, including technology-facilitated abuse, culturally specific needs, LGBTQIA+ populations, and participants with diverse learning needs.
- Provide ongoing training on emerging forms of family violence, including tactics and best practices, to strengthen program responsiveness.
- Use consistent methods to measure participant engagement, learning outcomes, and skill development beyond attendance.
 - Provide outcome measures to judges and probation officers to support informed decision-making.
 - Use outcome data to evaluate program effectiveness and identify areas for improvement.

2. ADDRESS NEEDS AND BARRIERS TO PARTICIPANT ENGAGEMENT

[FVIP Providers and Facilitators]

- Implement Commission-approved intake assessments to identify participant needs and facilitate referral to therapeutic or community-based services not provided through FVIP programming.
- Screen and refer participants for mental health, substance use, housing, employment, and other needs during participation.
- Provide social supports that promote accountability and engagement.

3. ENHANCE ACCOUNTABILITY AND MOTIVATION

[Judges, Probation Officers, and FVIP Facilitators]

- Clearly communicate expectations, legal incentives, and consequences for non-compliance or non-completion.
- Reinforce participant expectations consistently across courts, probation, and programs to strengthen accountability.
- Educate participants on the impact of violence on children, families, and communities.

4. INCREASE JUDICIAL AND COMMUNITY BUY-IN

[Judges, Prosecutors, Probation Officers, Advocates and GCFV]

- Provide training for judges, prosecutors, probation officers, and advocates on the role, programming, benefits, and outcomes of FVIPs.
- Strengthen collaboration and data sharing among judges, probation, FVIP providers, and advocates to support compliance monitoring.
- Develop strategic partnerships among Family Violence Task Force members to educate community stakeholders on FVIP standards and effectiveness.

5. PROVIDE TRAINING AND SUPPORT FOR VICTIM LIAISONS

[Victim Liaisons, FVIP Facilitators, Task Force Members, and GCFV]

- Establish certification standards and clear expectations to ensure professional consistency and accountability.
- Develop training explaining FVIP's purpose, structure, and limitations.
- Facilitate regular coordination opportunities between FVIPs and advocates, including:
 - Monthly or quarterly meetings
 - Participation in Family Violence Task Forces
 - Secure information-sharing platforms

6. IMPROVE ACCESSIBILITY AND FUNDING

[Criminal Justice Partners, FVIP Providers, Stakeholders, and GCFV]

- Explore funding sources, including state grants and subsidies, to reduce reliance on participant fees.
- Expand program availability in rural and underserved areas.
- Offer flexible scheduling options to accommodate work schedules, childcare, and transportation needs.

7. SUPPORT ACCOUNTABILITY BEYOND PROGRAM COMPLETION

[FVIP Providers, Family Violence Task Forces, and Advocates]

- Implement structured guidelines for follow-up with participants, and consider extended program options or post-class completion groups.
- Reinforce skills and accountability post-completion.
- Encourage community engagement and education on the harms of IPV.

6. Conclusion

As the first analysis on FVIPs in Georgia, this report serves as a foundation for ongoing evaluation, emphasizing the importance of continued data collection and collaboration to improve Georgia's response to family violence and enhance safety and accountability statewide. This report should encourage a broader conversation among all stakeholders about program effectiveness and coordination.

Key themes from stakeholders reveal that FVIPs are generally viewed as effective interventions promoting accountability and supporting behavior change, specifically in addressing power and control dynamics in intimate partner violence. However, implementation challenges and variations across the state have persisted, including the need for updated and expanded curricula content and inconsistent practices across jurisdictions.

Systemic barriers affecting participation and completion include geographic gaps in service availability, program affordability, transportation, childcare issues, and limited access to language- or culturally specific FVIP services. Additionally, stakeholders highlighted that participant needs, such as mental health and substance use, are not always appropriately addressed, influencing

outcomes. While many consider FVIPs effective, opinions vary on how to measure success, with some advocating for broader indicators beyond reoffense rates.

A significant finding of this report is the inconsistency in coordination among system partners, with varying levels of communication and collaboration between FVIPs, victim liaisons, probation, and courts. This underscores the need for statewide guidance and improved coordination channels.

This report does not make a final judgment on effectiveness. Instead, it identifies knowledge gaps and calls for stronger standards, better data collection, improved coordination, expanded access, and clearer statewide guidance. It serves as a foundation for ongoing evaluation and system improvement.



7. Glossary

Abuse Intervention Program (AIP)

Abusive Partner Intervention Program (APIP)

Both terms are used in the same way to describe a structured program for people who have used violence or abuse in an intimate partner relationship. In Georgia, these programs are called Family Violence Intervention Programs (FVIPs) under state rules. APIP is a newer term used in some settings. It focuses on behavior and uses person-first language, such as “person who used abuse,” instead of labels like “abuser.”

Coordinated Community Response (CCR)

A collaborative approach among courts, law enforcement, service providers, and community partners to address family violence and support victim safety.

Collusion

When FVIP participants support or agree with each other in ways that excuse or minimize abusive behavior, rather than holding each other accountable.

Coercive Control

An act or pattern of acts of assault, threats, humiliation, intimidation, or other abuse used to harm, punish, or frighten a victim.

Facilitator

A trained professional who leads sessions in a FVIP. Facilitators guide participants through a curriculum designed to hold offenders accountable while promoting victim safety.

Intimate Partner Violence (IPV)

Abuse or aggression that occurs in a romantic relationship, including current or former spouses and dating partners.

Lethality Risk Assessment

A tool used by law enforcement, courts, and service providers to evaluate the risk of serious injury or death to a victim, helping guide safety planning and intervention.

LGBTQIA+

An acronym referring to individuals who identify as lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual communities, with the “+” representing other sexual orientations and gender minority identities.

Offender

A person accused of or found to have used abusive behavior against an intimate partner or family member. FVIPs may use alternative terms such as “participant” or “person who used violence” to emphasize accountability.

Participant

An individual enrolled in a Family Violence Intervention Program, usually as part of a court order following a family or intimate partner violence offense.

Power Dynamics

The imbalance of power in a relationship where one person uses control, intimidation, or coercion to dominate another.

Provider

An organization or agency delivering services to victims, survivors, or program participants, including social service agencies, medical facilities, legal aid organizations, and community-based programs.

Qualitative Data

Non-numerical data collected through focus groups or interviews that describe experiences, opinions, and feelings. It is analyzed to identify themes and deepen understanding.

Temporary Protective Order

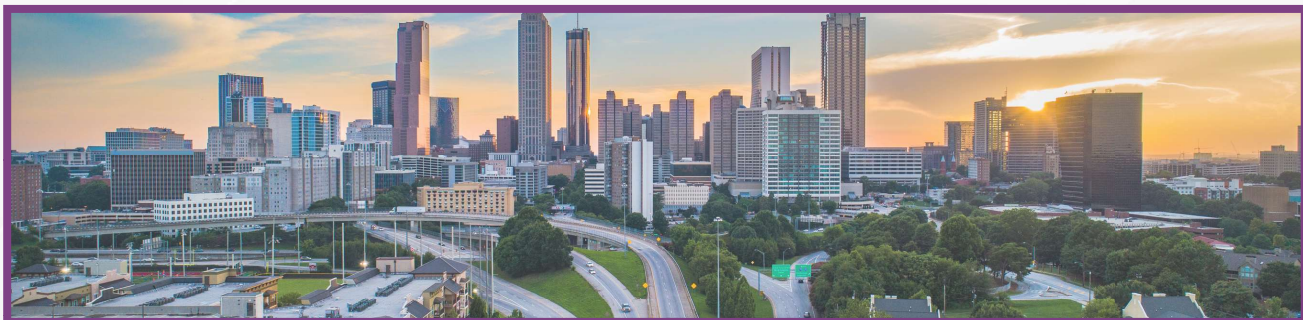
A civil court order that provides protection to a victim of family violence or stalking by restricting the respondent from harassing, stalking, or threatening the victim’s physical safety under **O.C.G.A. § 19-13-4**.

Victim Advocate

A person who assists victims or survivors in accessing resources and services, providing crisis intervention, safety planning, and support.

Victim Liaison

A victim advocate connected to a certified or Commission-approved program who has received specialized training and monitors victim safety during a participant’s enrollment in an FVIP.



8. References

Campbell, J. C., et al. (2003). Risk factors for femicide in abusive relationships. *American Journal of Public Health*, 93(7), 1089–1097.

Centers for Disease Control and Prevention. (n.d.). Risk and protective factors for intimate partner violence. <https://www.cdc.gov/intimatepartnerviolence/>

Domestic Abuse Intervention Programs. (n.d.). The Duluth Model. <https://www.theduluthmodel.org/what-is-the-duluth-model/>

National Coalition Against Domestic Violence. (n.d.). Domestic violence facts. <https://ncadv.org>

State of Georgia. (n.d.). Rule 105-3: Family Violence Intervention Program. <https://rules.sos.georgia.gov/GAC/105-3>

State of Georgia. (n.d.). Rule 125-4-9: Family Violence Intervention Program curriculum. <https://rules.sos.georgia.gov/GAC/125-4-9>

U.S. Census Bureau. (n.d.). Survey methods and data collection. <https://www.census.gov/programs-surveys/surveys-programs.html>

U.S. Department of Health and Human Services. (n.d.). Qualitative research methods overview. <https://www.hhs.gov/>

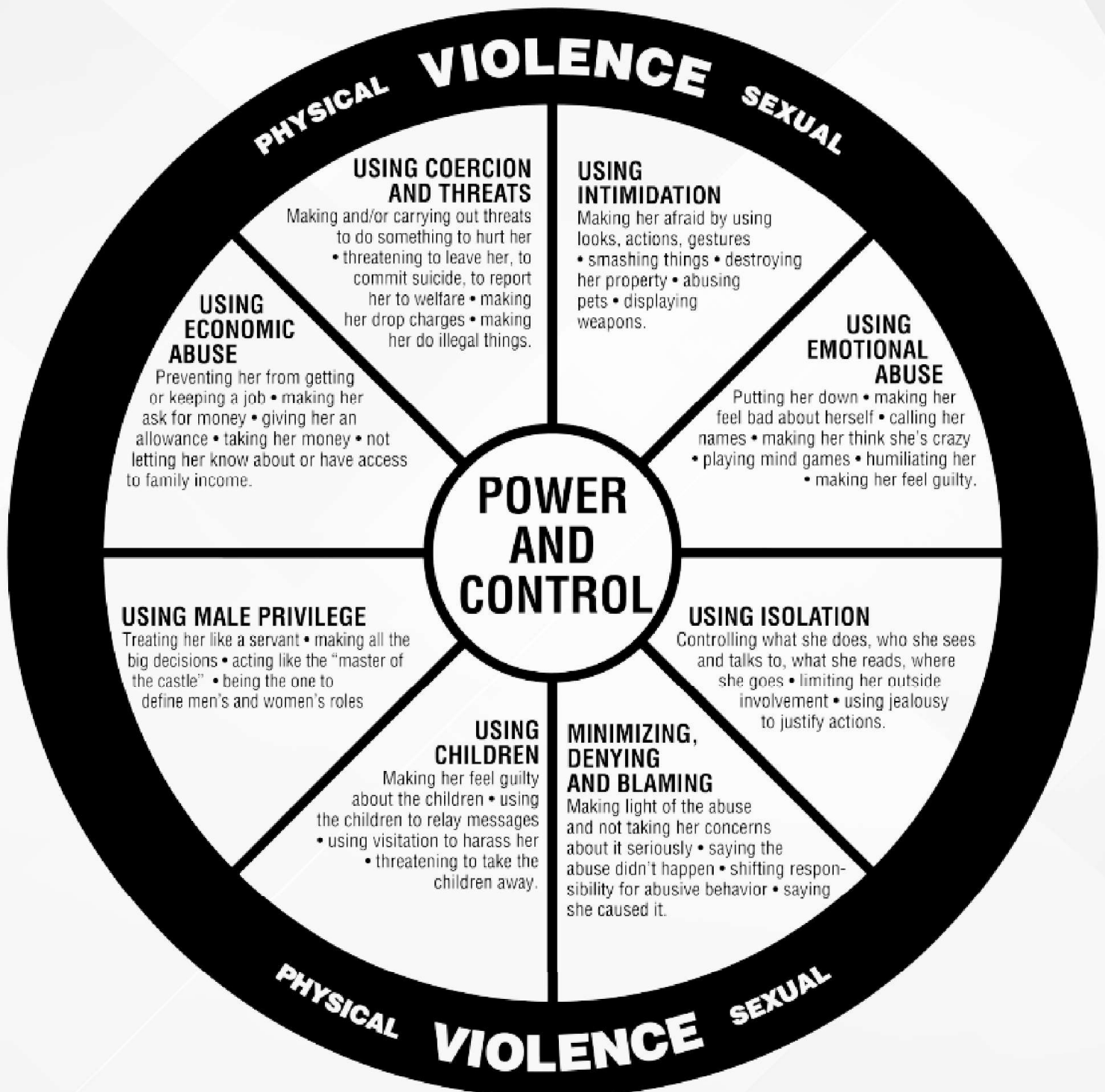
U.S. Department of Justice. (n.d.). Domestic violence overview and patterns of abuse. <https://www.justice.gov/>



9. Appendices

Appendix A

Power & Control Wheel



Appendix B

Georgia Statutes Mapped to Power and Control Wheel Dynamics

This appendix illustrates how statutes from Georgia's criminal code relate to the Power and Control Wheel. It links legal definitions to patterns of coercive, controlling, and abusive behavior in IPV cases. The aim is to foster a shared understanding across various systems and training environments. Please note that this appendix is for informational purposes only and does not constitute a legal interpretation or a comprehensive review of the law.

Duluth Category	Behavior Description	Relevant GA Criminal Statutes (Title 16)	Relevant Civil Statutes (Title 19)	Notes
Physical & Sexual Violence	Hitting, choking, forced sex	§ 16-5-20 Assault; § 16-5-21 Aggravated Assault; § 16-5-23/23.1 Battery; § 16-5-24 Aggravated Battery; § 16-6-1 Rape	§ 19-13-3, § 19-13-4 Protective Orders	Core family violence offenses
Intimidation	Threats, weapon display, actions causing fear	§ 16-5-20 Assault; § 16-11-37 Terroristic Threats; § 16-5-90/91 Stalking	§ 19-13-3, § 19-13-4 Protective Orders; § 16-5-95 Violation of Protective Order	Fear-based control often results in criminal charges

Duluth Category	Behavior Description	Relevant GA Criminal Statutes (Title 16)	Relevant Civil Statutes (Title 19)	Notes
<i>Emotional Abuse</i>	Insults, humiliation, manipulation, gaslighting	§ 16-5-90 Stalking (pattern of behavior); § 16-11-39.1 Harassing Communications	§ 19-13-3 Protective Orders (when linked to qualifying acts)	Emotional abuse is not always a standalone crime
<i>Isolation</i>	Restricting movement, limiting contact, confinement	§ 16-5-41 False Imprisonment; § 16-5-40 Kidnapping	§ 19-13-3 Protective Orders	Criminal charges apply when conduct is severe
<i>Minimizing, Denying, Blaming</i>	Shifting responsibility, denial of abuse, manipulation	—	—	No direct criminal statute; relevant to pattern identification and risk assessment
<i>Using Children</i>	Threats or harm involving children; custody manipulation	§ 16-5-70 Cruelty to Children; § 19-7-5 Interference with Custody	§ 19-13-4 Custody provisions in Protective Orders	Frequently considered in custody and safety planning

Duluth Category	Behavior Description	Relevant GA Criminal Statutes (Title 16)	Relevant Civil Statutes (Title 19)	Notes
<i>Economic Abuse</i>	Controlling money, theft, preventing work or access to resources	§ 16-8-2 Theft; § 16-8-3 Theft by Deception; § 16-5-102 Exploitation of Elder/Disabled Persons (when applicable)	§ 19-13-4 Financial relief provisions in Protective Orders	Often addressed through property and theft statutes
<i>Coercion & Threats</i>	Threats of harm, forced compliance, coercive control behaviors	§ 16-5-20 Assault; § 16-11-37 Terroristic Threats; § 16-5-90 Stalking	§ 19-13-3 Protective Orders	Often overlaps with intimidation and stalking

Appendix C **Georgia Judicial Circuits and FVIP Distribution**

This appendix provides a statewide overview of Georgia’s judicial circuits, the counties within each circuit, their corresponding judicial districts, and the number of FVIPs operating in each circuit. It is intended to illustrate the geographic distribution of FVIP availability across the state and highlight variation in program presence by jurisdiction.

Judicial Circuit	Counties	Judicial District	FVIPs
Alapaha	Atkinson, Berrien, Clinch, Cook, Lanier	2	1
Alcovy	Newton, Walton	10	4

Judicial Circuit	Counties	Judicial District	FVIPs
Appalachian	Fannin, Gilmer, Pickens	9	0
Atlanta	Fulton	5	9
Atlantic	Bryan, Liberty, McIntosh, Tattnall, Evans, Long	1	0
Augusta	Burke, Richmond	10	1
Columbia	Columbia	10	1
Bell-Forsyth	Forsyth	9	4
Blue Ridge	Cherokee	9	1
Brunswick	Appling, Camden, Glynn, Wayne, Jeff Davis	1	1
Chattahoochee	Chattahoochee, Harris, Marion, Muscogee, Talbot, Taylor	3	2
Cherokee	Bartow, Gordon	7	1
Clayton	Clayton	6	6

Judicial Circuit	Counties	Judicial District	FVIPs
Cobb	Cobb	7	10
Conasauga	Murray, Whitfield	7	1
Cordele	Dooly, Wilcox, Crisp, Ben Hill	8	0
Coweta	Carroll, Coweta, Heard, Meriwether, Troup	6	5
Dougherty	Dougherty	2	0
Douglas	Douglas	7	3
Dublin	Laurens, Johnson, Twiggs, Treutlen	8	1
Eastern	Chatham	1	6
Enotah	Towns, Union, Lumpkin, White	9	2
Flint	Henry	6	2
Griffin	Spalding, Pike, Upson, Fayette	6	4

Judicial Circuit	Counties	Judicial District	FVIPs
Gwinnett	Gwinnett	9	12
Houston	Houston	3	0
Lookout Mountain	Catoosa, Dade, Chattooga, Walker	7	0
Macon	Bibb, Crawford, Peach	3	3
Middle	Emanuel, Jefferson, Washington, Toombs, Candler	8	2
Mountain	Habersham, Rabun, Stephens	9	2
Northeastern	Hall, Dawson	9	4
Northern	Elbert, Hart, Madison, Oglethorpe, Franklin	10	1
Ocmulgee	Baldwin, Greene, Jasper, Jones, Morgan, Putnam, Wilkinson, Hancock	8	1
Oconee	Pulaski, Bleckley, Dodge, Telfair, Wheeler, Montgomery	8	0

Judicial Circuit	Counties	Judicial District	FVIPs
Ogeechee	Bulloch, Effingham, Jenkins, Screven	1	2
Pataula	Clay, Early, Miller, Quitman, Randolph, Terrell, Seminole	2	0
Paulding	Paulding	7	1
Piedmont	Barrow, Jackson, Banks	10	1
Rockdale	Rockdale	4	5
Rome	Floyd	7	1
South Georgia	Baker, Calhoun, Decatur, Grady, Mitchell	2	0
Southern	Brooks, Colquitt, Echols, Lowndes, Thomas	2	3
Southwestern	Lee, Macon, Schley, Stewart, Sumter, Webster	3	0
Stone Mountain	DeKalb	4	14

Judicial Circuit	Counties	Judicial District	FVIPs
Tallapoosa	Haralson, Polk	7	2
Tifton	Tift, Irwin, Worth, Turner	2	1
Toombs	Glascock, Lincoln, McDuffie, Taliaferro, Warren, Wilkes	10	0
Towaliga	Butts, Monroe, Lamar	6	1
Waycross	Pierce, Coffee, Charlton, Ware, Bacon, Brantley	1	0
Western	Clarke, Oconee	10	4



**Georgia
Commission on
Family
Violence**

Working Together to End Family Violence



2 MLK Jr. Dr., Suite 866 East Tower, Atlanta, GA 30334



Main: (404) 657-3412

Fax: (470) 745-0497



gcfv.georgia.gov

