

**Virginia Batterer Intervention Program
Initial Certification Application**

Applicant Name: _____

Name of Batterer Intervention Program: _____

Address: _____

Telephone: (____) _____ Alternate Telephone: (____) _____ Fax: (____) _____

E-mail Address: _____ Website (if applicable): _____

Localities served: _____

Applicant Signature: _____ Date: _____

Instructions: Please fill out the following checklists. All components must be checked yes or no in order for your program to meet Certification Standards and to obtain Certification. This checklist will be utilized during your Site Review to insure program compliance with Standards. If you have not checked an item, but are currently in the process of completing requirements for that item, please explain in the comments section. Findings of non-compliance with any component can be grounds for Certification suspension or revocation. The Board will contact you if you are scheduled for a site review which will include file reviews, policy and procedure manual review and interviews with you, your referral source and the local Domestic Violence Victim Service provider. The Checklist items are taken directly from the Standards. A copy of the standards is located on our website at www.vabipboard.org and will provide detail and rationale for each item on this application. If you need assistance with your application, please contact the Board via email at: info@vabipboard.org.

Please check one: I am applying for the first time. (\$250 cost)
 I was denied or decertified last year. (\$250 cost)

Please include your licensure status (i.e. LCSW, LPC, etc...). **If you are practicing in an exempt setting as defined by the code of Virginia licensure is not required.**

Documentation of the exempt setting is required if you are not licensed (i.e. non-profit status). Please select your status and enclose the appropriate documentation:

_____ Applying as LCSW, LPC, Other state License _____.

_____ Applying as a Federal, State, or Local Government Agency.

_____ Applying as a Non-Profit, Not-For-Profit Organization.

_____ Other (Please Describe): _____.

Program Format and Structure

- Yes** **No** There are no more than 15 regularly attending members per group session.
 Yes **No** The batterer must receive at least 18 group sessions to complete the program.
 Yes **No** The group sessions result in 36 hours of instruction.
 Yes **No** If the maximum number of regularly attending members exceeds 10, there are 2 facilitators per group.
 Yes **No** Purpose includes educating batterers and changing abusive behaviors or similar intent.
 Yes **No** Goals of Intervention include: cessation of batterers' coercive, dominating, violent and abusive behavior; and the safety of the victims and children.
 Yes **No** The BIP does not offer individual intervention in lieu of group.
 Yes **No** The BIP does not offer couples counseling in lieu of group.

Comments:

Intake

- Yes** **No** Maximum time between initial contact with batterer until intake and assessment procedures begin is 10 days or less.
 Yes **No** Intake form contains the following:
 - Yes** **No** Name, current address, and telephone and/or pager number of batterer
 - Yes** **No** Social security number
 - Yes** **No** Employer's name, address, and phone number
 - Yes** **No** Partner and/or victim's name, address, and telephone number
 - Yes** **No** Information on the batterer's children and partner's children or other children in or outside the home with whom the batterer has contact
 - Yes** **No** Emergency family or contact address and phone number
 - Yes** **No** Arrest, conviction, batterer intervention and other treatment history
 - Yes** **No** Name and number of referral source
 - Yes** **No** If applicable, the name and number of the local community corrections officer to whom the batterer has been assigned
- Yes** **No** Consent for Release of Information form permits information to be released to the victim/partner or designated representative, any applicable agency of the justice system, related service providers, and others as appropriate or needed.
 Yes **No** Statement of Confidentiality notifies the batterer of the program's policy, circumstances under which information may be released, and to whom information may be released.
 Yes **No** The time between referral and when the batterer is required to contact the BIP is 5 days or less.

Comments:

Assessment

- Yes** **No** A batterer being unable to pay is NOT listed as an exclusionary criterion.
- Yes** **No** Race, class, age, personal disability, religion, educational attainment, ethnicity or national origins are NOT listed as exclusionary criteria.
- Yes** **No** The BIP (in rules, agreement, or contract) indicates that when a batterer is determined to be inappropriate for the BIP services, the BIP advises the referral source of the basis for rejection and where appropriate may make recommendations for other intervention, treatment services or criminal justice action.
- Yes** **No** BIP documents referrals made for further chemical dependency evaluations and treatment, and evaluations for severe mental health problems.
- Yes** **No** BIP has a policy for working with indigent clients.
- Yes** **No** The assessment tool(s) include(s):
- Yes** **No** Assessment of risk/dangerousness/lethality
 - Yes** **No** Most recent violent episode
 - Yes** **No** Reason for referral, including details of the violent episode and precipitating events
 - Yes** **No** Documentation of batterer's attitudes toward abuse (i.e., sense of responsibility, remorse, justification of behavior)
 - Yes** **No** Perception of internal/external control over actions, behaviors and emotions
 - Yes** **No** Presence of, conditions of, and compliance with protective orders
 - Yes** **No** History of abuse against partner(s), frequency and severity of abuse, history of violence in his family of origin, and a generalized violence history
 - Yes** **No** Criminal history as reported by the batterer
 - Yes** **No** Current social network/social connectedness or isolation
 - Yes** **No** History of depression and/or other emotional disorders, including suicidal and/or homicidal ideation
 - Yes** **No** Proximity and access to the victim
 - Yes** **No** Current status of relationship and attitude toward that status
 - Yes** **No** Degree of possessiveness towards the victim including, if possible, any forced periods of isolation of victim and children
 - Yes** **No** History of injury to animals and/or pets
 - Yes** **No** Relationship with children including, history of physical, emotional and/or sexual abuse
 - Yes** **No** Possession of, access to, or a history of using weapons
 - Yes** **No** Substance use/abuse, including its relationship to violent behaviors
 - Yes** **No** Signs of severe mental health problems or disruptive behaviors

Comments:

Program Contract

The program contract includes:

Program Information

- Yes** **No** The length of the program, attendance policies, and consequences for deficient attendance
- Yes** **No** BIP's attendance policy defines:
- Yes** **No** Completion

- Yes** **No** Missed groups
 Yes **No** Make-up requirements
 Yes **No** Specified fees, methods of payment, and the consequences of failure to comply with payment agreements
 Yes **No** A statement of the program's drug and alcohol policy

Participant obligations

- Yes** **No** Compliance with the program's attendance policy
 Yes **No** Compliance with program rules
 Yes **No** Compliance with program expectations including, participation and homework
 Yes **No** Cessation of violent, abusive, threatening, and controlling behaviors (including stalking) against victim and/or children
 Yes **No** Respectful behavior toward other group members, group facilitators, and program staff
 Yes **No** Compliance with program policy to bring no weapons to group
 Yes **No** Development of and adherence to a safety plan as outlined in the curriculum
 Yes **No** Compliance with all court orders and protective orders
 Yes **No** Agreement that the batterer will not seek the disclosure of any information about the victim, either directly from the victim or in any judicial or administrative proceeding
 Yes **No** Agreement to be drug and alcohol free while attending program services
 Yes **No** Compliance with financial agreements made with the program

Program obligations:

- Yes** **No** Provide services appropriate to participant's needs
 Yes **No** Provide a copy of all written agreements
 Yes **No** Notify the batterer of changes in group times and schedules
 Yes **No** Report to the court, local community corrections program, or other appropriate authority regarding participant's progress and compliance with court orders and program rules
 Yes **No** Report to the appropriate person(s) including the victim, courts, local community corrections, or other justice system agency of any bodily harm or threats of bodily harm to the victim or any other person, any threats or attempts to commit suicide, or any belief that child abuse or neglect has occurred.
 Yes **No** Report regularly to the batterer regarding his progress
 Yes **No** Provide fair and humane treatment

Comments:

Victim Contact

- Yes** **No** BIP's procedures for contacting victims are adequate and addresses the safety of victims.
 Yes **No** If another agency does the victim contact, the BIP indicates an adequate procedure for confirming that the victim contact process meets Standards.
 Yes **No** The information provided to victims includes:
 Yes **No** Batterer intervention services
 Yes **No** Program structure and content
 Yes **No** Program limitations
 Yes **No** Information for contacting appropriate agency with any future concerns
 Yes **No** Victim contact adequately addresses the safety of children and other household members.

- Yes** **No** BIP has an arrangement to immediately notify the victim when the batterer has been terminated from the program.
- Yes** **No** This notification of the victim is by phone or in person. If unable to do by phone or in person, a letter is sent.

Comments:

Non-Compliance

- Yes** **No** The BIP contract lists what constitutes non-compliance in the program.
- Yes** **No** Consequences imposed to address batterers' non-compliance are adequate.
The consequences listed below are examples of appropriate consequences, but are **not** mandatory.
- Extra sessions
 - Re-entering the program from the beginning
 - Referrals to the justice system for legal sanctions
 - Termination from group

Comments:

Termination for Non-Compliance

- Yes** **No** BIP notifies the referral source within 2 business days of a batterer's termination from the program.
- Yes** **No** The BIP's notification to the referral source of the batterer's termination is done by phone or fax.

Comments:

Completion

- Yes** **No** BIP has criteria for group completion.
- Yes** **No** BIP has a mechanism (final report, evaluation, form, letter) to inform a referral source of a participant's program completion/disposition
- Yes** **No** The report/evaluation/form/letter specifies that the batterer has complied with program requirements and does not imply that the batterer has been rehabilitated or is a "graduate."

Comments:

Program Curriculum

- Yes** **No** The following topics are covered in the program curriculum (based on your review of table of contents and topic outline for each group session):
- Yes** **No** Identification of all forms of physical, emotional, economic, sexual and verbal abuse and violence
 - Yes** **No** Impact of domestic violence on the victim and the abuser
 - Yes** **No** Impact of domestic violence on children including, children who are abused and children who witness domestic violence
 - Yes** **No** Emphasis on the responsibility of the batterer for their violence and abuse
 - Yes** **No** Identification of personal, societal, and cultural values and beliefs that legitimize and sustain violence and oppression
 - Yes** **No** Alternatives to violent and controlling behaviors
 - Yes** **No** Identification of healthy relationships
 - Yes** **No** Promotion of accountability, self-examination, negotiation, and fairness
 - Yes** **No** Examination of the relationships between substance abuse and domestic violence
 - Yes** **No** Examination of the relationships between mental illness and domestic violence
 - Yes** **No** Identification of the behavioral, emotional, and physical cues that precede escalating anger

Comments:

Fair Employment Laws

- Yes** **No** BIP indicates they are in compliance with all applicable laws.

Comments:

Record Keeping

- Yes** **No** BIP includes each of the following in the batterer's file:
- Yes** **No** Assessment form
 - Yes** **No** Signed program contract
 - Yes** **No** Signed statement of the nature and limits of confidentiality
 - Yes** **No** Signed release form
 - Yes** **No** Documentation of all significant actions, decisions and services rendered
- Yes** **No** Victim and child information not provided by the batterer is kept in a confidential and separate location from the batterer's file.

Comments:

Fees

Yes **No** A fee scale or written policy includes provision for indigent clients.

Comments:

Confidentiality

Yes **No** Staff guidelines for their duty to warn include either reference to VA Code 54.1-2400.1, or definitions of when it is their duty to warn which includes when client threatens to cause serious bodily injury or death to self or others, or clients threats/reports of physical or sexual abuse of a child.

Yes **No** BIP describes or has a policy that addresses confidentiality between group members.

Comments:

Policies and Procedures

Yes **No** BIP has an administrative manual that incorporates all written policies and procedures.

Yes **No** BIP indicates that the following are included in the administrative manual:

Yes **No** Batterer Intervention Program Standards

Yes **No** Written job descriptions for all employees

Yes **No** Employee hiring, retention and termination

Yes **No** Confidentiality policy

Yes **No** Duty to Warn policy

Yes **No** Organizational chart

Yes **No** Code of ethical conduct for staff

Yes **No** Sexual harassment policy

Yes **No** Emergency plan for facilitators (e.g., disruptive or dangerous participants)

Yes **No** Program evaluation policy

Yes **No** Drug free work place policy

Yes **No** An emergency plan for facilitators is attached and includes more than Call 911 and addresses victim notification when appropriate.

Comments:

Cooperation with Other Agencies and Community

Yes **No** BIP has collaborative working relationships with the following agencies that exist in each locality of their service area:

- Yes** **No** Domestic Violence Program
- Yes** **No** Commonwealth's Attorney's office
- Yes** **No** Community Corrections
- Yes** **No** Probation and Parole
- Yes** **No** Juvenile & Domestic Relations Court Clerk
- Yes** **No** Social Services
- Yes** **No** Mental health service providers
- Yes** **No** Substance abuse treatment service providers

Yes **No** BIP has a copy of the cooperative agreement with the local Domestic Violence Program(s).

Comments:

Communication with Referral Source

Yes **No** BIP provides progress reports to the referral source at least monthly.

Comments:

Employee Files

Yes **No** BIP indicates that the following items are maintained in staff files:

- Yes** **No** Name, address, date of birth, and a recent clear photograph or photocopy of a valid driver's license
- Yes** **No** Name and contact information of closest relative and emergency contact
- Yes** **No** Documentation of completed VA State Police SP-167 (licensed practitioners are exempt from this Standard)
- Yes** **No** A signed job description
- Yes** **No** Completed resume and/or application for employment
- Yes** **No** Official transcript or certified documentation of required education, training and experience
- Yes** **No** A signed drug-free work-place policy
- Yes** **No** A signed sexual harassment policy
- Yes** **No** A signed violence-free lifestyle statement
- Yes** **No** A signed privacy act statement (acknowledging confidentiality of information received)

Comments:

Education/Training Qualifications

Please acknowledge that each staff person meets the following requirements.

- Yes** **No** Each direct services staff person of the BIP has a bachelor's degree or education and/or experience relative to the position.
- Yes** **No** Each direct services staff person has had at least three months of weekly direct co-facilitation or observation of batterer intervention groups under the supervision of staff in a certified program.
- Yes** **No** Each direct services staff person has had a minimum of 32 hours of domestic violence training including the topics below:
- Yes** **No** Theory and dynamics of domestic violence
 - Yes** **No** Historical and societal context of domestic violence
 - Yes** **No** Assessments for risks of homicide, suicide, or further domestic violence
 - Yes** **No** Information on state and federal laws and procedures pertaining to family abuse
 - Yes** **No** Significance of a coordinated community response to domestic violence
 - Yes** **No** Unique role of a facilitator within batterer groups
 - Yes** **No** Teaching non-controlling alternatives to violent and controlling behavior
 - Yes** **No** Understanding and preventing collusion
 - Yes** **No** Relationship between substance abuse and domestic violence
 - Yes** **No** Relationship between mental illness and domestic violence
 - Yes** **No** History of battered women's movement in Virginia
 - Yes** **No** Safety planning with victims of domestic violence
 - Yes** **No** Effects of domestic violence on victims
 - Yes** **No** Effects of witnessing domestic violence and the impact of physical, emotional and/or sexual abuse on children
 - Yes** **No** Relationship between child abuse (particularly child sexual abuse) and domestic violence
 - Yes** **No** Reporting requirements for child and elder abuse
 - Yes** **No** Community resources responding to domestic violence, including the services of the local domestic violence program and the Statewide Family Violence and Sexual Assault Hotline
 - Yes** **No** Overview of the research related to the effectiveness of a variety of treatment models for batterer intervention
 - Yes** **No** Orientation and training specific to the program or agency
- Yes** **No** Staff received at least 16 hours of training prior to providing unsupervised direct services and the remaining 16 hours were received within the first three months of employment

Comments:

Volunteer Staff

Please acknowledge Volunteer Staff meets the following criteria.

- Yes** **No** Not applicable – BIP does not use volunteers or interns to provide direct services.
- Yes** **No** All direct services volunteers and unsupervised interns providing direct services have had at

least three months of weekly direct co-facilitation or observation of batterer intervention groups under the supervision of staff in a certified program.

Yes **No** All direct services volunteers have had a minimum of 16 hours of domestic violence training including the topics below:

- Yes** **No** Theory and dynamics of domestic violence
- Yes** **No** Historical and societal context of domestic violence
- Yes** **No** Assessment for risks of homicide, suicide, or further domestic violence
- Yes** **No** Information on state and federal laws and procedures pertaining to family abuse
- Yes** **No** Significance of a coordinated community response to domestic violence
- Yes** **No** Unique role of a facilitator within batterers groups
- Yes** **No** Teaching non-controlling alternatives to violent and controlling behavior
- Yes** **No** Understanding and preventing collusion
- Yes** **No** Relationship between substance abuse and domestic violence
- Yes** **No** Relationship between mental illness and domestic violence
- Yes** **No** Relationship between child abuse and domestic violence
- Yes** **No** History of Women's Movement in Virginia
- Yes** **No** Safety planning with victims of domestic violence
- Yes** **No** Effects of domestic violence on victims
- Yes** **No** Effects of witnessing domestic violence and the impact of physical, emotional and/or sexual abuse on children
- Yes** **No** Community resources responding to domestic violence, including the services of the local domestic violence program and the Statewide Family Violence and Sexual Assault Hotline
- Yes** **No** Overview of the research related to the effectiveness of a variety of treatment models for batterer intervention
- Yes** **No** Orientation and training specific to the program or agency
- Yes** **No** Reporting requirements for child and elder abuse

Yes **No** Volunteers/interns received all training prior to providing unsupervised direct services.

Comments:

Continuing Education

- Yes** **No** Each person providing unsupervised direct services has received at least 12 hours of continuing education annually on subjects relating to domestic violence.

Comments:

Ethical Standards

- Yes** **No** Each staff person is meeting the ethical standards of at least one professional group.

Comments:

Program Evaluation and Accountability

- Yes** **No** BIP has a mechanism for self-evaluation that includes a review of internal data that offers an indication of the program effectiveness for the public.
- The internal evaluation may include some of the following, however these are not mandatory.
 - Review of referral, dropout or completion rates.
 - Feedback from former program participants or (with sufficient protection) their victims/partners.
- Yes** **No** BIP has a mechanism for external evaluation that includes an assessment from domestic violence programs and other related agencies. This evaluation must come from person(s) outside the agency.
- The external evaluation may include observation of group sessions or tapes of sessions by battered women's advocates however this is not mandatory.

Comments: