Virginia Certification Standards for Domestic Violence Intervention Programs

The Virginia Certification Standards for Domestic Violence Intervention Programs (DVIPs) were crafted through a joint effort between the Coalition for the Treatment of Abusive Behaviors and Virginians Against Domestic Violence, now recognized as the Virginia Sexual and Domestic Violence Action Alliance. This collaboration expanded on the initiatives of the Virginia Commission on Family Violence Prevention. The goal is to establish comprehensive standards for domestic violence intervention services, prioritizing safety, accountability, and community collaboration.

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I. Background and history

The Virginia General Assembly established the Virginia Commission on Family Violence Prevention in 1994 pursuant to House Joint Resolution 279. The commission was charged to study family violence; identify existing services to address family violence; investigate ways to coordinate the delivery of resources; increase public awareness; and determine the services, resources, and legislation needed to address, prevent, and treat family violence.

In 1997, Senate Joint Resolution 272 requested that the commission develop standards of practice for statewide batterer intervention programs. The commission formed the Batterer Intervention Task Group, a collaborative group representing diverse multidisciplinary interests, to develop certification standards for batterer intervention services.

The next year, during the General Assembly session, the commission introduced a bill to task the Department of Criminal Justice Services with creating standards for batterer intervention programs. The legislation was tabled to determine if it would be better for the private sector to develop and oversee these standards.

This shift created the opportunity to form a collaborative partnership between an established coalition of batterer intervention service providers and domestic violence victim service providers. In May 1998, the Coalition for the Treatment of Abusive Behaviors and Virginians Against Domestic Violence proposed that they, as private organizations, assume leadership in developing the standards. The Commission on Family Violence Prevention endorsed this proposal.

About the Coalition for the Treatment of Abusive Behaviors

The coalition was created in June 1994 to provide an informal gathering of statewide batterer intervention service providers. Initially, the group convened to exchange statewide expertise and staff cases, all with the aim of improving intervention outcomes. With a more formal organization, in 1998, C-TAB worked to address statewide batterer intervention efforts and enhance the coordination and communication among providers. At the time these standards were drafted, C-TAB was composed of over 35 individual and/or institutional service providers statewide.

About Virginians Against Domestic Violence

Since 1979, Virginians Against Domestic Violence, the state domestic violence coalition, has been committed to eliminating domestic violence. Their work includes: technical assistance to community-based domestic violence programs, batterer intervention programs and related professional organizations; training and resources to improve the professional response to domestic violence; public awareness materials on a variety of family violence-related subjects; a statewide, 24-hour, toll-free family violence and sexual assault hotline; and monitoring and developing public policies that affect battered women and their children. Through education and advocacy, VADV works to ensure that all survivors of family violence in Virginia have access to the safety and the support services they need.

The partnership formed between Virginians Against Domestic Violence and the Coalition for the Treatment of Abusive Behaviors blended the expertise of victim service and offender service providers. This group was supported by the early work of the Commission on Family Violence Prevention's Batterer Intervention Task Group and used their early draft version of standards as a starting point. The C-TAB/VADV Standards Committee began meeting monthly in the summer of 1998 to create the Virginia Standards for Batterer Intervention Services.

In 2003, the Virginia Community Criminal Justice Association joined the C-TAB/VADV partnership to enhance accountability for those who cause harm within the greater community. VCCJA's mission is to enhance public safety through the development and expansion of pretrial community corrections and other criminal justice programs in Virginia. Community corrections and pretrial services allow an individual to remain in the community while under supervision. Rather than filling jails, they work, attend school, receive treatment, pay taxes, pay child support, pay restitution, and pay court fines and costs.

In 2004, Virginians Against Domestic Violence renamed the coalition the Virginia Sexual and Domestic Violence Action Alliance, to more accurately reflect its focus, and the organizational structure of C-TAB dissolved. The influence of societal trends and new approaches to treatment evolved to include trauma-informed care and cognitive behavioral interventions for offenders. Board membership expanded beyond coalition memberships to include clinical service providers, victim advocates, and at-large representatives reflecting members in the fields of human services, education, and the criminal justice community.

II. Purpose

The purpose of these standards is to assist in reducing and ultimately eliminating all types of domestic abuse. These standards were written to address programs that provide services to individuals who have engaged in intimate partner violence, family violence, and domestic abuse.

These standards are meant to be a reference point from which a domestic violence intervention program should establish a minimum level of program performance. These standards are not meant to specify what psycho-educational materials should be used by a program, nor are they meant to limit programs from incorporating more into their curricula.

III. Nature of domestic violence intervention programs

The mission of these programs in Virginia is to provide therapeutic services to individuals who have caused harm through any form of domestic violence. Programs foster family/community safety, promote social change, define healthy relationships, enhance participant accountability, improve emotional regulation skills, and help participants establish healthy coping strategies.

DVIPs provide voluntary and court-ordered services. Participant confidentiality is required, and program personnel should conceptualize and describe their work with participants primarily as treatment focused on intervention and behavioral change.

IV. Accountability

Program accountability

Under these standards, DVIPs will:

- Work closely with the criminal justice system to establish appropriate monitoring, safeguards, participant accountability, and consequences for noncompliance.
- Establish collaborative relationships with local victim/survivor advocates and participate in coordinated community responses.
- Collaborate with community partners to share information, problem-solve, ensure victim's safety, uphold accountability to the criminal justice system, and continuously evaluate and enhance program effectiveness.
- Monitor participant risk, progress, and treatment compliance.
- Maintain treatment records that demonstrate continuity of interventions, level of functioning, stage of change, and participant progress.

Participant accountability

Participants who successfully complete a Virginia state-certified DVIP should optimally be able to:

- Demonstrate key principles of accountability: acknowledge responsibility for their actions, acknowledge the impact of their actions on themselves and others, express remorse, demonstrate compassion toward themselves and others, and discontinue similar acts of harm toward themselves and others.
- Demonstrate improved emotional regulation skills.
- Demonstrate accountability for abusive behaviors, intimidation, and coercive tactics; develop an internal locus of control; and defeat cognitive distortions including minimization, denial, and blame.
- Gain awareness of personal triggers, risk factors, and early warning signs.
- Develop healthy coping strategies, improve self-care, and establish a relapse prevention plan.

DVIPs will require participants to:

- Sign and follow the treatment agreement with the intervention program.
- Pay a fee for services in accordance with Code of Virginia §18.2-57.3.

V. Program principles

DVIPs prioritize safety, participant accountability, and treatment effectiveness above all else. These programs constitute a vital component of a comprehensive community effort to combat domestic violence and are most impactful when integrated into a larger intervention system. Services offered by DVIPs are centered on promoting accountability, aiding in trauma recovery, and fostering cognitive behavioral

change. Additionally, DVIPs strive to accommodate individual needs when crafting treatment plans and are committed to addressing the unique requirements of their respective jurisdictions.

VI. Program structure

Program format and structure

DVIPs are required to use groups as the primary source of intervention. The goal of an intervention program is to enhance victim and family safety by the cessation of coercive, dominant, violent, controlling, manipulative, threatening, intimidating, and other abusive behaviors. Group formats promote motivation to comply with treatment, provide peer accountability for behaviors, and reduce shame.

DVIPs may independently decide whether they offer open or closed groups, but, when possible, the recommended format is an open group. Open groups are found to promote peer coaching and support and reduce resistance within the group system. Many participants may need individual therapy in addition to group treatment, and DVIPs can make clinically appropriate recommendations and referrals as part of the comprehensive care plan. Individual therapy may be provided as an alternative to group treatment only when extraordinary circumstances warrant this as a clinically appropriate replacement.

Programs will apply an intersectional lens when serving historically marginalized communities, focusing on ways that oppression, discrimination, and bias perpetuate violence. Programs will also provide culturally relevant services.

Inappropriate interventions

- Providers will **not** place intimate partners in the same group.
- Providers will **not** provide couples or family therapy as an alternative to individual or group domestic violence treatment.
- Providers will **not** treat anger as the primary cause of domestic violence.
- Providers will **not** use anger management treatment as an alternative to a DVIP.
- Providers will **not** overlook substance use issues or mental health issues that need to be prioritized before individual or group domestic violence treatment.
- Providers will **not** use approaches that justify abusive behavior, reinforce stereotypes about gender role, minimize personal responsibility, or support victim blaming.
- Providers will **not** use confrontational or authoritative approaches that cause participants to resist change.

Intake and risk assessment

The DVIP must perform an intake assessment on each person referred and a comprehensive care plan for each enrolled participant. The intake will include a risk assessment, an evaluation of an individual's suitability for treatment, identification of an individual's need for additional services, identification of safety risks, a determination for motivation to change, established treatment recommendations, and the development of a comprehensive care plan. DVIPs may request information from sources other than the

individual to hold them accountable through their participation in the program. The use of Motivational Interviewing is encouraged to promote a stronger therapeutic relationship.

DVIPs should collect the following information during the intake and include it in the participants' file:

- Participant's name, address, and telephone number and the partner and/or victim's name, address, and telephone number.
- Information on the referral's children or other children in or outside the home with whom they have contact (including name, age, contact frequency, and with whom the child is living).
- History of criminal behavior, prior police involvement, arrest/conviction records, previous mental and physical health treatment, mental health diagnoses, history of substance use, trauma history, pattern of domestic violence, any child maltreatment or pet abuse, access to firearms, attitudes supporting intimate partner violence, history of protective orders, and history of suicidal/homicidal ideation.
- Signed releases for the exchange of information allowing the DVIP to maintain ongoing contact with the victim/partner; the participant's referral source; the community corrections officer; any other applicable agency of the criminal justice system; and/or any other relevant service providers.
- Participant's emergency contact information, including contact information for their referral source with a signed release for the exchange of information and, if applicable, the contact information for the assigned community corrections officer.
- Signed treatment agreement documents to include informed limits of confidentiality.

Timeliness of intake

- DVIPs should contact each person referred to schedule the intake within five working days of receipt of the referral. Referred individuals are equally responsible for scheduling the intake.
- If the DVIP is unable to contact the individual, the DVIP should contact the referral source and report their inability to make contact.

Assessment

To the extent possible, the initial assessment will include:

- The required use of a valid and reliable assessment tool to determine the level of risk, recidivism, dangerousness, and/or lethality.
- History of family of origin violence, intimate partner violence, general violence, and trauma history.
- History and current use of substances, including triggers, and their connection to incidents of domestic violence.
- History of mental health diagnoses/treatment, including suicide and/or homicidal ideation.
- History of engaging in or witnessing abuse toward animals.

- Criminal/abuse history including any history of stalking or isolating the victim and past protective order compliance.
- History of using weapons or threatening to use weapons.
- History of physical, emotional, and/or sexual abuse towards children.
- Employment history.

To the extent possible, the initial assessment and ongoing assessments will include:

- Detailed information regarding the most recent violent episode.
- Individual attitudes toward abuse, intimate partner violence attitudes, and motivation for treatment.
- Individual level of accountability, insight, impulse control, empathy, and locus of control.
- Individual probation requirements, court orders, and current protective order compliance.
- Signs of substance use.
- Signs of severe mental health issues, level of functioning, and deviant behaviors.
- Status of current relationships, including with children, and attitude towards those statuses.
- Proximity and access to the victim, and any stalking behaviors.
- Degree of possessiveness, jealousy, and control, including attempts to isolate the victim.
- Possession of, access to, use of weapons or threats to use weapons.
- Current support system, level of social connectedness/isolation, and religious/spiritual beliefs.
- Environmental stability and the status of current employment.

Determination of risk level

DVIPs should develop criteria or factors that determine status for low, medium, and high-risk level individuals. Through ongoing clinical assessment, risk levels should be re-assessed, as changes may occur during the therapeutic process. In response, DVIPs should adjust the treatment plan in accordance with the individual's needs.

Documentation of referrals

- Referrals for substance use/chemical dependency evaluations and treatment.
- Referrals for further mental health evaluations and treatment recommendations.
- Corroboration of assessment information from referral source and/or other sources.

Treatment recommendations

Comprehensive assessments determine individual treatment plan recommendations. If the assessment determines that DVIP services are inadequate or contraindicated to address a person's presenting issues, the program must document and report the basis for the decision to the referral source. When DVIP services are not recommended, the program must provide clinical recommendations for alternate interventions, treatment services, or criminal justice action. The DVIP may not decline treatment to any

individual based upon race, class, age, disabilities, religion, ethnicity, education level, gender or sexual orientation, or national origin. Recommendations must be communicated to the referral source within 14 days of the intake.

Program contract

Prior to enrollment, DVIP providers must review and provide documents detailing a treatment agreement and consent for services, which all participants are required to sign. The participant's signature indicates agreement with the terms of the contract. The contract must include both participant and program obligations, including the following:

- Length of the program, attendance policies, and consequences for noncompliance.
- Fee for services in accordance with the Code of Virginia §18.2-57.3 and the consequences for failure to comply.
- The group rules, including the program's behavioral policies.
- Acknowledgement of participant obligations and program obligations below.

Participant obligations

- Cessation of violent, abusive, threatening, controlling, coercive, and stalking behaviors.
- Compliance with the program's attendance policy, rules, expectations, policies, and requirements.
- Respectful, appropriate, responsive behavior toward all group members and staff.
- Attend group drug/alcohol and weapon free.
- Development and adhere to safety, de-escalation, or relapse prevention plan.
- Compliance with all court orders, probation requirements, and protective orders.
- Agreement to not seek any information about the victim.
- Compliance with the financial requirements of the program.

Program obligations

- Provide services and length of care appropriate to participant's needs/risk assessment.
- Provide a copy of all written agreements and notify participants of any changes in policy.
- Report a participant's progress and compliance with court orders and program rules to the court, community corrections, or other appropriate authority.
- Mandated "duty to warn" victims and reporting to courts, corrections, or other justice system agencies:
    - Any potential threats of future harm to the victim or any other person.
    - Any threats or attempts to commit suicide.
    - Any suspected abuse/neglect of children and/or vulnerable adults.
- Provide routine feedback to participants regarding personal progress, compliance, stage of change, areas of needed improvement, risk factors, and problem areas.

- Provide the highest quality of care using best practice standards, including ethical, compassionate, and culturally responsive treatment.

Victim contact

Safety is a top priority for intervention programs. For that reason, victim/partner contact is an integral component of an accountable community response to domestic violence. Providers shall develop mechanisms for referrals between victim service providers and DVIPs to ensure victims receive outreach, advocacy, safety planning, and other appropriate assistance while participants are engaged in treatment. DVIP should ensure that attempted contact is made with adult victims within 10 business days of the participant's enrollment by the DVIP or a local victim services program. If the victim is a minor, attempted contact should be made with a non-offending guardian. Information obtained from the victim/partner should not be disclosed or exchanged with participants and should be kept in a file separate from the participant's file.

The victim contact shall offer information about:

- DVIP structure, content, length of care, and limitations.
- Method for reporting any ongoing or future abuse.
- Safety issues for children and other household members.
- Treatment compliance concerns, to include early termination from services.

Noncompliance and/or change in treatment modality

Noncompliance is any failure to adhere to the terms and conditions of the treatment agreement. Noncompliance status is at the discretion of the treatment program and includes circumstances such as:

- Reports of further acts of violence, harassment, or abuse.
- Violation of attendance policies, excessive tardies, failure to comply with group rules, failure to participate, failure to benefit or progress, homework noncompliance, interfering with peer progress, prolonged negative/toxic attitudes toward the treatment program, and/or inappropriate, unethical, or abusive behavior in group.

Programs must establish a plan of action for noncompliance and/or change in treatment modality. Suggestions include:

- Program extension or referral to a higher level of care.
- Termination from treatment with the option to re-enroll in the program.
- Termination from treatment without the option to re-enroll in the program.

Termination for noncompliance

DVIPs shall notify the referral source by phone, email, or fax of a participant's termination within two business days. The provider shall make every effort to notify the victim/partner immediately when a

participant is terminated from treatment and contact must be documented.

Completion

- DVIPs will establish criteria for program completion based on compliance, stage of change, material integration, accountability, and progress.
- When appropriate, any concerns regarding a participant who has completed the program shall be documented and forwarded to relevant agencies or parties.
- Program completion documentation will be submitted to the referral source within 10 business days or sooner if requested.

VII. Program curriculum

Recommended program content

The goal of DVIP curricula is to promote healthy and safe behavior. Best practices such as trauma-informed approaches, acceptance and commitment therapy (ACT), cognitive behavioral therapies (CBT), and using techniques for mindfulness and motivational interviewing show promising outcomes. Programs shall have written curricula, in the form of handouts or workbooks, that define topics and content for each session. Programs are encouraged to use educational videos in addition to written curricula to address a broad spectrum of learning styles. Curriculum should be inclusive. Program content should be adapted and relevant for diverse groups.

Certified DVIP curriculum must include, but is not limited to, the following topics:

Nature of Violence/Abuse

- Deconstruction of the dynamics and forms of abuse: physical, emotional, psychological, verbal, sexual, financial, tactics of intimidation, coercion, manipulation, and other power and control tactics.
- The cultural and contextual stimuluses of abuse. Include information about intergenerational patterns of familial abuse and neglect, the role of religion, sociocultural patriarchy beliefs, and societal influences (e.g., myths, stereotypes, beliefs) which foster abuse.
    - Religion may be addressed as a tactic of power and control but may not be the foundation of a curriculum.
- The relationship between substance use, mental illness, and domestic violence.
- Taking personal and financial accountability for abuse.

Effects and Impact of Violence/Abuse

- Effects of domestic violence on the victim, the participant, extended family members, and the community.
- Impact of domestic violence on children and parenting. Education on child development and positive parenting/co-parenting should be addressed.

Theories

- CBT tools for gaining accountability, personal agency, and an internal locus of control.
- ACT techniques to improve psychological flexibility, self-acceptance, and personal agency.
- Motivational Interviewing to improve self-esteem and a commitment to treatment and change.
- The cycle of abuse and how to adapt the cycle to one's personal experience.
- Trauma informed information and practices to promote the awareness and healing of personal trauma histories including childhood maltreatment and witnessing violence as a child.

Psychoeducation

- Psychoeducation on harmful coping strategies and how to replace abusive behaviors with prosocial behaviors.
- Psychoeducation on the experiences and harmful effects of guilt and shame in domestic violence
- Promote activities for the development of self-acceptance and compassion.
- Promote strength-based strategies that assist participants in creating a road map to reach personal goals.
- Strategies for developing awareness and coping with early warning signs, triggers, abuse patterns and behaviors, and potential barriers and risks that may sidetrack participants from achieving their treatment goals.
- Address roles of minimization, denial, and blame and provide techniques to defeat these behaviors.

Other Interventions

- Activities to enhance skills for the management and regulation of anger.
- Exercises that enhance insight, vulnerability, understanding oneself, self-awareness and compassion, and self-care skills.
- Exercises (e.g., role play) to improve nonviolent, assertive communication and conflict resolution skills.
- Exercises promoting healthy relationships skills such as healthy boundaries and equality, empathy, and other positive social skills.
- Mindfulness strategies, meditation practices, and the development of guiding mantras for positive change, emotional regulation, and impulse control.
- Skill provisions for recognizing and addressing cognitive distortions and how to replace them with alternate thoughts.
- Activities to address or improve personal and community supportive resources.
- Visualization practice tools for relapse prevention planning.

Attendance policy

DVIPs must have a written attendance policy outlining the program completion requirements, absence policy, and rules regarding late arrival, excessive or lengthy breaks, and early departures. This written policy must be provided to participants when they first engage in services.

Group composition

- Programs will have a maximum of 15 regularly attending participants per group session.
- If the number of participants in a group exceeds 10, there must be two facilitators per group.
- DVIPs must establish a policy related to gender exclusive group format.

Individual programming

Reasonable accommodation must be made for individuals from marginalized populations. When individual programming is provided as an alternative reasonable accommodation to a group format, individual sessions should closely mirror the group format standards and requirements.

All individual providers are required to meet the same requirements and qualifications as group facilitators.

Programming duration and modality requirements

Virginia certified DVIPs will offer tiered treatment levels based upon individual risk and needs. A minimum of two treatment levels are required (1) low risk participants will complete a minimum of 36 hours for 24 weeks and (2) moderate/higher-risk participants will complete a minimum of 54 hours for 36 weeks. DVIPs are encouraged, but not required, to offer a third tier of 78 hours for 52 weeks. All group sessions must be a minimum of 90 minutes.

Knowledge of various treatment modalities has grown and changed since the inception of standards to include more comprehensive assessment and cognitive behavioral interventions. Evidence-based practice supports targeted interventions using the principles of risk-need-responsivity to adequately address high risk criminogenic factors and behaviors. Consequently, the continued use of a one-size-fits-all approach is not supported as best practice. It is important to view program participants as individuals with specific risks and needs. The length and intensity of treatment and interventions positively impacts long-term outcomes.

- Participant length of care will be based on initial and on-going risk assessments. Participants can move between tiered treatment based upon clinical need. If a participant's risk elevates during treatment, their program must be extended.
- To determine initial placement, DVIPs are encouraged to use a standardized risk assessment tool, such as the Domestic Violence Risk and Needs Assessment, developed by the state of Colorado.
- Certified DVIPs must not provide abbreviated domestic violence services for court ordered referrals that do not meet the minimum requirement of 36 hours for 24 weeks.

- Certified DVIPs will not place anger management referrals with domestic violence groups.
- Court-ordered anger management referrals who qualify for domestic violence treatment will not be enrolled in anger management as an alternative to DVIP.
- The intake assessment and any substance use and/or mental health treatment will not apply toward the minimum group requirement.
- DVIPs may offer virtual or hybrid modalities, but all certified DVIPs must have a site available to provide in-person meeting options located in Virginia.

VIII. Administrative guidelines

Fair employment laws

Programs must comply with all applicable state and federal employment and anti-discrimination laws regarding their employment and personnel policies and practices.

Record keeping

Each program should maintain a record management system for participants who receive services.

- Each file must contain assessment documents, court orders, signed treatment contract, signed limits of confidentiality, signed consent to treat, signed explanation of fees in accordance with Code of Virginia §18.2-57.3, and signed releases to exchange information.
- Each file must document all significant actions, decisions, and services rendered. The program must document participant performance, progress, stage of change, risk factors, and program compliance.
- Information not obtained from the participant regarding victim/children must be filed separately.

Service fees

DVIPs must be financially structured to allow delivery of a quality program. DVIPs must follow fee-for-services guidelines in accordance with Code of Virginia §18.2-57.3 (see below).

Need-based accommodations for financial hardship are encouraged. If a participant has the means to pay a fee for services, no matter how minimal, a fee must be assessed and paid by the participant. Each DVIP should have a clearly defined payment policy including provisions for assurances for indigent participants such as a sliding scale or payment plans. If a participant is determined to be indigent, fees may include restitution to the community or other payment mechanism. The payment of fees will be made a condition of the completion of the program.

Code of Virginia §18.2-57.3 (D): “The court must require the person entering such education or treatment program or services under the provisions of this section to pay all or part of the costs of the program or services, including the costs of any assessment, evaluation, testing, education, and treatment, based upon

the person's ability to pay. Such programs or services must offer a sliding-scale fee structure or other mechanism to assist participants who are unable to pay the full costs of the required programs or services."

Confidentiality

All programs will develop policies regarding confidentiality and will provide written notice of policies to all participants and employees who provide direct services and/or access to participant records. Program staff must not disclose, without the written consent of the participant, any confidential information. Limitations to confidentiality include the following:

- Signed release for the exchange of information by a participant who waivers confidentiality.
- Virginia Code §54.1-2400.1 - Duty to Warn.
- Mandated reports to Child Protective Services (CPS) and Adult Protective Services (APS).

Employee manual

Each program must develop an administrative manual that incorporates all written policies and procedures. The manual must contain all internal policies and procedures governing operation of the program including, but not be limited to, the following items:

- DVIP treatment standards, philosophy, and the mission statement.
- Written job description for all employees, including hiring, retention, termination, code of ethics, sexual harassment policy, drug free workplace, and equal rights policy.
- Confidentiality policy, duty to warn, and mandated CPS/APS reporting policy.
- Group facilitator emergency response plan.
- Program evaluation practices.

All employees must receive training on the administrative manual as a part of their employee orientation (see personnel section).

Coordinated care with other agencies and the community

To maximize coordinated community response and comprehensive prevention/treatment, programs should engage in collaborative working relationships. These relationships may include but are not limited to community corrections, social services, victim service agencies, law enforcement, community-based programs, and mental health/substance treatment providers.

Coordinated care with referral source

The DVIP must conduct the initial intake assessment to determine individual based treatment recommendations.

- Recommendations must be communicated to the referral source within 14 days of the intake.
- DVIPs must provide monthly progress reports to the referral source.

- DVIPs must provide formal notification of program completion to the referring agency within 10 working days of completion or upon request.
- DVIPs must provide notification of program termination to all relevant parties within two business days.

IX. Personnel

Program personnel files

Program personnel records must contain the following information regarding each staff member, provider, direct service volunteer and intern, and all contract workers:

- Name, address, date of birth, and photocopy of a valid driver's license.
- Emergency contact information.
- Documentation of criminal history and sex offender registry check (State Police Form SP167); licensed practitioners are exempt from this standard.
- A signed job description.
- Resume and/or application for employment.
- Documentation of required education, training, and experience.

Licensure requirements

In accordance with the Code of Virginia, to be certified, DVIP programming must be provided by licensed facilitators unless otherwise exempt. The board-approved licensed supervisor must be employed by the DVIP as the clinical program director, group facilitator, or staff member.

- Section § 54.1-3701 of the Code of Virginia describes exemptions from licensure requirements. If you are practicing in an exempt setting as defined by the Code of Virginia, licensure is not required; however, verification of the exempt status must be submitted with the application.
- If you work in a nonexempt setting, each DVIP facilitator is required to be licensed at the appropriate level or under board-approved supervision to provide social work services to clients in Virginia in accordance with § 54.1-3701 of the Code of Virginia.

Education/training qualifications

Group facilitators and program directors employed by nonexempt certified DVIPs must hold a current Virginia state license in an appropriate field (LPC, LCSW, LMFT, licensed clinical psychologist, psychiatric nurse practitioner) or be an approved resident under supervision for licensure. The resident must be supervised by a board-approved licensed supervisor who is employed by the DVIP.

All direct service staff employed by exempt certified DVIPs must have a master's or bachelor's degree in a behavioral health related service, with a minimum of two years' relevant experience facilitating

domestic violence programming, and at least three months of weekly co-facilitation/observation under the supervision of staff in a certified program. Exempt certified DVIPs are strongly encouraged to meet the requirements of a nonexempt setting.

The Certification Board does not endorse a particular training program; however, certified programs must ensure that everyone providing certified DVIP services has received a minimum of 32 hours of domestic violence training in the areas identified below. Documentation must be provided to the Certification Board upon request.

A minimum of 32 hours of domestic violence training in the following areas is required.

- Theory and dynamics of domestic violence including the cycle of violence and power and control.
- Historical, cultural, and societal stimuli of domestic violence.
- Assessing risk factors for domestic violence.
- Information on mental health including assessing homicidal/suicidal ideation.
- Information on state and federal laws and procedures pertaining to family violence.
- Significance of a coordinated community response to domestic violence.
- Unique role of group facilitation and working with the mandated participants.
- Understanding of and preventing collusion and victim blaming.
- Understanding the role of guilt, shame, minimization, blame, and denial related to domestic violence.
- Teaching noncontrolling alternatives to violent/abusive behaviors.
- Relationship between substance use, mental illness, and domestic violence.
- Safety planning and relapse prevention plans for domestic violence.
- Effects of witnessing domestic violence and the impact abuse on children, parenting, victims, extended family and communities.
- Understanding of child development and positive parenting/co-parenting.
- The relationship between child abuse, animal abuse, and sexual/domestic violence.
- Reporting requirements for children, incapacitated adults, and elder abuse, laws and ethics.
- Awareness of domestic violence community resources, including the services of the local domestic violence program and the Virginia Sexual and Domestic Violence Action Alliance hotlines.
- Research related to the effectiveness of a variety of treatment modalities for domestic violence.
- Assessment and treatment of high-risk participants.
- Trauma-informed and strength based approaches, mindfulness techniques, mediation practices, stages of change, Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, and Motivational Interviewing.
- Understanding intimate partner violence in LGBTQIA+ and marginalized communities.

Volunteers/interns

All volunteers and interns providing services in a certified program must be working under the direct supervision of an approved provider. Unlicensed volunteers cannot provide group facilitation without the presence of an approved provider and must receive on-site training before providing direct care.

Continuing education

All direct service staff must complete 12 hours of continuing education training annually in any areas pertaining to domestic violence intervention, treatment, and prevention.

Criminal history

DVIP staff for the purposes of this section include facilitators, contractors providing direct services, volunteers and interns, and administrative personnel.

Potential DVIP staff with criminal convictions and/or with a previously deferred domestic-related finding may be hired if the conviction or deferred finding does not impair the person's ability to provide services. Additionally, they must have remained conviction free for a period of at least five years. No potential DVIP staff may be the subject (respondent) of a protective order or any other judicial no contact order within the last five years.

Convictions for offenses unrelated to abuse or neglect would not disqualify an applicant for employment. An applicant who has one misdemeanor conviction of an offense listed in Virginia Code § 19.2-392.02 may be hired if: (i) The criminal offense did NOT involve abuse or neglect; AND (ii) Five years have lapsed since the conviction occurred. Other convictions may disqualify an applicant based on a DVIP's established hiring, personnel or other policies.

Current DVIP staff must not:

- Engage in actions which may result in criminal offenses deemed to impair the individual's ability to provide services.
- No DVIP staff member must be under any form of community supervision, administrative or otherwise, by any law enforcement agency or county, state, or federal authority. This includes but is not limited to any form of misdemeanor or felony probation, community control, pre-trial diversion, or parole.
- No DVIP program staff member may be the subject (respondent) of a protective order or any other judicial no contact order.

Current DVIP staff must every five years undergo a local criminal background check, Virginia Criminal Information Network check, National Criminal Information Center check, and Child Abuse Registry check. Licensed health care providers (LMFT, LCSW, or LPC) are exempt due to licensing requirements.

Racial, ethnic, and gender composition

To provide cultural, racial, linguistically, and gender appropriate services, DVIPs are encouraged to hire facilitators and staff whose cultural/racial backgrounds and gender reflect those of the individuals within the larger community served.

Ethical standards

DVIP staff for the purposes of this section include facilitators, contractors providing direct services, volunteers and interns, and administrative personnel.

DVIP staff working with DVIP participants must meet the ethical standards outlined by their professional groups (e.g., American Psychological Association, National Association of Social Workers, American Association of Pastoral Counselors, American Association of Marriage and Family Therapy, American Counseling Association, or the American Medical Association). Unaffiliated and unlicensed providers must adopt a professional ethical standard.

In addition to these ethical standards, DVIP staff must meet and maintain the following standards:

- Must be free of substance use issues for a period of two years.
- Shall not engage in social activities, including social media, with current or recent program participants for a period of five years.

X. Program evaluation and accountability

DVIPs must develop evaluation mechanisms that address compliance with standards, program policies, and program procedures. This policy must provide for both an internal program evaluation and an external evaluation of services.

Internal evaluation

The internal evaluation of services must include the review of internal data that offers an indication of program effectiveness. Internal data includes referrals, dropout and completion rates. Internal evaluation must include feedback from participants upon program completion.

External evaluation

As an external evaluation of services, programs are encouraged to include an assessment from domestic violence programs and other related agencies to provide an objective evaluation of the program from outside the program. Evaluations may include the observation of group sessions or recordings of sessions, with participants' written consent.

XI. Program certification and monitoring

Domestic Violence Intervention Program Certification Board

The Certification Board is responsible for overseeing the certification process for DVIPs.

- The Certification Board is responsible for developing recommendations for revisions to the criteria for certification of DVIPs; the certification process itself (e.g., criteria relating to the Certification Board, the certification process, site visits, the procedure for appeal, cost of certification, the process for revision); and any other content of the Virginia DVIP Standards.
- The Certification Board is responsible for reviewing and approving all applications for certification and recertification. Certification Board members will not review applications from a program with which they have a conflict of interest.
- The Certification Board is responsible for developing and maintaining the following documents related to certification:
    - An application for certification.
    - An evaluation form for the Certification Board to determine how effectively DVIPs meet the certification criteria.
    - Guidelines for site visits.
    - Certification documentation, including certificates and a list of certified DVIPs, and feedback forms.

Upon request, the Certification Board will provide technical assistance to DVIPs for the purpose of assisting programs in achieving certification.

All Certification Board members must be selected for two-year terms. The Certification Board must consist of no more than 20 members:

- Up to five representatives of certified DVIPs.
- Up to five representatives from VCCJA.
- Up to five representatives working in the field of victim services/advocacy.
- Up to five at-large members working in the disciplines of social work, psychology, criminal justice, or law enforcement.

Certification Board members must:

- Respect program individuality.
- Attend Board meetings.
- Be available to conduct site visits.
- Demonstrate an understanding of the philosophy and principles of the Virginia DVIP Standards.

Certification and appeal process

Application

Any DVIP desiring certification must complete and submit a certification application. The application must include all required documentation and the non-refundable certification fee. Applications become the property of the Certification Board.

The application must include:

- Documentation that the DVIP meets the legal requirements to operate in Virginia.
- Documentation that the DVIP complies with Virginia DVIP Standards.

DVIPs that do not meet all certification criteria at the time of application may submit a plan of action. Each plan of action must detail how the program will come into compliance with the criteria within 90 days.

Programs are encouraged to involve staff, boards of directors, advisory boards, and other governing bodies in the completion of the application and to use this process as a tool for program evaluation. Programs are also encouraged to seek technical assistance from Certification Board members, VCCJA members, other DVIPs, victim advocates, and community corrections agencies.

The certification application package and renewal form are available online at www.vabipboard.org. Certified programs will be notified via email when the renewal is due.

Review of applications

The Certification Board members will evaluate applications and will make one of the following determinations.

- **Certified:** If the DVIP meets the standards established for Virginia DVIPs, the program will be certified for a specific term.
- **Denied:** The DVIP does not meet the minimum established Virginia DVIP Standards. Certification may be denied to programs that do not meet the definition of a DVIP and do not provide all the required program components. The Certification Board will provide a written explanation outlining why the certification was denied. This decision may be appealed.

Program noncompliance and de-certification

The Certification Board may review information related to a certified program's performance or failure to adhere to standards at any time. The Certification Board has the authority to suspend or revoke any certification status or deny renewal applications, based on, but not limited to, the following:

- Violation of the standards by a program or employee of a program holding certification.

Violations include acts of gross negligence and deliberate or repeated acts of noncompliance under these standards or acts found to endanger the victim/partner or others.

- Misrepresentation of any material fact in obtaining initial certification or subsequent certification renewal.

Appeal of certification decision

This procedure is used to appeal a denial of certification.

- DVIPs may appeal the decision of the Certification Board by mailing a letter to the Certification Board within 30 days of receiving notice of the certification denial. The appeal letter should include the basis for the appeal and any additional information for consideration by the Certification Board.
- At its next scheduled meeting, the Certification Board will assess the appeal and make a final determination.
- DVIPs will be notified of the final decision by the Certification Board in writing.
- The process of making an appeal to a certification decision will not affect any program's ability to re-apply for certification in subsequent years.

Site visits

- Site visits may occur randomly or on an as needed basis. DVIPs will receive advanced notice of site visits.
- The purpose of the site visit is to promote compliance with the standards and to assist programs in achieving and maintaining certification.
- The Certification Board members must make site visits to each certified programs approximately once every three years.

Cost of certification

A non-refundable application fee is due with the submission of the completed application. This fee funds the work of the Certification Board. To maintain certification, programs are required to submit renewal paperwork and a fee.

Revisions to criteria or process

- Any member of VCCJA, through their Certification Board representative, may submit a written proposal to the Certification Board recommending revisions to the Virginia DVIP Standards or certification process. The proposal must contain the current language, the proposed revision, and a justification for the revision.
- Any Certification Board member's organization that opposes a DVIP Certification Board decision may appeal through their Certification Board representative.