

**ILLINOIS CERTIFIED DOMESTIC VIOLENCE
PROFESSIONAL BOARD, INC.**

POLICY AND PROCEDURE MANUAL

For

**CERTIFIED DOMESTIC VIOLENCE PROFESSIONALS (ICDVP)
CERTIFIED PARTNER ABUSE INTERVENTION PROFESSIONALS (CPAIP)
CERTIFIED 40 HOUR TRAINING, SUPERVISION AND CEU SITES**

Effective Date: 8/12/02

Updated: October 2011

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SECTION I—Information Regarding Site Application Process and Fee Schedule

Effective Date: 08/12/02
Updated: October 2011

**ILLINOIS CERTIFIED DOMESTIC VIOLENCE PROFESSIONAL BOARD, INC.
INFORMATION REGARDING SITE APPLICATION PROCESS AND FEE SCHEDULE**

APPLICATION PROCESS

Sites can download applications from the website (www.ilcdvp.org) or request to have applications mailed. All requests should be mailed to: ICDVP, P.O. Box 429, LaGrange, IL. 60525 or email to ilcdvp@ilcdvp.org.

All new and renewal site applications are reviewed once a year in the spring and should be **postmarked by March 31st**. Any application received after this date will be subject to a **\$50.00 late fee**. If the application is incomplete, (incomplete is defined as an application that has items listed on the application checklist missing) the training site will be charged an additional **\$25.00**

All CDVP/CPAIP professionals must renew their individual certification every two years. Renewal date is based on the month/year an individual passed the CDVP/CPAIP test.

FEE SCHEDULE FOR SITE APPLICATIONS

		ICDVP	CPAIP
Certification for Training Sites	\$200	X	X
Renewal of Certification for Training Sites	\$200	X	X
Certification for Supervision Sites	\$200	X	N/A
Renewal of Certification for Supervision Sites	\$200	X	N/A
Certification for CEU Site	\$200	X	X
Renewal of Certification for CEU Site	\$200	X	X
Site applications postmarked after March 31st	\$50	X	X
Late response to request for supplemental information	\$25	X	X

FEE SCHEDULE FOR INDIVIDUAL APPLICATIONS

Individual Renewal	\$60	X	X
Extension request	\$12	X	X
Late applications	\$25	X	X
Late response to request for supplemental information	\$25	X	X

SECTION II—Code of Ethics

Effective Date: 08/2002
Updated: October 2011

ILLINOIS CERTIFIED DOMESTIC VIOLENCE PROFESSIONAL BOARD, INC.
CODE OF ETHICS

CDVP and CPAIP Professionals

1. Have a primary commitment to provide the highest quality professional support for those who seek services.
2. Protect the safety of the domestic violence victim at all times.
3. Dedicate themselves to the best interest of clients and empower clients to help themselves.
4. Maintain confidentiality of the working relationship and information resulting from it consistent with all legal obligations.
5. Do not exploit relationships with clients for personal advantage.
6. Do not solicit clients of one's agency for private practice.
7. Do not have sexual or romantic relationships with clients.
8. Avoid any action that will violate or diminish the legal and civil rights of clients.
9. Do not condone or engage in sexual or other harassment as defined by the law.
10. Do not discriminate against clients or professionals based on age, gender, spiritual beliefs, race, ethnicity, sexual orientation, marital status, national origin or disability.
11. Develop knowledge, personal awareness, and sensitivity pertinent to the client populations served and incorporate culturally relevant techniques into their practice.
12. Be willing to release or refer a client to another program or individual when it is in the best interest of the client.
13. Do not perpetrate or condone domestic violence as defined in the Illinois Domestic Violence Act and its amendments.
14. Respect the rights and views of other professionals, agencies and organizations serving domestic violence victims.
15. Take personal responsibility for professional growth.
16. Do not knowingly misrepresent credentials or those of their employer.
17. Abide by all ICDVP requirements for professional certification standards.

SECTION III--Eligible Services List

Effective Date: 08/2002
Updated: October 2011

<i>ICDVP--Eligible Services List Definitions</i>	<i>CPAIP--Eligible Services List Definitions</i>
<p>The services listed below clarify the kinds of activities that qualify for the 150 hours of supervised services requirement. ICDVP candidates must have at least 60% (90 hours of the 150) of their experience in at least one of the first five areas listed.</p> <ol style="list-style-type: none"> Counseling - A one-to-one interaction between a domestic violence worker and an adult or child for the purpose of benefiting the client. Examples of counseling include support, guidance, education, problem solving and discussing options. Counseling should be provided with the service plan in mind. Advocacy - Any intervention by a domestic violence worker with a third party on behalf of an adult or child. A release of information must be completed and signed by the client or her / his representative and placed in the client's file. Intervention with a third party should have the purpose of benefiting the client with the service plan in mind. IDVA Advocacy - Illinois Domestic Violence Act Advocacy includes any assistance in pursuing criminal charges and / or orders of protection through problem solving, accompaniment, emotional support and encouragement. Court or IDVA advocacy also includes ongoing systems advocacy to improve policies and procedures, which enhance the safety and court relief for victims. Hotline/Information & Referral - Assisting a client to identify and gather information about community resources for themselves and their children. Group Services - Any services provided by a domestic violence worker to more than one child and / or adult client at a time, with the purpose of giving support, educating, providing necessary information, offering guidance, or facilitating social interaction, etc. for the purpose of benefiting the client 	<p>The services listed below clarify the kinds of activities that qualify for the 150 hours of service requirement. Candidates are required to fulfill all the <i>Group Service</i> and <i>Victim Service Contact</i> hours as part of the 150 hours. For example, candidates may choose to complete 142 <i>Group Service</i> hours and 8 <i>Victim Service Contact</i> hours.</p> <p>Group Services: Services provided by a partner abuse intervention professional to more than one adult at a time, with the purpose of educating, challenging belief systems, providing necessary information, promoting responsibility and holding clients accountable for their abusive behavior. The groups must be co-facilitated, preferably by a male/female co-facilitation team.</p> <p>Victim Service Contact: Involvement would include direct service with a victim/survivor through employment or volunteer work at a victim services agency, partner safety checks, or communication in a professional capacity with victims/survivors. Victim service contact should account for no fewer than 8 hours and no more than 20 hours of service. This requirement may also include involvement on a committee that advocates for victims/survivors of domestic violence. Involvement on a committee may account for no more than 8 hours.</p> <p>Intake Assessments: A one to one interaction between a partner abuse intervention professional and an adult client. Examples of intake assessments include collecting information pertaining to the abuser. This may account for no more than 15 hours of service.</p> <p>Counseling: A one-to-one interaction between and abuse intervention professional and an adult client. Examples of counseling include: education, problem solving, promoting responsibility, working with clients who are not appropriate for group intervention, addressing co-occurring conditions, making referrals to appropriate services and holding clients</p>

<p>and with the service plan in mind.</p> <p>6. Prevention - Activities by a domestic violence worker that promote awareness of the dynamics of domestic violence and provide information to reduce the likelihood of domestic violence.</p> <p>7. Training - Provision of domestic violence information by a domestic violence worker to other professionals who are in contact with victims or abusers in order to assist them in developing more appropriate responses to domestic violence.</p> <p>8. Outreach & Community Education - Direct contact by a domestic violence worker with people in a community setting to identify and educate about domestic violence effects and available services.</p> <p>9. Systems Advocacy - Actions by a domestic violence worker to change established systems to ensure a more effective and appropriate response to domestic violence victims.</p>	<p>accountable for their abusive behavior. This may account for no more than 7.5 hours of supervision.</p>
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SECTION IV--Certification Renewal Requirements Policy

Effective Date: 08/2002
Updated: October 2011

CERTIFICATION RENEWAL REQUIREMENTS

Renewal requirements

ICDVP certification is valid for two year(s) from date of issue unless suspended or revoked by the ICDVP board. The certification may be renewed **by completing and signing Form #8** along with submitting proof of 30 Continuing Education Units. CDVP topics must be areas covered in the 40 hour domestic violence training topics listed in the ICDVP Manual. Renewal forms can be obtained from the website: www.ilcdvp.org or by mailing a request to ICDVP, P.O. Box 429, La Grange, IL 60525.

A CDVP will not be allowed to renew his/her certification if a period of one year has passed since their renewal due date.

Extension Policy

A CDVP/CPAIP will request an extension to complete the required 30 hours of continuing education for renewal of their certification. To do so, they must submit the form to request an extension with a \$12 fee and the CDVP/CPAIP application form with the \$60 renewal fee. If the request is submitted after the expiration date of their certification, they will also owe a \$25 late fee.

Extensions will be granted for six months from the date of the expiration of the certification. If the material is not submitted within this time, the applicant may request another extension not to exceed one year from the expiration of their certification. The cost for this second request will be \$25 if the applicant fails to complete the requirements for renewal at the end of the second extension, the certifications expires.

Certification renewals expire 2 years from the previous renewal date. If a CDVP or CPAIP takes an additional extension year to renew the expired certification, he/she has only one remaining year to complete the total number of continuing educations hours required for renewal. **An extension does not extend next renewal date.**

During the extension period certification is placed on hold. The CPAIP/CDVP is not eligible to supervise candidates for the certification test and he/she is not eligible to be the Coordinator of the 40 hour domestic violence training during this time period.

For an agency to maintain its approved status as an ICDVP certified supervision site, it cannot count the lapsed candidate as a supervisor.

The statement on the CDVP/CPAIP exam application requires that supervisors attest their certification is in good standing during the period in which they supervised the CDVP/CPAIP candidate i.e.

“By my signature, I attest that my certification was current at the time I provided supervision to this applicant.”

Signature

CDVP/CPAIP#

Date of Expiration

If a professional has submitted a late renewal application without obtaining an extension, then a \$25.00 late fee will be charged.

CEU credit

- May be earned for verified attendance at, or participation in, any program/conference which has received approval and authorization from the ICDVP Board to provide CEU credit.
- If an individual attends a conference that has not received approval and authorization from the ICDVP Board, that individual can submit a request for CEU approval by **completely filling out and signing Form 6**.

College credit

ICDVP will allow an hour of continuing education credit for each class credit hour up to a maximum of 20 hours. The classes, however, must be in areas covered in the 40 hour domestic violence training topics listed in the ICDVP manual.

In order to get credit for the hours, the applicant must submit a copy of an official transcript, a petition and the appropriate fee for each course.

Teaching/Facilitating credit

A maximum of 10 hours of CEU's per renewal may be earned for verified teaching in the field of domestic violence either at an accredited college/university or for teaching ICDVP Board approved 40 hour trainings or presenting approved ICDVP CEU trainings. One teaching hour equals one CEU hour. If an individual is applying for teaching/facilitating CEU's, that individual must submit a request for CEU approval by **completely filling out and signing Form 7**.

Note: anyone who teaches part or all of an ICDVP approved 40 hour training at the same agency—during the renewal period—needs to submit all documentation with one form and pay one fee.

Committee/Board Activity credit

A maximum of 6 hours of CEU's may be earned per renewal period for participation in activities which include, but are not limited to: active service as ICDVP Board/committee member, approved local or national network officer, chair or committee member of a major domestic violence conference and chair or committee member of the following organizations: Chicago Battered Women's Network, Illinois Coalition Against Domestic Violence or Department of Human Services Domestic Violence Advisory committee. One participation hour equals one CEU hour. If an individual is applying for Committee/Board Activity CEU's, that individual must submit a request for CEU approval by **completely filling out and signing Form 5**.

Proof of compliance with CEU requirements

1. Proof of conference attendance for an approved ICDVP conference is a copy of the completion certificate provided by the CEU provider.
2. Proof of conference attendance for a non- approved conference is a copy of the completion certificate, a copy of the required form (and any materials requested by that document) and the required fee.
3. Proof of committee participation is a copy the minutes (which lists committee attendees, date and time frame of the meeting), a copy of the required form (and any materials requested by that document) and the required fees.
4. The maximum number of hours that can be requested for a single conference is 20 hours. (30 hours received within one training will not be accepted.)

5. The ICDVP Board may require additional evidence demonstrating compliance with the CEU requirements. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of such compliance.

CEU categories for CPAIP's only

CPAIPs are required to obtain their CEU credits in the following three categories:

Category 1: conferences, workshops or trainings specific to work with victims of domestic violence. Minimum of 10 hours and a maximum of 20 hours.

Category 2: conferences, workshops or trainings specific to work with perpetrators of domestic violence. Minimum of 10 hours and maximum of 20 hours.

Category 3: conferences, trainings or workshops on topics useful to work with perpetrators of domestic violence but may not necessarily be specific to domestic violence. Category 3 can include but is not limited to conferences, workshops or trainings that address substance abuse, mental health, systems coordination, ethics, boundaries, legal and regulatory issues, general counseling, etc. Additionally, for category 3, up to 6 continuing education hours will be credited for participation on domestic violence or Partner Abuse committees and up to 10 continuing education hours for the provision of domestic violence or PAIP trainings.

Inactive status requirements policy

- ❖ Inactive status allows a certified professional to prevent certification expiration, this avoiding the full reapplication process.
- ❖ Inactive status will not be granted for noncompliance with the continuing education requirement of the certificate After the extensions expire, inactive status will not be granted.
- ❖ Inactive status will be granted up to 2 years to certified professionals in good standing with ICDVP.

Procedure for applying for inactive status

1. Certified Professionals requesting inactive status for health or extenuating personal reasons (example: professional leaves the state, leaves field to retire, extended military active duty, leaves field for academic achievement) may only do so by mailing a written request. The letter must clearly state the details of those health or extenuating personal reasons. In addition, the letter must include a statement that the individual will adhere to the ICDVP code of ethics during the interval.
2. The Board will determine if the circumstances warrant inactive status.

Procedure for requesting review of a denial of inactive status

1. The professional will be given 30 days, from receiving a letter from ICDVP stating that they have been denied, to respond in writing to the ICDVP board.
2. A three member Review Panel selected by the Board will review the written response. The Panel will make a recommendation that the issue is reviewed by the entire Board or that the response does not merit additional review. If the response does not merit an additional review

then the Board will be notified and a letter will be sent to the person within 30 days of receiving the written response.

Procedure for removing inactive status

1. The professional submits a letter to the ICDVP board after the extenuating factors are resolved. This letter should include a statement that she/he has adhered to the ICDVP code of ethics during the interval, has obtained appropriate CEU's and any required fees.
2. A letter will be sent to the individual regarding their status.

Procedure for requesting a waiver of the ceu requirement

1. A request for a waiver of the CEU requirement must be based upon extreme hardship as described below:
2. Full-time service in the armed forces of the U.S. during a substantial part of the renewal period.
3. An incapacitating illness documented by a statement from a licensed physician.
4. A physical inability to travel to the sites or approved programs documented by a licensed physician.
5. Other extenuating circumstances.

Request for a waiver of the CEU requirement must be submitted prior to the expiration date of a professional's current certification. To request a CEU waiver, you must submit the following to the Board:

1. Completed renewal application along with the certification fee.
2. A statement setting forth the facts upon which the request for a waiver is based.
3. A copy of military papers showing active duty or a signed statement from attending physician.

The ICDVP Board reserves the right to request any additional documentation that they deem necessary and will review all waiver requests and will notify in writing whether or not the waiver has been approved. If a request for waiver is denied or if CEU's are denied, the board may revoke recertification or inform you of any additional requirements which may include retaking the test to remain in good standing.

*conference is used as a generic term for seminars, workshops and/or conferences

SECTION V--40-Hour Training Site Requirements Policy

Effective Date: 08/2002

Updated: October 2011

40-Hour Training Site Requirements Policy

All candidates for the Illinois Certified Domestic Violence Professional Certification must complete 40 hour training at an ICDVP approved training site and obtain 150 hours of supervised work at an approved supervision site. This policy contains the guidelines for the 40-hour Training Site Requirements.

Information to be submitted to the ICDVP Board

- ✓ **Application (Form #2) filled out completely and signed.**
- ✓ Proof of Illinois Certified Domestic Violence Professional status of all Training Coordinators in the program.
- ✓ Job descriptions of the Training Coordinator(s). Note: Training Coordinator(s) are defined as the person(s) who have the majority of the responsibility for overseeing, monitoring and providing the agency's 40-hour training
- ✓ Items requested on the application checklist.
- ✓ Statement on Victim Empowerment and Social/Activism/Social Change.
- ✓ One page description of agency programs/services and a mission statement.
- ✓ Agency check for \$200.00 made out to ICDVP, Inc. to cover required cost.

The Board reserves the right to limit the number of available sites.

Training site requirements

1. Training sites must be 501c3 and have been in operation for at least five years. Only the Chicago Battered Women's Network, Illinois Coalition Against Domestic Violence and the following types of private, non-for profit domestic violence programs can apply.
 - A. On-site domestic violence programs provide emergency shelter for victims and their children in program-operated, on-site facility. Their primary purpose is the provision of core domestic violence services. Core domestic violence services include on-site shelter, crisis intervention/prevention services, 24-hour hotline, domestic violence counseling, advocacy, IDVA advocacy, information and referral. Services must be provided at no charge to victims and their children.
 - B. Off-site domestic violence programs provide emergency shelter for victims and their children at off-site locations, which are not operated by the program. Their primary purpose is the provision of core domestic violence services. Core domestic violence services include off-site shelter, crisis intervention/prevention services, 24-hour hotline, domestic violence counseling, advocacy, IDVA advocacy, information and referral. **Services must be provided at no charge to victims and their children.**
 - C. Specialized Programs do not provide emergency shelter for victims and their children on-site or off-site but have a memorandum of understanding for shelter referrals. Their primary purpose is the provision of specialized but limited domestic violence services. A

Specialized program is required to provide information and referral as well as one or more core domestic violence services (as stated above). Services must be provided at no charge to victims and their children.

- D. Collaborative Specialized programs are defined as institutions, agencies or individuals who work in **collaboration** with a domestic violence program that fits the above criteria. These sites must be included in the application process completed by the domestic violence program.
2. Training sites must complete the required application form.
 3. The ICDVP Board has determined that if an existing ICDVP training site does not submit a site application by the expiration date, the agency will be charged a late fee of \$50. If the application is incomplete (incomplete is defined as an application that has items missing which are listed on the application checklist) the training site will be given 30 days to make the correction or the agency will be charged an additional \$25.
 4. All training sites must submit the following documentation:
 - A. A copy of an **actual** agency's basic 40 hour training outlines, which includes **actual** timeframes used by the agency that totals 40 hours. (See Section XVI for a listing of required topics and minimal timeframes). During the 40-hour training, any time devoted to announcements, welcoming speeches, lunch and other social events are not included in the total number of hours. In the event there is an educational program connected with a meal function, time spent eating is not included, but there may be credit for the educational portion of that time.
 - B. Required tracking form that includes the corresponding day/time for each required topic/subtopic that is listed on the outline (see Section XVII for form).
 - C. A one page resource list of training material including but not limited to videos, books, articles, etc. used by the agency to develop the 40 hour training.
 - D. The Board reserves the right to request copies of materials used at the 40 hour training.
 5. A job description must be provided for the person or persons responsible for overseeing the 40 hour training.
 - A. Person or persons responsible for overseeing the training must be an Certified Domestic Violence Professional.
 - B. It is recommended that the majority of the presenters be Certified Domestic Violence Professionals.
 6. Training sites must be able to provide the following documentation to anyone who attends their training and agree to keep copies for five years for each person attending the training. Samples of this documentation form must be included when a site is applying to be an approved site.
 - A. Forms that verify dates and time frames of the training (this is the same form as previously discussed in 4B).
 - B. 40-hour completion certificate or letter.

C. ICDVP Board requires evidence that the training site has a system of monitoring attendance. Examples of monitoring attendance may include:

- i. distribution of participant sign in/sign out sheets

7. Training site certification lasts two years.

- A. Training sites will be required to submit an application for renewal. The ICDVP Board reserves the right to make site visits.
- B. The ICDVP Board reserves the right to revoke training site approval if that site no longer meets these requirements.

Procedure for application approval or renewal of a 40 hour domestic violence training site

1. A review of all required documentation will be conducted.
2. The committee will make a determination to approve or deny site certification.
 - A. The decision to deny site certification is based on the program's failure to meet the requirements necessary to be an approved site.
 - B. Denied programs that make the required corrections may apply the following March during the regular application process.
3. A written response for approval or denial will be sent to the agency.

Procedure for requesting review of a site denied certification.

1. If an agency has been denied site certification, the Executive Director will be given 30 days from receiving a letter from ICDVP to respond in writing to the ICDVP Board.
2. A three member Review Panel selected by the Board will review the written response. The Panel will make a **determination and provide a response to the Executive Director within 30 days.**

Procedure for handling complaints against approved sites

1. Complaint must be received in writing and signed by the person making the complaint.
2. The complaint must deal with issues related to the training, provided by a certified site.
3. A three member Review Panel selected by the Board will review the complaint and if necessary send a written request to the agency for clarification of the issues. The agency has 30 days to respond to this request.
4. This Review Panel will determine if a further investigation is needed or if the Panel can make a determination based on the information provided by both parties.
5. The Review Panel may decide to place the agency on probation until the issues are resolved or to revoke the agency's certified status.

6. The Review Panel will inform the Board of its recommendation at a regular scheduled board meeting.
7. The Board will send its decision to the agency's Executive Director and the person submitting the complaint.
8. If an agency is placed on probation or if certified status is revoked, then the agency will have 30 days from receiving the written response to protest the Board's decision.
9. If the response does not merit an additional review, then the Board will be notified and a letter will be sent to the Executive Director of the agency reflecting no change in the previous determination of the Board.
10. Trainings provided by agencies on probation or with revoked status will not be recognized by ICDVP, Inc. for certification eligibility.

SECTION VI--Supervisory Site Requirements Policy

Effective Date: 08/2002
Updated: October 2011

Illinois Certified Domestic Violence Professionals Supervisory Site Requirements Policy

All candidates for the Illinois Certified Domestic Violence Professional certification must complete 40 hour training at an approved training site and complete 150 hours of supervised work at an approved supervision site. This policy contains the guidelines for the supervisory site.

Information to be submitted to the ICDVP Board

- ✓ **Application form #1 filled out completely and signed.**
- ✓ Proof of Illinois Certified Domestic Violence Professional status of all domestic violence victim services supervisors in the program.
- ✓ Job descriptions of all above supervisors.
- ✓ Agency Organizational Chart, with clear lines of supervision; include name and certification number of all CDVP's and CPAIP's.
- ✓ Items requested on the application checklist.
- ✓ Statement on Victim Empowerment and Social/Activism/Social Change.
- ✓ One page description of agency programs/services and a mission statement
- ✓ Agency check for \$200.00 made out to ICDVP, Inc. to cover the required cost

Definition of supervisor and supervised work

1. Supervision sites must complete the required application form. This form is referred to as **Form 1**.
2. The ICDVP Board has determined that if an existing ICDVP certified Supervisory site does not submit a site application by the expiration date; the agency will be charged a late fee of \$50.
3. If the application is incomplete (incomplete is defined as an application that has items missing which are listed on the application checklist) the training site will be given 30 days to make the correction or the agency will be charged an additional \$25.
4. Supervisors must be Illinois Certified Domestic Violence Professionals. Agencies are responsible to ensure that newly hired supervisors have up to one year from time of hire to become CDVP. During that time period, supervision of the individual must be provided by a CDVP.
5. The ICDVP Board defines supervisors as those whose primary responsibilities are to supervise those who provide direct victim services. Direct services is defined as counseling, advocacy, IDVA advocacy, information and referral, hotline, group services, prevention, training, outreach and community services as well as systems advocacy. A complete definition of direct service activities can be found in section III of this manual. **An exception to this rule is that any supervisor who only works overnights or weekends at an approved ICDVP supervision site does not have to be certified as long as she/he is backed up by telephone and/or beeper by a CDVP supervisor.**

6. Supervised work is defined as direct service activities (as defined in section III) at a domestic violence agency under the direction of a CDVP certified supervisor.
7. The ICDVP Board states that any staff/volunteer that provides direct services at a domestic violence program is required to be 40 hour trained in order to be granted the confidentiality status under the IDVA law. In addition to the certification requirement for supervisors, the ICDVP board stipulates that all Executive Directors (or in the case of multi-program agencies the Domestic Violence Program Director) be 40 hour trained even if they are not having client contact and are not required to be certified. For full time workers supervision sessions must be conducted on a weekly basis for one hour until the completion of the 150 hours of supervised work. For part time workers supervision can be conducted every other week until the completion of the 150 hours of supervised work. Supervision can be conducted either individually or in small groups.

Supervisory site requirements

1. Supervision sites must be 501c3 and must have been providing domestic violence services for at least 5 years (**an exception to this portion of the policy is stated below**). Only the Chicago Battered Women's Network, Illinois Coalition Against Domestic Violence and the following types of private, non-for profit domestic violence programs can apply.
 - A. On-site domestic violence programs provide emergency shelter for victims and their children in program-operated, on-site facility. Their primary purpose is the provision of core domestic violence services. Core domestic violence services include on-site shelter, crisis intervention/prevention services, 24-hour hotline, domestic violence counseling, advocacy, IDVA advocacy, information and referral. Services must be provided at no charge to victims and their children.
 - B. Off-site domestic violence programs provide emergency shelter for victims and their children at off-site locations, which are not operated by the program. Their primary purpose is the provision of core domestic violence services. Core domestic violence services include off-site shelter, crisis intervention/prevention services, 24-hour hotline, domestic violence counseling, advocacy, IDVA advocacy, information and referral. Services must be provided at no charge to victims and their children.
 - C. Specialized Programs do not provide emergency shelter for victims and their children on-site or off-site but have a memorandum of understanding for shelter referrals. Their primary purpose is the provision of specialized but limited domestic violence services. A Specialized Program is required to provide information and referral as well as one or more core domestic violence services (as stated above). Services must be provided at no charge to victims and their children.
2. Supervision sites must complete the required application form. (**Form #1**).
3. Sites must submit a brief explanation of how supervision will take place and how trainees will interface with domestic violence victims.
4. **Policy exceptions**

Exception 1:

If an agency has been in existence for under 5 years (but otherwise fits requirements) then it must have a supervisor (or supervisors) who have been CDVP and in the domestic violence field for 3 years. The agency must have been in existence for 2 years and have a two year written collaboration agreement with an approved ICDVP supervision site (which fits the 5 year criteria) in order to receive a one year trial approval as a supervision site (fee will be based on one year). Note: If the agency has only one CDVP supervisor then she/he must be responsible for the supervision of all non-CDVP direct services staff and be responsible for overall supervision and program development.

Exception 2:

If an agency has been in existence for more than 5 years but has developed a new program that is designed to serve victims of domestic violence (but otherwise fits requirements) then it must have a supervisor (or supervisors) who have been CDVP and in the domestic violence field for 3 years. The agency must have been in existence for 2 years and have a two year written collaboration agreement with an approved ICDVP supervision site (which fits the 5 year criteria) in order to receive a one year trial approval as a supervision site (fee will be based on one year). Note: If the agency has only one CDVP supervisor then she/he must be responsible for the supervision of all non-CDVP direct services staff and be responsible for overall supervision and program development.

5. Supervision sites must be willing to provide the following documentation to anyone supervised and agree to keep copies of this information for five years for each individual that is supervised. Copies of this documentation form must be included when a site applies for approval.
 - A. Forms that verify dates and length of time of individual supervision sessions.
 - B. Completion certificate of the 150 hours of supervised work.
6. Supervision sites will be approved for a period of two years unless otherwise stated in this document.
 - A. Most supervision sites will only be required to submit a renewal form (ICDVP **Form #10**). The ICDVP board reserves the right to make a site visit if necessary.
 - B. The ICDVP board reserves the right to revoke the certification of any site if the site no longer meets any of these requirements.
7. Agencies are responsible to notify ICDVP, Inc. if personnel changes result in all supervisors of direct service domestic violence staff not being CDVP's.

Procedure for application approval or renewal of a Supervisory site

1. A review of all required documentation will be conducted.
2. The committee will make a determination to approve or deny site certification.
 - A. The decision to deny site certification is based on the program's failure to meet the requirements necessary to be an approved site.
 - B. Denied programs that make the required corrections may apply the following March during the regular application process.
3. A written response for approval or denial will be sent to the agency.

Procedure for requesting review of a site denied certification.

1. If an agency has been denied site certification, the Executive Director will be given 30 days from receiving a letter from ICDVP to respond in writing to the ICDVP Board.
2. A three member Review Panel selected by the Board will review the written response. The Panel will make a **determination and provide a response to the Executive Director within 30 days.**

Procedure for handling complaints against approved sites

1. Complaint must be received in writing and signed by the person making the complaint.
2. The complaint must deal with issues related to the training, provided by a certified site.
3. A three member Review Panel selected by the Board will review the complaint and if necessary send a written request to the agency for clarification of the issues. The agency has 30 days to respond to this request.
4. This Review Panel will determine if a further investigation is needed or if the Panel can make a determination based on the information provided by both parties.
5. The Review Panel may decide to place the agency on probation until the issues are resolved or to revoke the agency's certified status.
6. The Review Panel will inform the Board of its recommendation at a regular scheduled board meeting.
7. The Board will send its decision to the agency's Executive Director and the person submitting the complaint.
8. If an agency is placed on probation or if certified status is revoked, then the agency will have 30 days from receiving the written response to protest the Board's decision.
9. If the response does not merit an additional review, then the Board will be notified and a letter will be sent to the Executive Director of the agency reflecting no change in the previous determination of the Board.

10. Trainings provided by agencies on probation or with revoked status will not be recognized by ICDVP, Inc. for certification eligibility.

SECTION VII--Continuing Education Site Requirements Policy

Effective Date: 08/2002

Continuing education unit requirements

The Illinois Certified Domestic Violence Professional Board (ICDVP Board) requires the completion of 30 hours of continuing education units during the two year renewal period for Illinois Certified Domestic Violence Professionals (CDVP) and Illinois Certified Partner Abuse Intervention Professionals (CPAIP).

CEU site requirements

Continuing Education sites must be 501(c)3 and must have been providing domestic violence services for at least 5 years. Only the Chicago Battered Women's Network, Illinois Coalition Against Domestic Violence and the following types of private, non-for profit domestic violence programs can apply.

- A. On-site domestic violence programs provide emergency shelter for victims and their children in program-operated, on-site facility. Their primary purpose is the provision of core domestic violence services. Core domestic violence services include on- site shelter, crisis intervention/prevention services, 24-hour hotline, domestic violence counseling, advocacy, IDVA advocacy, information and referral. Services must be provided at no charge to victims and their children.
- B. Off-site domestic violence programs program provided emergency shelter for victims and their children at off-site locations, which are not operated by the program. Their primary purpose is the provision of core domestic violence services. Core domestic violence services include off- site shelter, crisis intervention/prevention services, 24-hour hotline, domestic violence counseling, advocacy, IDVA advocacy, information and referral. Services must be provided at no charge to victims and their children.
- C. Specialized Programs do not provide emergency shelter for victims and their children on-site or off-site but have a memorandum of understanding for shelter referrals. Their primary purpose is the provision of specialized but limited domestic violence services. A Specialized program is required to provide information and referral as well as one or more core domestic violence services (as stated above). Services must be provided at no charge to victims and their children.

D. CPAIP CEU Sites

Determining the number of continuing education units and contact hours for an approved CEU conference. The following information applies to both CPAIP and CDVP sites.

One continuing education unit equals one hour of instruction. A conference must be a **minimum of one hour in length**. Time devoted to announcements, welcoming speeches, lunch and other social events is not included in the number of hours counted. When an ICDVP approved CEU site considers giving approval to another agency's conference then the following items should be taken into consideration:

- ❖ the objective
- ❖ content

- ❖ agenda
- ❖ resume/bio/vitae of presenters

Satisfactory completion of program will include

- ❖ A certificate of completion that clearly includes the number of CEU's provided.
- ❖ Evidence that the conference monitors attendance. Examples of methods to monitor attendance may include:
 - distribution of participant sign in/sign out sheets,

Compliance requirements

- ❖ The ICDVP Board may require additional evidence demonstrating compliance with the CEU requirements.
- ❖ It is the responsibility of the site to retain or otherwise produce evidence of such compliance for five years.

Application fees

ICDVP Board charges a \$200 fee for CEU site approval. CEU sites will be required to renew every two years.

The ICDVP Board has determined that if an existing ICDVP/CPAIP CEU site does not submit a site application within two weeks of their renewal date then the agency will be charged a late fee of \$50. If the application is incomplete (incomplete is defined as an application that has missing items listed on the application checklist) the CEU site will be charged an additional \$25. Application by the expiration date will not be accepted and the agency must reapply at the next application review process. All dates are posted in the ICDVP policy manual.

Procedure for application approval or renewal of a CEU site

1. A review of all required documentation will be conducted.
2. The committee will make a determination to approve, deny or place the agency on probation.
 - A. The decision to deny a program is based on whether or not the program has the ability to meet all the requirements necessary to be an approved site.
 - B. Probationary status can only be used for agencies that were approved sites but are temporarily unable to meet the approved site requirements. The agency will be placed on probationary status until all requirements are met. During probationary status, said agency's approved ICDVP site status will be placed on hold, in other words; no CEU training can be counted for any CDVP/CPAIP ceu requirement. Probationary status can last no longer than one year. If the issue has not been resolved within the year then the agency must re-apply for status by using the full application process.
3. A written response for approval, denial or probationary status will be sent to the agency.

Procedure for requesting review of a site denied approval or given probationary status

1. If an agency has either been denied site approval or placed on probation, the executive director will be given 30 days from receiving a letter from ICDVP stating that they have either been denied or placed on probation to respond in writing to the ICDVP board.
2. A three member Review Panel selected by the Board will review the written response. The Panel will make a recommendation to review or be reviewed by the full board. If the response does not merit an additional review then the Board will be notified and a letter will be sent to the executive director within 30 days of receiving the written response.

Procedure for handling complaints against approved sites

1. Complaint must be received in writing and signed by the person making the complaint.
2. The complaint must deal with issues related to either the 40-hour training, supervision issues or a CEU training of an approved site.
3. A three member Review Panel selected by the Board will review the complaint and send a written request to the agency which requests clarification of the issues. The agency has 30 days to respond to this request.
4. This Review Panel will determine if a further investigation is needed or if the panel can make a determination based on the information provided by both parties.
5. The Review Panel may decide to place the agency on probation until the issues are resolved or to revoke the agency's approval status.
6. The Review Panel will inform the Board of its recommendation at a regular scheduled board meeting.
7. The Board will send its decision to the agency's Executive Director and the person submitting the complaint.
8. If an agency is placed on probation or its approval status is canceled then the agency will have 30 days from receiving the written response board decision to protest the Board's decision.
9. If the response does not merit an additional review then the Board will be notified and a letter will be sent to the executive director of the agency reflecting no change in the previous determination of the Board.

SECTION VIII--Continuing Education Unit (CEU) Single Conference* Policy

Effective Date: 08/2002

*conference is used as a generic term for seminars, workshops and/or conferences

Continuing Education Unit (CEU) Single Conference Policy

Requirements

This policy is for local, statewide or national conferences that are seeking approval for a single conference. A member of the event planning committee must be a CDVP/CPAIP. The conference coordinator must seek approval and pay a fee for each conference that they provide throughout the year. The conference brochure must state that the CEU's are provided by Illinois Certified Domestic Violence Professional Board. Those interested in applying are directed to complete **Form 9** in the Appendix.

Another option would be for entities to partner with currently certified local programs authorized by ICDVP, Inc. to provide CEU's. A list of approved agencies may be found on the website: www.ilcdvp.org

Determining the number of continuing education units and contact hours in an approved CEU program

One continuing education unit equals one hour of instruction. The number of CEU's are determined prior to the beginning of the program. Time devoted to announcements, welcoming speeches, lunch and other social events is not included in the number of hours. If there is an educational program connected with a meal function, credit is only given for the education portion.

Criteria used to determine approval of a CEU conference

- ❖ the objectives
- ❖ content
- ❖ agenda
- ❖ resume/bio/vitae of presenters

Satisfactory completion of program will include

- ❖ CEU certificate of completion that clearly includes the number of CEU's provided.
- ❖ Evidence that the conference monitors attendance. Examples of methods to monitor attendance may include:
 - distribution of participant sign in/sign out sheets,

Compliance requirements

- ❖ The ICDVP Board may require additional evidence demonstrating compliance with the CEU requirements.
- ❖ It is the responsibility of the site to retain or otherwise produce evidence of such compliance for five years.

Application fees

ICDVP Board charges a minimum \$100 fee per conference.

Procedure for approval a CEU conference

1. A review of all required documentation will be conducted.
2. A written response for approval or denial of conference will be sent.

Procedure for requesting a review of a conference denied CEU approval

1. The conference coordinator will be given 30 days from receiving the ICDVP denial letter to respond in writing to the ICDVP board.
2. A three member Review Panel selected by the Board will review the written response. The Panel will make a recommendation that the conference reviewed by the entire Board or that the response does not merit additional review. If the response does not merit an additional review then the Board will be notified and a letter will be sent to the conference coordinator within 30 days of receiving the written response.

SECTION IX--40-HOUR TRAINING TOPICS AND DEFINITIONS

Effective Date: 08/2002

ILLINOIS CERTIFIED DOMESTIC VIOLENCE BOARD

40 HOUR TRAINING DEFINITIONS

Instructions

The following outline contains the minimal list of topics for required 40-hour training. In addition, each category (and in some cases sub-category) have been assigned minimal timeframes. Programs may add materials and time for any topic as appropriate for the needs of victims/survivors served by their program as long as the minimal list of topics and minimal timeframes are used. ICDVP chooses to assign only 33 hours of the 40 hours so that approved training sites may choose the areas in which they want to focus the additional 7 hours. ICDVP does require that every approved training site conduct a full 40 hour training program in the classroom without any client contact until the entire training is completed. We have used the term “she” since most victims/survivors are women but we recognize that victims/survivors can be men.

FOUNDATIONS

This section covers the history and the basic fundamentals of domestic violence.

Timeframe: 2 hours minimum

- **Definition of Domestic Violence**
 - ❖ Utilize a definition of domestic violence that includes the following two factors:
 - Power & control issues.
 - Pattern of abusive behavior

- **Historical and Feminist Perspectives**
 - ❖ Discuss milestones in the history of the world that impact dealing with the issue of domestic violence.
 - ❖ Provide the knowledge needed to gain a better understanding of the movement to end violence against women and children.
 - ❖ Present a brief history of the domestic violence movement on a local and national level. Include the history of your domestic violence program and/or the Illinois Coalition Against Domestic Violence or both.

- **Societal and Institutional Issues**
 - ❖ Discuss how society and institutions continue to oppress women and reinforce women’s victimization.
 - ❖ Discuss how programs must couple intervention skills with the knowledge that violence against women affects all women in society and is an extension of sexist attitudes in a patriarchal system.
 - ❖ Define oppression. Describe the impact that oppression can have on victim/survivors of domestic violence.
 - ❖ Define social change and its role in the domestic violence movement.
 - ❖ Discuss the necessity of advocating for social change in order to end domestic violence.

- **Myths and Realities**
 - ❖ Discuss some of the more common myths about domestic violence and their realities.

DYNAMICS

This section contains statistics and the basic concepts of domestic violence.

Timeframe: 5 hours minimum

▪ **Statistics of Domestic Violence**

- ❖ Provide statistics that are current, up to date, and from reputable sources.

▪ **Cycle of Violence**

- ❖ Discuss the three stages of the cycle:
 1. Buildup, escalation, tension
 2. Explosion, battering/abuse occurs
 3. Sorrowful/conditional remorse/ re-capture/ reconciliation
- ❖ Discuss the behaviors of the victim/survivor and batterer during each stage.
- ❖ Discuss how the cycle may vary from situation to situation and can shorten or disappear or may never have been present in a given relationship.

▪ **Power and Control Wheel/Types of Abuse**

- ❖ Define types of abuse such as;
 - Emotional, economic, sexual, physical, using the children, threats, using male privilege, spiritual abuse, intimidation, isolation.
- ❖ Define defense mechanisms:
 - Minimization, denial and blame.
- ❖ Provide an example of a Power and Control Wheel – such as; Duluth model. Include:
 - Power and Control dynamics may be present in the absence of physical abuse.
- ❖ Discuss sexual abuse in intimate relationship.

▪ **Barriers or Challenges to Leaving an Abuser**

- ❖ Discuss barriers or challenges including;
 - Emotional, economic dependence, fear, shame/embarrassment, society, family/friends, isolation, children, shelter/housing, frequency and severity of abuse, self esteem, beliefs about marriage, beliefs about men, guilt, love, hope, immigrant status, cultural and religious norms.
- ❖ Educate that the most dangerous time for the victim/survivor is when she starts to leave the abuser.
- ❖ Teach the importance of respecting the victim /survivor's choice to know when it is best for her to leave or stay in the relationship.

▪ **Identifying Victims/Survivors**

- ❖ Teach participants to ask the victim/survivor about the history of abuse.
- ❖ Describe how abuse affects domestic violence victims/survivors such as; physical, psychological, emotional, self-esteem, family, finances, etc.

DIRECT SERVICES ISSUES

This section deals with teaching the intervention skills needed to work with victims/survivors.

Timeframe: 5 hours minimum

- **Counseling Domestic Violence Victims/Survivors –**
 - ❖ Educate that counseling domestic violence victims/survivors is a mutually shared effort between the advocate/counselor and victim/survivor.
 - ❖ Teach participants to encourage the victim/survivor to direct her healing process – the victim/survivor addresses the issues she wants to discuss and sets the goals for the healing process.
 - ❖ Discuss intervention skills. Include information from the following subcategories:
 - **Listening Skills**
 - Development of good listening skills is most important when learning how to work with victim/survivors.
 - Characteristics components
 - Effective listening
 - Communication skills.
 - **Service Planning**
 - In conducting a (weekly) case review, advocates/counselors must look to see that the victim's/survivor's needs/wishes/rights are being addressed in her service plan and through collaborative victim/survivor and the staff interaction.
 - Victim/Survivor and advocate/counselor need to work together in their attempt to create a service plan guided by the survivor's needs and safety.
 - Describe what a service plan is and define the steps involved. Service planning includes; but is not limited to, the following:
 - Defining what challenges and obstacles have interfered with her meeting her goals.
 - Setting goals.
 - Generating alternative solutions or action steps.
 - Evaluating the potential options.
 - Selecting options and discussing their implementation.
 - **Confidential Communication**
 - Educate on the importance of a discussion between the advocate/counselor and victim/survivor regarding both parties' responsibilities and rights.
 - Describe the privileged communications between domestic violence counselors/advocates and Victims/Survivors as stated in the Illinois Domestic Violence Act (IDVA).
 - Provide a brief description of what a confidentiality agreement is and that confidentiality must be maintained even after staff, volunteers, board members, interns and residents leave the domestic violence program.

- ***Personal and Professional Boundaries***
 - Discuss the importance of empathizing with the victim /survivor’s experience and being caring, accepting, honest and trustworthy. .
 - Teach how to establish clear personal and professional boundaries. Give examples.
 - Discuss how to model a professional attitude with a non-judgmental outlook.
 - Discuss the importance/legal aspects of boundaries and how they can be violated.

- ***Empowerment Perspectives***
 - Empowerment is not telling the victims/survivors what to do but enables them to make their life changes. Empowerment is a multi-dimensional social process that helps people gain control over their lives. Through this process, power is cultivated within individuals for use in their lives, their communities, and in their society, by acting on issues that they define as important.

- **Defining Advocacy**
 - ❖ Teach a definition of advocacy that is compatible with an empowerment perspective, including definitions and examples of the types of advocacy (self, individual, legal, and systems). For example:
 - Advocacy is the active support of and speaking on behalf of a person, group or cause. It is a method of problem solving. Empowerment is the primary focus of advocacy – we act as agents or advocates to survivors of violence in their process of redefining, experiencing, and realizing their own power.
 - Self advocacy is the empowered process of speaking on behalf of oneself to insure one’s own rights and safety.
 - Individual advocacy is the process of speaking on behalf of an individual or family to insure their rights and safety. Empowering individual advocacy is done in partnership with the survivor. Individual advocacy is an important part of case management and supportive counseling. Examples of individual advocacy; includes, accompanying a victim/survivor to her appointment with Public Aid, gathering housing options, gathering referrals and/or talking to referral sources on behalf of a victim/survivor, etc.
 - Legal advocacy refers to empowerment methods of assisting a victims/survivors or group of victims/survivors in obtaining legal and human rights. It includes providing them with legal information and options, accompanying a victim/survivor or group of victims/survivors through the legal system and advocating within the legal system.
 - Systems advocacy refers to the process of changing and influencing systems in ways that will benefit victims/survivors of violence. It includes working to make changes to the law, government, service policies, and community attitudes. On behalf of all victims/survivors of violence and to prevent future violence system advocacy has been one of the major goals of the domestic violence movement.

- **Basic Crisis Intervention Skills**
 - ❖ Teach the steps needed to assess for crisis and to work with the victim/survivor to handle the crisis.

- ❖ Use a definition of crisis that includes the following elements:
 - Stressful event occurs.
 - Individual's view of event
 - Usual coping methods fail
 - ❖ Educate on ethical considerations – Crisis situations place victims/survivors in very vulnerable positions. An advocate/counselor must not impose her/his own values, thoughts, opinions, or viewpoints onto the victim/survivor. It is the advocate's job to offer support, education and counseling that enables the victim/survivor to function in a manner that reduces stress and enables her to develop her future goals/plans.
- **Documentation – Files – Victim's/Survivor's Rights**
- ❖ Teach the importance of accuracy and appropriateness in service documentation.
 - ❖ Educate participants on the importance of maintaining files that contain clear and accurate documentation as well as effective, necessary and objective service provisions.
 - ❖ Teach that a definition of victim's/survivor's rights includes:
 - Victim's/Survivor's basic rights to receive free, confidential services, regardless of race, disability, religion, ethnic origin, sexual orientation or age.
 - Victim's/Survivor's right to have confidential communication unless written permission is given *by* them.
 - The right to make their own decisions and participate in mutually agreed upon goals, etc.
 - ❖ Discuss how client files are maintained and accessed. Include:
 - Agency guidelines and legal restrictions about the do's and don'ts of what is kept in client files, length and format of client files, and other relevant information.
 - The importance of keeping documentation on children separate from their parent/guardian. Children's information can be subpoenaed and is not fully confidential due to current child abuse laws and reporting requirements.

SAFETY AND ASSESSMENT

The goal of this section is to teach the skills needed to develop and implement safety plans, how to identify tools and skills to assist in assessing the possible danger levels that the victim/survivor may be facing and how to assess/intervene in potential suicidal crisis situations. **Timeframe: 2.5 hours (some of these hours are assigned to specific topics in this section)**

- **Safety Planning**
 - ❖ Teach methods for working with clients in a variety of settings (i.e. court, domestic violence program, urban, rural etc.) to develop and implement a safety plan.
 - ❖ Educate on the importance of safety planning.
 - ❖ Discuss empowerment vs. giving advice or directing the victim.
 - ❖ Discuss ways to develop a safety plan to leave or stay.
 - ❖ Provide information on items that are important to take when leaving.
 - ❖ Educate on the use of code words for family, children, friends or neighbors.
 - ❖ Discuss ways to assess if the safety plan will increase safety for the victim/survivor or increase the danger.
 - ❖ Teach the need to update the plan as the situation requires.

- **Lethality Assessment**
 - ❖ Teach that advocates/counselors must always use extreme caution when assessing and discussing potential danger with a victim/survivor.
 - ❖ Explain the danger of using scales that base the assessment on a number total.
 - ❖ Discuss the importance of always respecting the victim /survivor's assessment of high risk.
 - ❖ Explain current research on lethality assessment.
 - ❖ Discuss possible steps to take if the advocate/counselor assesses that the victim/survivor is in extreme danger.

- **Suicide Assessment**
Timeframe: 1/2 hour minimum (as part of the total minimal requirement for this section)
 - ❖ Review tools for suicide assessment. Include:
 - Warning Signs
 - Intervention strategies
 - ❖ Review liability risk – for advocate/counselor and agency.
 - ❖ Discuss the reasons to seek supervision/ consultation on this issue.
 - ❖ Review agency procedures for breaking confidentiality.

ABUSERS

This goal of this section is to give a basic review of an abuser profile and batterer intervention services. It is not meant to teach abuser intervention skills. **Timeframe: 1 hour minimum**

- Overview of Abusers
 - ❖ Discuss common abuser's traits.
 - ❖ Discuss reasons that abusers abuse.
- Overview of Abuser Program Services
 - ❖ Short explanation of either agency's abuser treatment program or other local program approved by victim services program or DHS Protocol for Batterer's Intervention Program.

CHILDREN'S ISSUES

The goal of this section is to teach the negative effects domestic violence has on children and the ways that advocates/counselors and non-abusing parent can intervene to lessen those effects.

Timeframe: 3 hours minimum

- **Effects of Domestic Violence on Children.**
 - ❖ Teach that children who witness domestic violence are at risk for maladaptive behaviors.
 - ❖ Educate that the developmental areas that are affected can be any or all of the following :
 - Emotional
 - Behavioral
 - Physical
 - Social
 - Cognitive
 - ❖ Discuss the role of the domestic violence worker with children.
 - ❖ Discuss the importance of providing services to children.

- ❖ Discuss the role of non-abusing parent with children.
- **Child Abuse and Neglect Reporting Act**
 - ❖ Discuss definitions and requirements of a mandated reporter.
- **DCFS Issues**
 - ❖ Describe DCFS procedures for reporting abuse.
 - ❖ Describe agency's procedures/policies regarding reporting abuse.
- **Safety Planning for Children**
 - ❖ Discuss the components of a child's safety plan.
 - ❖ Educate on empowerment of the non-abusing parent and the children vs. giving advice or directing.
- **Working with Children**
 - ❖ Intervention Skills – i.e. activities that focus on encouraging the child to express feelings, discuss domestic violence issues, deal with his/her feelings of anger, etc.
 - ❖ Discussing Domestic Violence in an Age Appropriate Manner

TEEN DATING VIOLENCE

The goal of this section is to focus on how to intervene and work with teens in either a dating violence situation or a domestic violence situation. **Timeframe: 1 hour minimum**

- **Dynamics**
 - ❖ Discuss how to help teens recognize dating violence situations.
- **Legal Issues for Teens**
 - ❖ Discuss number of counseling session without parental consent.
 - ❖ Educate on documentation and record keeping that applies to teens.
 - ❖ Discuss issues of confidentiality that applies to teens.
 - ❖ Teach that an Order of Protection is available to minors.
- **Safety Planning for Teen-Dating Violence**
 - ❖ Discuss components of a safety plan.
 - ❖ Educate on empowerment vs. giving advice or directing.
 - ❖ Provide guideline on when and how to involve the parent.

CULTURAL COMPETENCY

The goal of this section is to address issues of culture, ethnicity, race and religion from a culturally competent perspective.

Timeframe: 3 hours minimum (some of these hours are assigned to specific topics in this section)

- **Anti-Racism: Timeframe: 2 hours or more (as part of the total minimal requirement for this section)**
 - ❖ Educate that if we are to address issues of culture, racism must first be addressed. It is appropriate to discuss issues specific to particular cultural or racial communities (such as in the form of a panel) only if it is conducted in conjunction with ant-racism training.

- ❖ Teach a definition of racism that incorporates the following: Race Prejudice + Power = Racism.
 - ❖ Define and discuss related words, such as; oppression, institutional racism, cultural racism, individual/personal racism, white privilege, colonialism, diversity, culture, ethnocentrism, stereotyping, prejudice, discrimination, tokenism, scapegoat. All of these words have their roots in racism.
 - ❖ Discuss strategies for ensuring that programs are actively anti-racist, promote women of color to leadership positions, and are accessible to all women of color.
- **Religion and Domestic Violence**
 - ❖ Educate that when addressing religion and domestic violence, the discussion should be inclusive, not just from a Judeo/Christian perspective.
 - ❖ Teach advocate/counselor to respect different views and values. Be aware of other beliefs and cultures.
 - ❖ Discuss collaborating with religious communities on ways to support victims/survivors.
 - ❖ Discuss strategies for making services accessible to survivors of all religious/spiritual beliefs.

WORKING WITH POPULATIONS WITH COMPLEX/UNIQUE ISSUES

This section focuses on the unique needs of specialized populations that are affected by domestic violence.

Timeframe: 6 hours minimum (some of these hours are assigned to specific topics in this section)

- **Older Battered Women**
 - ❖ Briefly describe the needs of older battered women. Include:
 - Health needs.
 - Housing needs.
 - Barriers to obtaining and/or receiving services.
 - Increased isolation and economic concerns.
- **Elder Abuse and Neglect Act**
 - ❖ Briefly give an overview of the act and how it applies to advocates/counselors. Include
 - Legal requirements for reporting.
 - Agency's policies and procedures for reporting.
- **Rural Women**
 - ❖ Lack of Resources
 - ❖ Isolation
 - ❖ Lack of familiarity with power structure
- **Immigrant Battered Women**
 - ❖ Examine the additional barriers to safety faced by immigrant battered women, such as: legal barriers; language, religion, cultural norms, domestic violence programs and legal systems that are not culturally competent or bilingual, racism for immigrant women of color, fear of losing children, additional isolation, the current anti-immigrant legislation and climate in the US, additional safety considerations (examples: kidnapping of children to another country, fear of calling the police due

- to immigration status of victim/survivor or batterer), greater restrictions on access to public benefits, etc.
 - ❖ Briefly discuss legal remedies for immigrant battered women, as well as resources and referrals for more information on legal remedies.
 - ❖ Discuss strategies for making services accessible to, and appropriate for, immigrant battered women and their children.
- **People with Unique Challenges**
 - ❖ Describe the additional obstacles faced by victims/survivors with disabilities. Include
 - Difficulties in obtaining and receiving services.
 - Housing Needs.
 - Health Needs.
 - Literacy Levels.
- **Mental Health Issues**
 - ❖ Discuss the effects of domestic violence on victim/survivor's mental health.
 - ❖ Discuss reasons a victim/survivor's mental health can be compound when involved in a domestic violence situation.
- **Lesbian, Gay, Bisexual, Transgender Issues and Homophobia**
Timeframe: 1.5 hours minimal (as part of the total minimal requirement for this section)
 - ❖ Define the words Lesbian, Bisexual, Gay, and Transgender (LGBT).
 - ❖ Define and discuss homophobia and heterosexism.
 - ❖ Discuss issues of power and privilege for heterosexual vs. LGBT people in society. Encourage participant self-exploration.
 - ❖ Discuss the differences and similarities of domestic violence in heterosexual and in LGBT relationships including a discussion of additional barriers faced by LGBT survivors, including:
 - Homophobia.
 - Programs and courts that are not accessible or LGBT friendly/competent (example: lack of programming and shelter).
 - Fear of outing.
 - Fear of losing children, job, family, housing, etc.
 - Fear of gay bashing.
 - Increased aggressor identification difficulty (which increases the likelihood that the victim/survivor is arrested rather than the batterer).
 - ❖ Discuss strategies for making services accessible to LGBT people experiencing domestic violence.
- **Substance Abuse and Domestic Violence**
Timeframe: 1 hour minimal (as part of the total minimal requirement for this section)
 - ❖ Provide a brief overview of issues related to the intersection of domestic violence and substance abuse. Include:
 - An explanation that when working with victims/survivors who have both issues it is important to address both safety and sobriety.
 - Substance abuse does not cause domestic violence.

- Chemical dependency is a disease. Domestic violence is a learned behavior; not a disease.
- The Cycle of Addiction. Explain that relapse is part of that cycle.
- Domestic violence can impair the opportunity for addiction recovery and threaten sobriety.
- ❖ Briefly discuss substance abuse issues that are specific to victims/survivors. Include:
 - Both substance abuse and domestic violence are a health risk to women.
 - Victims/survivors may begin or increase use in response to domestic violence and/or trauma. Many women are introduced to substances by their partner.
 - Women who abuse substances are stigmatized to a greater extent than men. Being identified as an alcoholic or addict can negatively affect the victim's/survivor's ability to get housing, gain custody of her children, obtain services; such as, legal assistance, shelter, etc.
 - Women who use are usually more isolated.
 - Substance use may deter women from seeking help for fear of arrest or involvement with the child welfare services.
 - Survival skills should not be labeled as co-dependency.
 - Substance abuse may prevent the victim/survivor from assessing the level of danger posed by the abuser and reduce a victim /survivor's ability to use her safety plan.
 - Abusers may sabotage treatment or prevent the victim/survivor from attending.
- ❖ Briefly discuss substance abuse issues that are specific to abusers. Include:
 - Abusers may use substance abuse to gain power and control.
 - Abuser may use their addiction to justify their actions.
- **Sexually Transmitted Diseases including HIV and AIDS**
 - ❖ Provide a brief overview. Include:
 - Educate on STD's, HIV and AIDS including
 - A basic description and definition.
 - Transmission methods.
 - Myths and facts.
 - Protection from infection.
 - HIV and pregnancy.
 - Confidentiality related to HIV.
 - ❖ Discuss universal precautions. Include:
 - What to do when encountering blood or bodily fluids, e.g. wearing gloves, washing hands, discarding of materials appropriately, prevention of contamination
- **Prostitution/Trafficking**
 - ❖ Provide a brief introduction to the issues of prostitution and trafficking. Include:
 - Definition of prostitution and trafficking.
 - How prostitution and trafficking are issues of domestic violence.
 - Barriers to services.

IDVA/LEGAL ISSUES

This section focuses on the legal issues related to domestic violence.

Timeframe: 4 hours minimum

- **Discuss IDVA Act**
 - ❖ Provide a brief historical overview of the IDVA Act.
 - ❖ Discuss orders of protection. Include:
 - Who can be protected persons on an Order of Protection (OP)?
 - Types and durations of orders of protection.
 - Burden of proof and no fees.
 - Remedies.
 - How to enforce an OP (contempt, violation of order of protection, child abduction).
 - Victim cannot be charged with violation or assisting in the violation of OP and can't give effective consent for respondent's violation.
 - Law enforcement responsibilities and confidentiality.
 - ❖ Discuss enforcing orders of protection.
 - ❖ Discuss law enforcement responsibilities and confidentiality.

- **Criminal or Civil Court/Orders Of Protection**
 - ❖ How are orders of protection obtained in your county?
 - ❖ **Optional** - Discuss available options for filing criminal charges and for obtaining orders of protection in the county/counties you serve. If criminal charges are possible, what is the process a victim/survivor would use to do so?

- **Criminal Offenses: Assault, Domestic Battery, Violation of Order of Protection, Stalking**
 - ❖ Provide a brief outline of what the state must prove to convict an abuser of any of these offenses.
 - ❖ Optional – Interstate Violation of Order of Protection

- **Conditions of Bond**
 - ❖ Discussion of the Supreme Court ruling that a person charged with domestic battery or violation of order of protection must be taken before a judge to have bond set and the 72 hour bond rule for offenders arrested on any other charges where the victim/survivor is a family or household member.

- **Full Faith and Credit**
 - ❖ Provide a brief discussion of federal law on how full faith and credit works; state issuing order of protection determines who is covered, what remedies are granted, duration of the order, etc. and the state enforcing the order must enforce out of state orders in the same way that they enforce orders of their own state.
 - How Illinois deals with full faith and credit. Include:
 - Allows violation of order of protection charges to be filed for violations of out-of-state orders for remedies that are substantially the same as the remedies protected by arrest in Illinois' OP.
 - Discuss how to enroll a foreign order with the Clerk of the Court

- **VAWA - Immigration Issues**
 - ❖ Provide a very brief discussion, that needs to make only three points:
 - Victims/Survivors of domestic violence can stand in the place of their abuser and self-petition for legal residency if their abuser is a spouse who is a legal resident or citizen.

- Victims/Survivors who are picked up by INS and face deportation can seek a “cancellation of removal” based on domestic violence.
 - Documentation of the right to be in the country is not required to file criminal charges or get an order of protection against the abuser.
- **Prohibitions Against Firearm Possession**
 - ❖ Provide a brief discussion of the sections of the federal Gun Control Act provisions that prohibit firearm arm possession by certain respondents to orders of protection and defendants convicted of certain misdemeanor domestic violence offences. Include:
 - Illinois Firearm Owner Identification law that prohibits possession of firearms by people convicted of domestic battery or violation of the order of protection.

The following legal topics are important to victim/survivors of domestic violence. The ICDVP Board recognizes that qualified speakers might not be available in all areas of the state and has therefore made these topics optional. We urge programs to develop continuing legal educational programs on these topics or to encourage participants to attend appropriate trainings.

- **Parentage**
 - Discussion regarding who is a legal parent under the Illinois Parentage Act of Illinois.
- **Visitation Issues**
 - Discussion regarding the standards to restrict visitation in the Illinois Marriage and Dissolution of Marriage Act and the IDVA. Include:
 - The Unlawful Visitation Interference Statute
 - Contempt for failing to allow visitation and ways that victim/survivor can protect themselves from false allegations of visitation interference.
- **Child Abduction**
 - Provide a brief overview of the child abduction statute. In a basic training the statute cannot be covered in enough detail for participants to be knowledgeable about the law. This is intended to familiarize participants to recognize that they should consult the appropriate handout or person when any of these situations arise.
- **Concerns about Leaving the State**
 - Discuss the problems battered women face if they leave the state with a minor child or conceal the child.

MISCELLANEOUS

This section focuses on two issues that need to be taught to domestic violence workers but did not fit into other sections.

Timeframe: 1/2 hour minimum

- **Certification Code Of Ethics**
 - ❖ Discussion of ICDVP Code of Ethics which can be found in Section II.
- **Referrals To and Working with Other Agencies/Systems**
 - ❖ Discuss how and when to refer clients to outside agencies/systems.
 - ❖ Provide access to agency’s referral list.

- ❖ Discuss procedure for referral to substance abuse/mental health agencies – when is it in the best interest of the victim/survivor.

OPTIONAL

This section focuses on an issue that is important for the advocate/counselor but an agency may chose not to present it in this training.

- **Self Care**

- ❖ Discuss ways that the advocate/counselor can manage the stress of her/his job.
Include:
 - Signs of burnout
 - Compassion fatigue
 - Prevention techniques

Reminder: ICDVP approved 40 hour trainings must add to a total of 40 hours of work in the classroom without client contact.

Appendix

Form 1

Application for Approved Supervisory Site

Name of Agency:		
Address:		
Contact Person:		
Telephone:	Fax:	E-Mail:
Supervisor(s) Name(s)	Title	Number of Years in Position

Checklist of Items to include in application

	Application form completely filled out and signed
	Proof that all supervisors are CDVP.
	Proof that Executive Director is 40 hour trained (if CDVP then copy of that certification can be used as proof).
	Job Descriptions of supervisors who will be providing supervision for the ICDVP requirement.
	Copy of 501(c) (3) Form.
	Agency check for \$200.00 made out to ICDVP, Inc.
	All supervision sites must submit a brief explanation of how supervision will take place and how trainees will interface with domestic violence victims.
	Forms that verify dates and length of time of individual supervision sessions.
	Completion certificate for the 150 hours of supervised victim services work.
	Copy of Agency's complete organizational chart which includes the names and job titles of all staff. Note CDVP # and expiration date of all supervisors.
	Brief statement of Victim empowerment and Social Activism/Social Change.
	One page description of agency programs and services.
	Copy of agency mission statements.
	Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525 or e-mail ilcdvp@ilcdvp.org .

FORM 1 continued

1. I certify that _____ provides domestic violence services

Agency Name
2. as defined in the ICDVP supervisory site policy, has been providing such domestic violence services for at least 5 (or the agency meets the requirements for an exception to this rule) years and is a not-for-profit, private domestic violence agency. A copy of 501(c) (3) form must be submitted with application.
3. Does your agency charge a fee to victims of domestic violence? Yes or No
 If yes, please explain:
4. Is your domestic violence program a member of a network or coalition? Yes or No
 If yes which one(s):
 For how many years:
5. Please attach a sheet briefly explaining how supervision will take place at your agency and how trainees will interface with domestic violence victims
6. Please provide a job description of the supervisory staff.
7. Please attach a one page statement explaining how your agency integrates victim empowerment and social activism/social change in your training.
8. Submit a one page description of agency programs and services.
9. Submit a copy of agency mission statement.
10. I certify that at the end of supervision, our agency will provide a written assessment (using ICDVP FORM 3) of the applicant's appropriateness for certification. I certify that our agency will participate in oversight and monitoring by ICDVP, Inc.

<i>Print Name of Person Completing Form:</i>	<i>Print Name of Executive Director or Domestic Violence Program Director</i>
<i>Signature</i>	<i>Signature</i>
<i>Title</i>	<i>Date</i>

APPROVED	DENIED	PENDING
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Date:	Reviewer Signature:
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Form 2

Application for Training Site Approval

Name of Agency:		
Address:		
Contact Person:		
Telephone:	Fax:	E-Mail:
Training Coordinator's Name		Number of Years in Position
CDVP#		Expiration Date:
Checklist of Items to include in application		
	Application form.	
	Job Descriptions of Training Coordinators (as defined in ICDVP training site policy).	
	Proof that the person(s) responsible for overseeing the 40-hour training are CDVP.	
	Copy of 501(c)(3) form.	
	A one page description of agency programs/services and a mission statement.	
	Agency check for \$200.00 made payable to ICDVP, Inc.	
	Copy of agency's actual 40-hour training outline/tracking form including training topics/subtopics and timeframes. (See section IX of Manual).	
	Sample of 40-hour completion certificate.	
	Copy of 40-hour training attendance monitoring documentation form.	
	Bibliography of training material used for 40-hour training.	
	One page statement on Victim Empowerment and Social Activism/Social Change.	
	Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525 or e-mail to ilcdvp@ilcdvp.org .	
1	I certify that _____ has been providing 40 hour <i style="margin-left: 100px;">Agency Name</i> domestic violence trainings as defined in the ICDVP training site policy, has been providing such domestic violence services for at least 5 years and is a not-for-profit, private domestic violence agency (as defined in the ICDVP training site policy). A copy of 501(c) (3) form must be submitted with application.	
2	How long has your training coordinator worked at a domestic violence agency?	
3	How often do you provide training?	

Form 2 continued

5	Does your agency charge a fee to victims of domestic violence? Yes or No If yes, please explain:	
6	Do you provide training in any language other than English: If so, which language(s)	
7	Is your domestic violence program a member of a domestic violence network or domestic violence coalition? Yes or No If yes which one(s): For how many years:	
9	Are you willing to train (Check all that apply) <input type="checkbox"/> Internal certification applicants (your own agency's staff / volunteers) <input type="checkbox"/> External certification applicants	
10	I certify that my agency provides documentation to individuals that complete 40 hours of training and will maintain and store documentation of all training participants for at least 5 years. Yes or No	
11	I certify that my agency agrees to participate in oversight and monitoring of training by ICDVP, Inc. Yes or No	
<i>Print Name of Person Completing Form:</i>		<i>Print Name of Executive Director or Domestic Violence Program Director:</i>
<i>Signature:</i>		<i>Signature:</i>
<i>Title:</i>		<i>Date:</i>
Approved:	Date:	Signature:

Form 3

Application for 20 Training Site Approval		
Name of Agency:		
Address:		
Contact Person:		
Telephone:	Fax:	E-Mail:
Training Coordinator's Name	Number of Years in Position:	
CPAIP#	Expiration Date:	
Checklist of Items to include in application		
	Application form.	
	Job Descriptions of Training Coordinators (as defined in ICDVP training site policy).	
	Proof that the person(s) responsible for overseeing the 20-hour training are CPAIP.	
	Proof that at least one of the co-facilitators of the actual 20-hour training are CPAIP.	
	Copy of 501(c)(3) form OR Copy of Articles of Incorporation.	
	Copy of the most recent IDHS protocol compliance renewal letter and copy of the original IDHS protocol approval letter indicating compliance for at least the last five years.	
	A one page description of agency programs/services and a mission statement.	
	Agency check for \$200.00 made payable to ICDVP, Inc.	
	Copy of agency's actual 20-hour training outline including training topics/subtopics and timeframes.	
	Sample of 20-hour completion certificate. (see manual for information required on certificate)	
	Copy of 20-hour training attendance monitoring documentation form.	
	Statement of tardiness/make-up policy for 20-hour training.	
	Bibliography of training material used for 20-hour training.	
	One page statement on perpetrator stages of change and the importance of the victim's voice within PAIP.	
	Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525 or e-mail to ilcdvp@ilcdvp.org .	

Form 3 continued

1. I certify that _____ *Agency Name* has been providing 40 hour Partner Abuse Intervention trainings as defined in the ICDVP training site policy, has been providing such PAIP services for at least 5 years and is a not-for-profit, private domestic violence agency (as defined in the ICDVP training site policy). A copy of 501(c) (3) form must be submitted with application.
2. How long has your training coordinator worked at an IL approved PAIP?
3. Do you provide training in any language other than English: If so, which language(s)
4. If you provide victim services, is your domestic violence program a member of a domestic violence network or domestic violence coalition? Yes or No

If yes which one(s):

For how many years:
5. Are you willing to train (Check all that apply)

 Internal certification applicants (your own agency's staff / volunteers)

 External certification applicants
6. I certify that my agency provides documentation to individuals that complete 20 hours of training and will maintain and store documentation of all training participants for at least 5 years.

Yes or No
7. I certify that my agency agrees to participate in oversight and monitoring of training by ICDVP, Inc.

Yes or No

<i>Print Name of Person Completing Form:</i>	<i>Print Name of Executive Director or Domestic Violence Program Director:</i>
<i>Signature:</i>	<i>Signature:</i>
<i>Title:</i>	<i>Date:</i>

~~~~~**For Staff Use Only**~~~~~

|                  |              |                   |
|------------------|--------------|-------------------|
| <b>Approved:</b> | <b>Date:</b> | <b>Signature:</b> |
|------------------|--------------|-------------------|

## Form 4

| Application for Continuing Education Site Approval                                                                                                                                                                                                                                                                                         |       |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------|
| Name of Agency:                                                                                                                                                                                                                                                                                                                            |       |                   |
| Address:                                                                                                                                                                                                                                                                                                                                   |       |                   |
| Contact Person:                                                                                                                                                                                                                                                                                                                            |       |                   |
| Telephone                                                                                                                                                                                                                                                                                                                                  | Fax   | E-Mail            |
| Continuing Education Staff                                                                                                                                                                                                                                                                                                                 | Title | Years in Position |
|                                                                                                                                                                                                                                                                                                                                            |       |                   |
|                                                                                                                                                                                                                                                                                                                                            |       |                   |
| Checklist of Items to include in application for CDVP & CPAIP CEU sites                                                                                                                                                                                                                                                                    |       |                   |
| Application form                                                                                                                                                                                                                                                                                                                           |       |                   |
| Job Descriptions of person(s) overseeing CEU workshops/conferences                                                                                                                                                                                                                                                                         |       |                   |
| Proof that person responsible for coordinating the CEU workshops is CDVP or CPAIP.                                                                                                                                                                                                                                                         |       |                   |
| At least one example of proposed CEU workshop including time frames                                                                                                                                                                                                                                                                        |       |                   |
| Copy of CEU workshop attendance tracking form                                                                                                                                                                                                                                                                                              |       |                   |
| Sample of completion certificate or letter must include:                                                                                                                                                                                                                                                                                   |       |                   |
| <ul style="list-style-type: none"> <li style="width: 50%;">• the date(s) of the training</li> <li style="width: 50%;">• title of the conference</li> <li style="width: 50%;">• name of the organization</li> <li style="width: 50%;">• number of CEU hours being offered</li> <li style="width: 50%;">• name of the participant</li> </ul> |       |                   |
| Copy of evaluation form                                                                                                                                                                                                                                                                                                                    |       |                   |
| One page description of agency's programs and services                                                                                                                                                                                                                                                                                     |       |                   |
| Copy of agency's mission statement                                                                                                                                                                                                                                                                                                         |       |                   |
| <b>ICDVP CEU site only</b> --Copy of 501(c)(3) form                                                                                                                                                                                                                                                                                        |       |                   |
| <b>ICDVP CEU site only</b> --Submit a statement (maximum of one page) explaining how you integrate victim empowerment and social activism/social change in your workshops/conferences                                                                                                                                                      |       |                   |
| <b>CPAIP CEU site only</b> --Copy of most recent IDHS protocol compliance renewal letter and copy of the original IDHS protocol approval letter indicating compliance for at least the last five years.                                                                                                                                    |       |                   |
| Check or money order for \$200.00 made out to ICDVP, Inc                                                                                                                                                                                                                                                                                   |       |                   |
| Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525.<br>Any questions can be mailed or e-mail to <a href="mailto:ilcdvp@ilcdvp.org">ilcdvp@ilcdvp.org</a>                                                                                                                                                                 |       |                   |

**Form 4 continued**

**ICDVP CEU site only**—I certify that \_\_\_\_\_ has been providing  
*Agency Name*  
 such domestic violence services (as defined in the ICDVP CEU site policy) for at least 5 years and is a not-for-profit, private domestic violence agency. A copy of 501(c)(3) form must be submitted with application

**ICDVP CEU site only**—How long have each of the CEU staff(s) (named above) worked in the field of domestic violence:(give first name followed by length of time/use back of this page if needed)

**ICDVP CEU site only**—Does your agency charge a fee to victims of domestic violence? Yes or No

If yes, please explain:

**CPAIP CEU site only**—I certify that \_\_\_\_\_ has been an Illinois  
*Agency Name*  
 Department of Human Services Protocol approved provider of partner abuse intervention services for at least five years and that the agency is currently in compliance with the requirements of IDHS.

**CPAIP CEU site only**—Is your agency an Illinois Certified Domestic Violence Professional approved CEU training site? Yes or No.

**If Yes, an application form must be submitted for approval but no application fee is required.**

Do you provide training in any language other than English: If so, which language(s):

Is your domestic violence or PAIP program a member of a network or coalition? Yes or No

If yes which one(s):

For how many years:

Are you willing to provide CEU workshops to (check all that apply).

- Internal applicants (Your own agency's staff / volunteers).
- External applicants

I certify that my agency provides documentation to individuals that complete the training and will maintain and store documentation of all training participants for at least 5 years

I certify that my agency agrees to participate in oversight and monitoring of training by ICDVP, Inc.

*Print Name of Person Completing Form:*

*Print Name of Executive Director or Domestic Violence Program Director:*

*Signature:*

*Signature:*

*Title:*

*Date:*

*Date:*

## Form 5

### Petition For Approval Of CEU's For Committee/Board Participation

*A maximum of 6 hours of CEU's may be earned per renewal period. This form is to be used by individuals who are applying for CEU approval for the following types of active service as: **ICDVP Board or committee member, officer of an approved local or national domestic violence network, chair or committee member of a major domestic violence conference/ convention, and chair or committee member of the following organizations: Chicago Battered Women's Network, Illinois Coalition Against Domestic Violence or Illinois Department of Human Services Domestic Violence Advisory committee. One meeting hour equals one CEU hour. If involved in more than one board/committee then you must submit petitions for each one of these boards/committees. All hours done on any one board/committee can be submitted on one petition. You may photocopy this form.***

Name:

Address:

Telephone:

E-Mail Address:

Certification Number:

Date of Request:

#### Checklist of Items to include in application

Application form

Attach documentation of attendance (i.e.: copy of minutes for each hour requested showing your name with start and end times of meeting).

Petition Fee \$10.00 - please send payment, with petition, in the form of a check or money order.

Make checks payable to ICDVP, Inc.

Mail petition and payment to:  
ICDVP, P.O. Box 429, LaGrange, IL. 60525

#### Answer the following questions

Name of Organization sponsoring group/committee/board:

Dates of Participation:

Role on Committee or Board:

Number of CEU's Requested (subject to approval by ICDVP Board):

Brief Summary of Committee/Board content and goals:

I certify that to my knowledge, the above information is correct. I understand that submitting false information can result in my application being denied and may affect my status as an Illinois Certified Domestic Violence Professional.

*Signature*

*Date*

~~~~~**STAFF USE ONLY**~~~~~

APPROVED

DENIED

DATE:

SIGNATURE: Board/ Committee Member

Form 6

Petition For CEU's For Non-Approved ICDVP/CPAIP Workshops/Conferences

This form is to be used by individuals who are CDVP/CPAIP and have attended any conference that does not provide ICDVP-approved continuing educational units. One petition is required for each training program/conference. The date and number of CEU's must be included on any documentation.

Name:

Address:

Telephone:

E-Mail Address:

Certification Number:

Date of Request:

Checklist of Items to include in application:

Application form

Attach documentation of attendance (certificate, letter of verification).

Petition Fee \$10.00 - please send payment, with petition, in the form of a check or money order.

Make checks payable to ICDVP, Inc.

Mail petition and payment to:

ICDVP, P.O. Box 429, LaGrange, IL. 60525

Answer the following questions

Name of Training Program:

Date of Training Program:

Name of Organization/Agency sponsoring training:

Number of CEU's Requested (subject to approval by ICDVP Board):

Note: One hour of classroom time equals one CEU.

I certify that to my knowledge, the above information is correct. I understand that submitting false information can result in my application being denied and may affect my status as an Illinois Certified Domestic Violence Professional.

Signature

Date

~~~~~STAFF USE ONLY~~~~~

APPROVED

DENIED

COPY MAILED

**SIGNATURE: Board/ Committee Member**

**DATE:**

## Form 7

### Petition For Approval Of Teaching Or Training At A Domestic Violence Class Or Conference

*This form is to be used by individuals who are CDVP/CPAIP and are applying for CEU approval of verified professional teaching in the field of domestic violence such as; teaching at accredited college/university, teaching ICDVP Board approved 40-hour/20-hour trainings, presenting at national/state level conferences or presenting approved ICDVP CEU trainings. One teaching hour equals one CEU hour. The maximum number of hours allowed by any individual is 10 hours per renewal period. One training/class per petition. Note: Anyone who teaches part or all of an ICDVP approved 40-hour training and/or 20-hour training at the same agency—during the renewal period—needs only to submit all documentation with one form and pay one fee.*

Name:

Address:

Telephone:

E-Mail Address:

Certification Number:

Date of Request:

#### Checklist of Items to include in application

Application form

Attach documentation of this training/ class (i.e.: description, schedule, and brochure).

Petition Fee \$10.00 - please send payment, with petition, in the form of a check or money order.

Make checks payable to ICDVP, Inc.

Mail petition and payment to:

ICDVP, P.O. Box 429, LaGrange, IL. 60525

#### Answer the following questions

Name of Training Program or Class:

Dates of Training Program or Class:

Name of School/Agency sponsoring training/class:

Number of CEU's Requested (subject to approval by ICDVP Board):

I certify that to my knowledge, the above information is correct. I understand that submitting false information can result in my application being denied and may affect my status as an Illinois Certified Domestic Violence Professional/Certified Partner Abuse Intervention Professional.

Signature

Date

#### ~~~~~STAFF USE ONLY~~~~~

APPROVED

DENIED

PENDING

**SIGNATURE** Board/Committee Member

**DATE**

SIGNATURE

DATE

## Form 8

| Individual Certification Renewal Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                  |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|-------|
| <b>Check which certification is being renewed.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | CDVP             | CPAIP |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                  |       |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                  |       |
| Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | E-Mail Address:  |       |
| Certification #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Date of Request: |       |
| Application Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                  |       |
| <ul style="list-style-type: none"> <li>❖ ICDVP and CPAIP certification is valid for two year from date of issue unless suspended or revoked by ICDVP Board for disciplinary reason.</li> <li>❖ The certification may be renewed by completion of the required renewal form and submitting proof of that 30 hours of Continuing Education units have been obtain since the professional's last renewal period.</li> <li>❖ Renewal forms may be submitted no sooner than <b>three</b> months prior to expiration of certification.</li> <li>❖ <b>FOR CPAIP'S ONLY, CEU's must be from the following three categories:</b> <ul style="list-style-type: none"> <li>○ <b>Category 1:</b> conferences, workshops or trainings specific to work with victims of domestic violence. Minimum of 10 hours and a maximum of 20 hours.</li> <li>○ <b>Category 2:</b> conferences, workshops or trainings specific to work with perpetrators of domestic violence. Minimum of 10 hours and maximum of 20 hours.</li> <li>○ <b>Category 3:</b> conferences, trainings or workshops on topics useful to work with perpetrators of domestic violence but may not necessarily be specific to domestic violence. Category 3 can include but is not limited to conferences, workshops or trainings that address substance abuse, mental health, systems coordination, ethics, boundaries, legal and regulatory issues, general counseling, etc. Additionally, for category 3, up to 6 continuing education hours will be credited for participation on domestic violence or Partner Abuse committees and up to 10 continuing education hours for the provision of domestic violence or PAIP trainings.</li> </ul> </li> </ul> |  |                  |       |
| Checklist of Items to include in application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                  |       |
| Application form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                  |       |
| Any petition (and the materials requested by that petition) and the required fee that is needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                  |       |
| Renewal Fee \$60.00 - please send payment in the form of a check or money order.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                  |       |
| Make checks payable to ICDVP, Inc. <b>(only 1 applicant per check)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                  |       |
| Mail <b>signed</b> renewal form and payment to: ICDVP, P.O. Box 429, LaGrange, IL. 60525                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                  |       |

**Make sure to:**

- **complete the entire form**
- **list all your courses/workshops and trainings on second page of this form**
- **double check your total hours to make sure they equal at a minimum 30 hours**
- **sign the renewal form**

**Failure to do any of the above may result in a \$25 penalty.**



## Form 9

### Application for Approval of Single Conference CEU's--

Name of Agency:

Address:

Contact Person:

Telephone

Fax

E-Mail

Conference Coordinator:

#### Checklist of Items to include in application

Application form.

Insert name & ICDVP Certification # of CDVP or CPAIP member on event planning committee here:

Copy of conference brochure or flyer that states CDVP/CPAIP CEU given by Illinois Certified Domestic Violence Professional Board.

Copy of conference objectives including content, timeframe and individual sessions.

Copy of the CEU conference agenda.

Copy of resume/vitae of presenters. The ICDVP Board recommends that presenters are CDVP/CPAIP professionals whenever possible.

A Copy of CEU conference attendance documentation form.

Sample of completion certificate.

Copy of evaluation form.

Certified Check or money order made out to ICDVP, Inc.

I certify that my agency provides documentation to individuals that complete the training and will maintain and store documentation of all training participants for at least 5 years

Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525.

Any questions can be mailed or e-mail to [ilcdvp@ilcdvp.org](mailto:ilcdvp@ilcdvp.org)

*Print Name of Conference Coordinator:*

*Signature:*

*Date:*

#### ~~~~~STAFF USE ONLY~~~~~

APPROVED

DENIED

DATE

Signature of Reviewer:

## Form 10

### Renewal Application for Training/Supervision/CEU Site Approval

This form can only be used by agencies that have been previously approved by the ICDVP Board and are in good standing.

Name of Agency:

Address:

Contact Person:

Telephone:

Fax:

E-Mail:

| <b>Training Coordinator(s) Name(s)</b>           | <b>Title</b> | <b>ICDVP/CPAIP Certification #</b> | <b>Expires</b> |
|--------------------------------------------------|--------------|------------------------------------|----------------|
|                                                  |              |                                    |                |
|                                                  |              |                                    |                |
|                                                  |              |                                    |                |
| <b>Supervisor(s) Name(s)</b>                     | <b>Title</b> | <b>ICDVP/CPAIP Certification #</b> | <b>Expires</b> |
|                                                  |              |                                    |                |
|                                                  |              |                                    |                |
|                                                  |              |                                    |                |
|                                                  |              |                                    |                |
|                                                  |              |                                    |                |
|                                                  |              |                                    |                |
|                                                  |              |                                    |                |
|                                                  |              |                                    |                |
|                                                  |              |                                    |                |
|                                                  |              |                                    |                |
|                                                  |              |                                    |                |
| <b>Name of person(s) overseeing CEU training</b> | <b>Title</b> | <b>ICDVP/CPAIP Certification #</b> | <b>Expires</b> |
|                                                  |              |                                    |                |
|                                                  |              |                                    |                |
|                                                  |              |                                    |                |
|                                                  |              |                                    |                |
|                                                  |              |                                    |                |

**Form 10 continued**

**Please include the following for Training site renewal.**

- Sample copy of 40 hour training certificate or letter of completion.
- Copy of agency's 40-hour tracking documentation form with day and time frames.
- List of materials/bibliography/resources used to design and/or implement the 40-hour training program
- ← Check box if renewing training site status.** Signature on form certifies that this agency agrees to participate in oversight and monitoring of training by ICDVP, Inc. and that the agency will store documentation of all 40-hour and 20-hour trained participants for at least 5 years.

**Please include the following for Supervision site renewal.**

- Organizational chart that includes the following: clear, defined lines of authority, names of supervisors and ICDVP/CPAIP with certification number is placed next to staff that is certified.
- ← Check box if renewing supervision site status.** Signature on form certifies that this agency agrees clients who are victims or perpetrators of Domestic Violence receive services from staff members who are supervised by CDVP's and/or CPAIP's.
- Attached is an explanation of how supervision takes place and how trainees interface with victims or perpetrators of domestic violence within the agency.

**Please include the following for CEU site renewal.**

- At least one example of proposed CEU workshop including day(s) and time frames.
- Sample copy of training certificate or letter of completion.
- ← Check box if renewing CEU site status.** Signature on form certifies that this agency:
  - will participate in oversight and monitoring of training by ICDVP, Inc.
  - will provides documentation to individuals that complete the training.
  - will maintain and store documentation of all training participants for at least 5 years.

**Please include the following if you are renewing your Training and/or Supervision and/or CEU site status.**

- This Application form.
- Agency check of \$200.00 for **each** (training/supervision/CEU) renewal, made payable to ICDVP, Inc. (example: provide a check for \$600.00 if renewing status for training/supervision and CEU)
- Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525 or e-mail to [ilcdvp@ilcdvp.org](mailto:ilcdvp@ilcdvp.org)
- ← Check box to confirm the following statement.** Signature on form indicates that the agency's Executive Director (or in the case of multi-program agencies the Domestic Violence Program Director) be 40 hour trained even if they do not have client contact and are not required to be certified.

Is your agency willing to train and/or supervise and/or provide ICDVP CEU's for **Internal certification applicants** (your own agency's staff / volunteers) and/or **External certification applicants**?

(circle the categories that apply):                      **Training**                                      **Supervision**                                      **CEU.**

|                                       |                                                                         |
|---------------------------------------|-------------------------------------------------------------------------|
| Print Name of Person Completing Form: | Print Name of Executive Director or Domestic Violence Program Director: |
|---------------------------------------|-------------------------------------------------------------------------|

|            |            |
|------------|------------|
| Signature: | Signature: |
|------------|------------|

|        |       |
|--------|-------|
| Title: | Date: |
|--------|-------|

~~~~~**STAFF USE ONLY**~~~~~

| | | | |
|----------|--------|---------|-------|
| Approved | Denied | Pending | Date: |
|----------|--------|---------|-------|

Signature of reviewer:

Form 11

40-Hour Domestic Violence Training Tracking Documentation Form

Agency Name:

This document serves to verify that this staff/volunteer person has completed the forty hour training, as required by the guidelines of the Illinois Domestic Violence Act and the Illinois Certified Domestic Violence Professional requirements. *Note: This form allows for the agency to determine the topic/timeframe for an additional 7 hours – but it is required that these topics/ timeframes are placed in the appropriate sections on this form. The ICDVP Board requires the use of this form by all approved ICDVP training sites. It is recommended that a copy of this form be placed in the employee’s personnel file.*

Staff/Volunteer/Participant Name:

ICDVP Required Topics

| Foundations of Domestic Violence (2 hrs.) | Time Frame
Use ¼ hour
increments
(.25) | Date/Day
Covered | Trainer or
Training
Coordinator
Initials |
|--|---|---------------------|---|
| Definition of Domestic Violence | | | |
| Historical and Feminist Perspectives | | | |
| Societal and Institutional Issues | | | |
| Myths and Realities | | | |
| | | | |
| | | | |
| Dynamics (5 hrs.) | | | |
| Statistics and Domestic Violence | | | |
| Cycle of Violence | | | |
| Power and Control Wheel/Types of Abuse | | | |
| Barriers or Challenges to Leaving an Abuser | | | |
| Identifying Victims/Survivors | | | |
| | | | |
| | | | |
| Direct Services Issues (5 hrs) | | | |
| Counseling DV victims/survivors <ul style="list-style-type: none"> • Listening Skills • Service Planning • Confidential Communication • Personal and Professional Boundaries • Empowerment Perspectives | | | |
| Defining Advocacy | | | |
| Basic Crisis Intervention Skills | | | |
| Documentation of Client Files –Files-Victim’s
Survivor’s Rights | | | |
| | | | |
| | | | |

40 hour tracking documentation form contd.

| Safety and Assessment (2.5 hrs.) | Time Frame Use ¼ hour increments (.25) | Date/Day Covered | Trainer or Training Coordinator Initials |
|---|---|-------------------------|---|
| Safety Planning | | | |
| Lethality Assessment | | | |
| Suicide Assessment: Warning Signs, Intervention Strategies (.5) | | | |
| | | | |
| | | | |
| Abuser Profile (1 hrs.) | | | |
| Overview of Abusers | | | |
| Overview of Abuser Program Services | | | |
| | | | |
| | | | |
| Children’s Issues (3 hrs.) | | | |
| Effects of Domestic Violence on Child | | | |
| Child Abuse and Neglect | | | |
| DCFS Issues | | | |
| Safety planning | | | |
| Working with Children | | | |
| | | | |
| | | | |
| Teen Dating Violence (1 hrs.) | | | |
| Dynamics | | | |
| Legal Aspects | | | |
| Safety Planning for Teen-Dating Violence | | | |
| | | | |
| | | | |
| Cultural Competency (3 hrs.) | | | |
| Anti-Racism (2 hrs.) | | | |
| Religion | | | |
| | | | |
| | | | |
| Working with Battered Women with Complex Issues (6 hrs.) | | | |
| Older Battered Women | | | |
| Elder Abuse and Neglect Act | | | |
| Rural Women | | | |
| Immigrant Battered Women | | | |
| People with Unique Challenges | | | |
| Mental Health Issues | | | |
| DV in LGBT relationships and Homophobia (1.5 hrs.) | | | |
| Substance Abuse and Domestic Violence (1 hrs.) | | | |
| Sexually Transmitted Diseases including HIV and AIDS | | | |
| Prostitution/Trafficking | | | |
| | | | |

| Legal Issues and Domestic Violence (4 hrs.) | Time Frame
Use ¼ hour
increments
(.25) | Date/Day
Covered | Trainer or
Training
Coordinator
Initials |
|---|---|-----------------------------|---|
| IDVA Act | | | |
| Criminal or Civil Court/Orders of Protection | | | |
| Criminal Offenses: Assault, Domestic Battery,
Violation of Order of Protection, Stalking | | | |
| Conditions of Bond | | | |
| Full Faith and Credit | | | |
| VAWA-Immigration Issues | | | |
| Prohibitions Against Firearm Possession. | | | |
| | | | |
| | | | |
| Miscellaneous (.5 hours) | | | |
| Certification Code of Ethics | | | |
| Referrals to and Working with other
Agencies/Systems | | | |
| | | | |
| | | | |
| <i>This form allows for the agency to determine the topic/timeframe for an additional 7 hours – but it is required that these topics/ timeframes are placed in the appropriate sections on this form. If the additional topics do not fit under any of the topics listed above, put them here.</i> | | | |
| Topic: | | | |
| Topic: | | | |
| Topic: | | | |
| Topic: | | | |
| Total hours for whole training | | | |

Date Training Completed: _____

Staff/Volunteer/Participant Signature

Executive Director or Program Director Signature

Form 13

Evaluation Questions

| Mark the box under the most appropriate heading | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|----------------|-------|----------|-------------------|
| The quality of instruction and teaching ability – | | | | |
| The instructor presented materials in a manner that was easily understood. | | | | |
| The instructor presented materials in a manner that was appropriate to your skill level. | | | | |
| The instructor answered the questions asked by audience members. | | | | |
| <i>If you marked disagree or strongly disagree to any of the above questions, please explain.</i> | | | | |
|
 | | | | |
| The instructor's level of knowledge and expertise – | | | | |
| The instructor demonstrated an understanding of the materials that she/he was presenting. | | | | |
| <i>If you marked disagree or strongly disagree to the above question, please explain.</i> | | | | |
|
 | | | | |
| The usefulness of the program content for meeting each of the program's stated objectives – | | | | |
| The program content was what I expected. | | | | |
| <i>If you marked disagree or strongly disagree to the above question, please explain.</i> | | | | |
|
 | | | | |
| The adequacy of the physical facilities – | | | | |
| The room was accessible for all. | | | | |
| The room provided enough space for all attendees. | | | | |
| <i>If you marked disagree or strongly disagree to any of the above questions, please explain.</i> | | | | |
|
 | | | | |

If you have any other comments please include them on the back of this form.