

**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, 20 Hour On-Line / 20 Hour In-Person TRAINING, PAIP
TRAINING, SUPERVISION AND CEU SITES**

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SECTION I—Information Regarding Site Application Process and Fee Schedule

Effective Date: 08/12/02

**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 applications are reviewed twice each year. Applications submitted in the spring must be postmarked by March 31st and fall applications must be postmarked by September 30th.

- Any applications postmarked after the deadline will be considered late. Late applications are subject to a late fee of \$100 and must be postmarked no later than 30 days after the original due date. Applications postmarked more than 30 days after the original renewal expiration date will not be processed and the site will lose its certified status. The site may submit a new full application during the next application period.
- If the application is incomplete due to errors or missing information, the site will be given the opportunity to make corrections.

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.

FEES

All fees are subject to change.

All fees are non-refundable, unless there is an overpayment when the renewal is complete. Failure to complete the renewal process results in forfeiture of fees.

FEE SCHEDULE FOR SITE APPLICATIONS		ICDVP	CPAIP	Non DV Service Organization
Certification for Training Sites	\$200	X	X	N/A
Renewal of Certification for Training Sites	\$200	X	X	N/A
Certification for Supervision Sites	\$200	X	N/A	N/A
Renewal of Certification for Supervision Sites	\$200	X	N/A	N/A
Certification for CEU Site	\$200	X	X	N/A
Certification for CEU Site--Non Domestic Violence Service Organizations (for first year only)	\$300	N/A	N/A	X
Renewal of Certification for CEU Site	\$200	X	X	N/A
Renewal of Certification for CEU Site-- Non Domestic Violence Service Organizations (per year)	\$150	N/A	N/A	X

Site applications postmarked after March 31 st or September 30 th	\$100	X	X	X
Late response to request for supplemental information	\$25	X	X	X
FEE SCHEDULE FOR INDIVIDUAL APPLICATIONS				
Individual Renewal	\$75	X	X	
Extension request	\$25	X	X	
Late applications	\$50	X	X	
Late response to request for supplemental information	\$25	X	X	

SECTION II—Code of Ethics

Effective Date: 08/2002

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

The following Code of Ethics is intended to govern Certified Domestic Violence Professionals (CDVP) and Certified Partner Abuse Intervention Professionals (CPAIP) in their various roles and relationships and at the various levels of responsibility at which they function. These principles also serve as a basis for adjudication by the Illinois Certified Domestic Violence Professionals, Inc. when allegations of misconduct are reported.

The Code sets forth general principles of conduct and the judicious appraisal of conduct in our matters which have ethical implications. This Code is not intended to be all inclusive or exhaustive. CDVPs/CPAIPs are expected to adhere to the spirit as well as the letter of this Code.

A CDVP or a CPAIP is required to abide by any disciplinary rulings based on the Code which will be determined by an unbiased jury of professional peers. A CDVP or a CPAIP shall also take adequate measures to discourage, prevent, and correct the ethical misconduct of colleagues.

CERTIFIED PROFESSIONALS AND AGENCIES

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

20. Acknowledge that they are mandated reporters under the Illinois Abused and Neglected Child Reporting Act and the Elder Abuse Act.
21. Acknowledge their responsibility under the Illinois Mental Health Code to warn of any imminent threat of harm by notifying the threatened person and appropriate law enforcement agencies and/or personnel.

In addition to all of the above, due to the specific nature of work with perpetrators of domestic violence, CPAIPs will also abide by the following:

22. Challenge clients to develop the skills needed to be safe and accountable.
23. Work to protect the legal and civil rights of clients without colluding in client's oppression of their intimate partner.

Violators will result in suspension of certification(s) pending the outcome of the investigation of charges/complaints. When the outcome of the complaint/charge is finding of guilty-certification (s) will be revoked at the sole discretion of ICDVP, Inc.

SECTION III--Eligible Services List

Effective Date: 08/2002

<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 (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, 	<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 an 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</p>

<p>etc. for the purpose of benefiting the client 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>appropriate services and holding clients 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

CERTIFICATION RENEWAL REQUIREMENTS

Individual certification may be renewed by completion of the required renewal form(8) and submitting proof that 30 hours of Continuing Education units have been obtained since the professional's last renewal period. A minimum of 15 hours in person training with discussion; and a maximum of 15 hours non in-person training which consists of online or webinar with certificate from the provider. All renewal documents must be postmarked by the CDVP/CPAIP expiration date.

CDVP topics must be areas covered in the 40 hour domestic violence training topics listed in the ICDVP Manual. CPAIP topics must fall under 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.

ICDVP and CPAIP certification is valid for two years from date of issue unless suspended or revoked by ICDVP Board for disciplinary reason. All Renewal/Request forms are located in the Appendix/Forms section of this manual.

A CDVP/CPAIP is responsible to know when his/her certification expires; s/he will not be allowed to renew his/her certification if a period of one year has passed since their expiration date. It is the responsibility of the CDVP/CPAIP to keep ICDVP, Inc. notified of any changes in name, address, or contact information.

One year after the expiration date, CDVP/CPAIP's who have failed to renew their certification or file for an extension and pay late fees, will need to begin the process anew completing an additional 150 hours of supervised direct service and re-take the exam.

Information to be submitted and CDVP/CPAIP Renewal requirements

Application Form 8 filled out completely and signed. Renewal forms may be submitted no sooner than two months prior to expiration of certification. Please follow schedule below.

- Certification Expires in February:
 - Renewals will be accepted between December 31st and the last day of February.
- Certification Expires in September:
 - Renewals will be accepted between July 31st and September 30.

If the request is submitted after the expiration date of their certification, a late fee will be incurred. 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.)

1. Application form 8 filled completely filled out and signed
 - A. If requesting an extension, form 8B completely filled out and signed.
2. Any petition (Forms 5, 6, 7) completely filled out and signed.
 - A. Include the materials requested by that petition.
 - B. Note that additional fees may be required when using petition forms.
3. Copies of attendance certificates/letters for all trainings listed on next page. Proof of conference attendance for an approved ICDVP conference is a copy of the completion certificate provided by the CEU provider. Attendance documents must include the following:
 - A. The name of the agency providing the CEU's
 - B. Date of CEU training
 - C. Title of CEU workshop/training/conference
 - D. Name of Participant
 - E. The number of CEU's provided
4. Renewal Fee \$75.00 - please send payment in the form of a check or money order.
5. Make checks payable to ICDVP, Inc. **(only 1 applicant per check)**

Failure to do the above may result in a \$25.00 penalty.

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.

Acquiring ICDVP CEU credit through non-ICDVP CEU site

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, and submitting any required documentation. Proof of conference attendance through non-ICDVP CEU site is a copy of the completion certificate, a copy of the required form (and any materials requested by that document) and the required fee.

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, Form 6 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 domestic violence training or 20 hour PAIP training 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**, and submitting any required documentation.

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

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 (refer to section one).

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, Illinois Family Violence Coordinating Council. 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**, and submitting any required documentation..

Extension Policy

A CDVP/CPAIP may request an extension to complete the required 30 hours of continuing education for renewal of their certification. To do so, they must submit **Form 8B** postmarked by the expiration date to request an extension with a \$25 fee and the CDVP/CPAIP application form with the \$75 renewal fee. If the request is submitted after the expiration date of their certification, they will also owe a 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 original expiration date of their certification. There will be an additional charge for the second request. If the applicant fails to complete the requirements for renewal at the end of the second extension, the certification 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 education hours required for renewal. **An extension does not extend next renewal date.**

During the extension period certification for that individual is placed on hold. The CPAIP/CDVP is not:

- eligible to supervise candidates for the certification test.
 - This may impact the agency's supervision site status.
- eligible to be the Coordinator of the 40 hour domestic violence training during this time period.
 - This may impact the agency's training site status.

Inactive status:

Inactive status can be granted after the 6 month extension period expires. The individual may request that extension for \$50. During the extension period and before the 6 month expiration, a request for inactive status can be submitted. Inactive status requests cost \$100 and last for a period of 18 months. If the CDVP/CPAIP wants to renew their certification, they may request active status no later than 30 days prior to inactive status expiration. The cost to become reinstated is \$100. Following inactive status and reactivation the CDVP/CPAIP is responsible for obtaining 30 CEUs within the two year certification period.

Synopsis:

Extension, then inactive status or back to active. Following an extension you need to submit CEUs. Following inactive status you do not. Basically to go inactive and then active the total fee paid is \$200.

Procedure for the Grievance Process Regarding Denial of Certification or Recertification

1. The complaint must be received in writing and signed by the person making the complaint. Alternately, a complaint may come to the attention of the Board via other means including news media.
2. The complaint must deal with issues related to the denial of her/his application for certification or for renewal of certification.
3. A three member Review Panel selected by the Board within 30 days of receipt of the complaint, will review the complaint and if necessary send a written request to the individual for clarification of the issues.
4. The Review Panel has 60 days from receipt of the complaint to complete its investigation and make a decision regarding the individual's denial of certification or recertification.
5. The Board will send its decision to the agency's Executive Director and the person submitting the complaint.
6. If the response does not merit an additional review, then the Board will be notified and a letter will be sent to the individual reflecting no change in the previous determination of the Board.
7. The Complainant must be notified in writing, return receipt requested, within 60 days of the receipt of the complaint by the Disciplinary Committee

SECTION V--40-Hour Domestic Violence Training Site Requirements Policy

Effective Date: 08/2002

40-Hour Domestic Violence Training Site Requirements Policy

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

The 40 hour training requires that all of the training hours are completed in the presence of a trainer. The 40 hour training may be conducted in two ways, either 40 hours in person or 20 hour on-line / 20 hour in-person. In order for a candidate to take the 20 hour in-person training they must produce a certificate that verifies completion of the 20 hour on-line training. For the 40 hour in person training, Form 11 must be completed. For the 20 hour on-line / 20 hour in-person training, Form 11B must be completed.

Information to be submitted to the ICDVP Board AND 40 Hour Domestic Violence Training site requirements

1. Application (Form 2) filled out completely and signed.
 - A. Applications must be submitted by the deadline or be subject to a fine or loss of certification. For information regarding late or incomplete applications refer to Section I—“Information Regarding Site Application Process and Fee Schedule” of the Manual
2. Job descriptions for the staff member/trainer responsible for the coordination and oversight of the 40-hour / 20 Hour in-person Domestic Violence training.
 - A. 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
 - B. Training coordination must be listed as one of the Job Duties.
 - C. The Person or persons responsible for overseeing the training must be Certified Domestic Violence Professional(s).
 - D. It is recommended that the majority of the presenters be Certified Domestic Violence Professionals.
3. Copy of 501(c)(3) letter.
 - A. Training sites must be 501(c)(3) 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.
 - Domestic violence programs that provide core services and emergency shelter for victims and their children in program-operated, on-site facility. Core domestic violence services can include on-site shelter, referral for 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.
4. A copy of the agency’s **actual** 40 or 20 hour in person DV training schedule, which includes **actual** timeframes. (Form 11 and 11b may be used for this)
 - A. During the 40/20-hour in person DV 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. Include a copy of agency's actual 40/20-hour in person DV training outline including training topics, subtopics and required timeframes. (See section X of manual for a list of all topics and subtopics. Form 11 and 11b may be used for this.)
5. Copy of 40-hour training attendance monitoring document.
 - A. The attendance monitoring document may be as simple as the distribution of participant sign in/sign out sheets during the training.
 6. Sample of 40-hour completion certificate or letter.
 - Training sites must issue the original certificate to anyone who attends their training immediately upon completion of the training, and agree to keep copies for five years for each person attending the training.
 - See section VIII for what should be included on this document.
 7. Bibliography of training material used for 40-hour training.
 - A one page document listing training material used. Including, but not limited to: videos, books, articles, etc. used by the agency to develop the 40 hour training.
 - The Board reserves the right to request copies of materials used at the 40 hour training.
 8. One page statement on Victim Empowerment and Social Activism/Social Change.
 9. A one page description of agency programs/services, along with statistical data of the domestic violence victim services provided for the past 5 years.
 10. Copy of agency mission statement.
 11. Agency check for \$200.00 made payable to ICDVP, Inc.

Training site certification lasts two years.

- Training sites will be required to submit an application for renewal (**Form 10**). The ICDVP Board reserves the right to make site visits.
- The ICDVP Board reserves the right to revoke training site approval if that site no longer meets the requirements.
- Training Sites that have lost certification and want to reinstate their Training Site status must complete **Form 2**.

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

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. Prior to approval of a **new 40 hour training site**, a site visit may be conducted by at least two ICDVP Board Members.
3. The Standards 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 during the following renewal period.

4. 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.**

SECTION VI-- PAIP Training Site Requirements Policy

Effective Date: 08/2002

PAIP Training Site Requirements Policy

The overall purpose of the abuser intervention training is to provide participants with the tools necessary for effective group facilitation with adult male intimate partner violence offenders and develop better practices. Though aspects outlined in this training will be helpful to those facilitating groups for perpetrators in same sex relations, who are teens or for women, the needs and dynamics of those populations are not fully addressed within this outline.

There are several important components to an effective training including modeling effective co-facilitation, addressing various learning styles and creating a learning environment. The PAIP training must include a variety of teaching styles including lecture, group interactive exercises, and role plays. The training must be co-facilitated throughout the 20 hours and it is better practices that the trainers are a male and female team. These are some participant learning objectives for the PAIP training:

Time frames are listed in minimum amount of hours. Some sections also indicate the maximum amount of hours to spend on that given section. Each certified training site may choose to tailor the 20 hours to meet the needs of a particular class or their particular program.

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

### Information to be submitted to the ICDVP Board/ Training site requirements

1. Application (Form 3) filled out completely and signed.
  - A. Applications must be submitted by the deadline or be subject to a fine or loss of certification. For information regarding late or incomplete applications refer to Section I—“Information Regarding Site Application Process and Fee Schedule” of the Manual
2. Job descriptions for the staff member/trainer responsible for the coordination and oversight of the PAIP training.
  - A. Training Coordinator(s) are defined as the person(s) who have the majority of the responsibility for overseeing, monitoring and providing the agency’s PAIP training
  - B. Training coordination must be listed as one of the Job Duties.
  - C. The Person or persons responsible for overseeing the PAIP training must be Certified Partner Abuse Intervention Professional(s).
  - D. It is recommended that the majority of the presenters be CPAIP’s
3. Copy of 501(c)(3) form OR copy of Articles of Incorporation.
  - A. Training sites must have been in operation for at least five years.
4. A copy of the agency’s **actual** PAIP training schedule, which includes **actual** timeframes. (Form 14 may be used for this)
  - A. During the PAIP 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. Include a copy of agency's actual PAIP training outline including training topics, subtopics and required timeframes. (See section X of manual for a list of all topics and subtopics. Form 14 may be used for this.)

5. Sample of PAIP completion certificate or letter.

- Training sites must issue the original certificate to anyone who attends their training immediately upon completion of the training, and agree to keep copies for five years for each person attending the training.
- (See section VIII for information required on certificate.)

6. Copy of PAIP training attendance monitoring document.

- A. The attendance monitoring document may be as simple as the distribution of participant sign in/sign out sheets during the training.

7. Bibliography of training material used for the PAIP training.

- A one page document listing training material used. Including, but not limited to: videos, books, articles, etc. used by the agency to develop the PAIP training.
- The Board reserves the right to request copies of materials used at the PAIP training.

8. 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

9. Statement of tardiness/make-up policy for PAIP training

10. One page statement on perpetrator stages of change and the importance of the victim's voice within PAIP.

11. A one page description of agency programs/services.

12. Copy of agency mission statement.

13. Agency check for \$200.00 made payable to ICDVP, Inc.

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

Training site certification lasts two years.

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

**Procedure for application approval or renewal of a PAIP training site**

1. A review of all required documentation will be conducted.
2. Prior to approval of a **new PAIP training site**, a site visit will be conducted by at least two ICDVP Board Members.
3. 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 regular application period.
4. 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.

## **SECTION VII--Supervisory Site Requirements Policy**

Effective Date: 08/2002

## 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 ICDVP certified training site and complete 150 hours of supervised work at an ICDVP certified supervision site. This policy contains the guidelines for the supervisory site.

### Information to be submitted to the ICDVP Board and Supervisory site requirements

1. Application (**Form 1**) filled out completely and signed.
  - A. Applications must be submitted by the deadline or be subject to a fine or loss of certification. For information regarding late or incomplete applications refer to Section One—"Information Regarding Site Application Process and Fee Schedule" of the Manual
2. Proof that Executive Director is 40 hour trained (if CDVP then copy of that certification can be used as proof).
3. Job descriptions of all CDVP/CPAIP supervisors.
4. Copy of 501(c)(3) Form
  - A. Supervision sites must be 501(c)(3) and must have been providing domestic violence services for at least 5 years (See "**Exception Policy**" for any exceptions to this listed below.)
  - B. Domestic violence programs that provide core services and emergency shelter for victims and their children in program-operated, on-site facility. Core domestic violence services can include on-site shelter, referral for 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.
5. Agency Organizational Chart, with clear lines of supervision, which includes:
  - A. Name/title, certification number and expiration dates of all CDVP/CPAIP supervisors' current certification period.
  - B. 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. (See "**Definition of supervisor and supervised work**" below.)
  - C. Agencies are responsible to notify ICDVP, Inc. if personnel changes result in all supervisors of direct service domestic violence staff not being CDVP's.
  - D. Agencies are required to provide the agency's plan for supervision during the transition.
6. A brief explanation of how supervision will take place and how trainees will interface with domestic violence victims.
7. Copy of completion certificate/document for the 150 hours of supervised victim services work.
8. A Brief statement on Victim Empowerment and Social/Activism/Social Change.
9. One page description of agency programs/services.
10. Copy of agency mission statement.

11. Agency check for \$200.00 made payable to ICDVP, Inc.

Supervision sites will be approved for a period of two years unless otherwise stated in this document.

- The ICDVP board reserves the right to make a site visit if necessary.
- The ICDVP board reserves the right to revoke the certification of any site if the site no longer meets any of these requirements.

### **Definition of supervisor and supervised work**

1. 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.**
2. Supervised work is defined as direct service activities (as defined in Section III) at a domestic violence agency under the direction of an ICDVP supervisor.
3. 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. Supervision can be conducted either individually or in small groups.

### **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 a non-domestic violence 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 (see supervision site requirements) then it must have a supervisor (or supervisors) who are CDVP and have been in the domestic violence field for 3 years. 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.

### **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 application period.
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.**

## **SECTION VIII--Continuing Education Site Requirements Policy**

Effective Date: 08/2002

ILLINOIS CERTIFIED DOMESTIC VIOLENCE PROFESSIONAL BOARD, INC.

Continuing Education Site Certification Requirements and Policy

**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). Many continuing education units may apply to both CDVP and CPAIP's.

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.

**Information to be submitted to the ICDVP Board & ICDVP CEU site certification requirements**

1. Application (Form 4) filled out completely and signed.
  - A. Applications must be submitted by the deadline or be subject to a fine or loss of certification. For information regarding late or incomplete applications refer to Section One—"Information Regarding Site Application Process and Fee Schedule" of the Manual
2. Job descriptions of all person(s) overseeing CEU workshops/conferences.
  - A. 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
  - B. Training coordination must be listed as one of the Job Duties.
  - C. The Person or persons responsible for overseeing the training must be Certified Domestic Violence Professional(s).
3. **ICDVP CEU site only**--Copy of 501(c)(3) Form
  - A. Continuing Education sites must be 501(c)(3) and must have been providing domestic violence services either for victims or abuser 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. If your program does not meet these criteria, then see section IX for other options.
    - i. Domestic violence programs that provide core services and emergency shelter for victims and their children in program-operated, on-site facility. Core domestic violence services can include on-site shelter, referral for 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.
    - ii. CPAIP CEU Sites (must be IDHS Protocol approved to be eligible)
4. **CPAIP CEU site only**—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.
5. At least one example of proposed CEU workshop including time frames.
  - A. All Topics seeking CDVP/CPAIP CEU approval--should be an extension of any topics found in the 40 hour domestic violence and PAIP foundation trainings (See section X for a list of those topics.)



- B. During a CEU workshop/training/conference, 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.
  - C. One continuing education unit equals one hour of instruction. A workshop / training / 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.
6. Copy of CEU workshop attendance monitoring document. (See form 12 for a tracking form sample.)
    - A. The attendance monitoring document may be as simple as the distribution of participant sign in/sign out sheets during the training.
  7. Copy of evaluation form (See form 13 for an evaluation form sample.)
  8. Copy of completion certificate/letter. It must include the following:
    - A. The name of the agency providing the CEU's
    - B. Date of CEU training
    - C. Title of CEU training or workshop
    - D. Name of Participant
    - E. The number of CEU's provided.
    - F. Training sites must issue the original certificate to anyone who attends their training immediately upon completion of the training, and agree to keep copies for five years for each person attending the training.
  9. **ICDVP CEU site only--** A Brief statement how you incorporate Victim Empowerment and Social/Activism/Social Change in your workshops/conferences.
  10. One page description of agency programs/services.
  11. Copy of agency mission statement.
  12. Agency check for \$200.00 made payable to ICDVP, Inc.

### **Providing ICDVP CEU's to a non-ICDVP CEU site**

When an ICDVP certified CEU site considers giving approval to another agency's conference then the following items should be taken into consideration:

- All Topics seeking CDVP/CPAIP CEU approval--should be an extension of any topics found in the 40 hour domestic violence and PAIP foundation trainings.
- the learning objectives
- content
- agenda
- resume/bio/vitae of presenters

### **Procedure for application approval or renewal of an ICDVP CEU 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 a program is based on the program's failure to meet the requirements necessary to be an approved site.
  - B. Denied programs that make required corrections may apply the following regular application period.
3. A written response for approval or denial will be sent to the agency.

**Procedure for requesting review of a site denied approval.**

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.**

**SECTION IX Continuing Education Unit (CEU) Conference\* Policy**  
**Non-Domestic Violence Service Organizations**

**Effective Date:** 01/2012

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

## **Continuing Education Unit (CEU) Conference Policy for Non Domestic Violence Service Organizations**

### **Continuing education unit requirements**

This policy is for local, statewide or national organizations that are seeking approval to provide CEU's for more than one program/training over a one year period. Another option would be for entities to partner with currently certified local programs authorized by ICDVP, Inc. to provide CEU's. (Please note that this CEU certification does not allow the provider to offer the 40-hour domestic violence training. The 40-hour training is a separate certification). A list of approved agencies may be found on the website: [www.ilcdvp.org](http://www.ilcdvp.org) Prior to receiving approval to become a **Non Domestic Violence Service Organization CEU site**, a site visit may be conducted by at least two ICDVP Board members.

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.

### **Information to be submitted to the ICDVP Board & ICDVP CEU site certification requirements FIRST YEAR**

1. Application (Form 9) filled out completely and signed.
  - A. Applications must be submitted by the deadline or be subject to a fine or loss of certification. For information regarding late or incomplete applications refer to Section One—"Information Regarding Site Application Process and Fee Schedule" of the Manual
2. Past workshop/training/conference flyer that includes:
  - A. Learning objectives
  - B. Content with timeframes
  - C. Agenda
  - D. Number of CEU's
3. Copy of CEU workshop attendance monitoring document. (See form 12 for a tracking form sample.)
  - A. The attendance monitoring document may be as simple as the distribution of participant sign in/sign out sheets during the training.
4. Copy of completion certificate/letter, that includes the following:
  - A. The name of the agency providing the CEU's
  - B. Date of CEU training
  - C. Title of CEU training or workshop
  - D. Name of Participant
  - E. The number of CEU's provided.
  - F. Training sites must issue the original certificate to anyone who attends their training immediately upon completion of the training, and agree to keep copies for five years for each person attending the training.

5. Copy of training evaluation form. (See form 13 for an evaluation form sample.)
6. Certified check or money order payable to ICDVP, Inc. (\$300—first year, \$150—every renewal year.)

During the first approval year approximately 6-8 weeks prior to a conference, a copy of the conference brochure must be electronically submitted to ICDVP.

- All conference brochures must state that the CDVP/CPAIP CEU's are provided by the Illinois Certified Domestic Violence Professional Board.
- The ICDVP Board reserves the right to deny any single conference that does not meet ICDVP CEU guidelines. All conferences that provide ICDVP CEU's will be posted on the ICDVP website.
- All Topics seeking CDVP/CPAIP CEU approval--should be an extension of any topics found in the 40 hour domestic violence and PAIP foundation trainings.

### **Information to be submitted to the ICDVP Board & ICDVP CEU site certification requirements RENEWAL YEAR(S)**

1. Application (Form 10) only CEU section filled out completely and signed.
  - A. Applications must be submitted by the deadline or be subject to a fine or loss of certification. For information regarding late or incomplete applications refer to Section One—"Information Regarding Site Application Process and Fee Schedule" of the Manual
2. At least one example of proposed CEU workshop including time frames.
  - A. All Topics seeking CDVP/CPAIP CEU approval--should be an extension of any topics found in the 40 hour domestic violence and PAIP foundation trainings.
  - B. During a CEU workshop/training/conference, 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.
  - C. One continuing education unit equals one hour of instruction. A workshop /training / conference must be a **minimum of one hour in length**.
3. Copy of completion certificate/letter. It must include the following:
  - A. The name of the agency providing the CEU's
  - B. Date of CEU training
  - C. Title of CEU training or workshop
  - D. Name of Participant
  - E. The number of CEU's provided.
4. Summary of evaluations for each approved workshop/training/conference. (do not submit individual evaluations)
5. Certified check or money order for \$150.00 made payable to ICDVP, Inc.

### **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. The following information needs to be kept for five years:
  - Workshop/training/conference flyer
  - content with learning objectives
  - CEU's offered
  - records of participant attendance
  - agenda
  - resume/bio/vitae of presenters
  - evaluation summaries for ICDVP approved workshops/trainings/conferences

### **Procedure for application approval or renewal of an ICDVP CEU 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 a program is based on the program's failure to meet the requirements necessary to be an approved site.
  - B. Denied programs that make required corrections may apply the following regular application period.
3. A written or electronic response for approval or denial will be sent to the agency.

### **Procedure for requesting review of a site denied approval.**

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.**

**SECTION X: Training Topics**

**40-HOUR DOMESTIC VIOLENCE TRAINING TOPICS AND DEFINITIONS**

**Effective Date:** 08/2002

**PAIP TRAINING TOPICS AND DEFINITIONS**

**Effective Date:** 09/2010

# ILLINOIS CERTIFIED DOMESTIC VIOLENCE BOARD

## 40 HOUR DOMESTIC VIOLENCE 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 either:

- The 40 hour training requires that all of the training hours are completed in the presence of a trainer. or
- A full 20 hours of training in person all in the classroom along with ICADV's online 20 hour domestic violence foundation training without any client contact until both components are completed.

### FOUNDATIONS—

This section covers the history and the basic fundamentals of domestic violence. **Timeframe: 2 hours minimum**

#### 1. Definition of Domestic Violence

- A. Utilize a definition of domestic violence that includes the following two factors:
  - i. Power & control issues.
  - ii. Pattern of abusive behavior

#### 2. Historical and Feminist Perspectives

- A. Discuss milestones in the history of the world that impact dealing with the issue of domestic violence.
- B. Provide the knowledge needed to gain a better understanding of the movement to end violence against women and children.
- C. 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.

#### 3. Societal and Institutional Issues

- A. Discuss how society and institutions continue to oppress women and reinforce women's victimization.
- B. 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.
- C. Define oppression. Describe the impact that oppression can have on victim/survivors of domestic violence.
- D. Define social change and its role in the domestic violence movement.



E. Discuss the necessity of advocating for social change in order to end domestic violence.

#### **4. Myths and Realities**

A. 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**

#### **1. Statistics of Domestic Violence**

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

#### **2. Cycle of Violence**

A. Discuss the three stages of the cycle:

- i. Buildup, escalation, tension
- ii. Explosion, battering/abuse occurs
- iii. Sorrowful/conditional remorse/ re-capture/ reconciliation

B. Discuss the behaviors of the victim/survivor and batterer during each stage.

C. 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.

#### **3. Power and Control Wheel/Types of Abuse**

A. Define types of abuse such as;

- i. Emotional, economic, sexual, physical, using the children, threats, using male privilege, spiritual abuse, intimidation, isolation.

B. Define defense mechanisms:

- i. Minimization, denial and blame.

C. Provide an example of a Power and Control Wheel – such as; Duluth model. Include:

- i. Power and Control dynamics may be present in the absence of physical abuse.

D. Discuss sexual abuse in intimate relationship.

#### **4. Barriers or Challenges to Leaving an Abuser**

A. Discuss barriers or challenges including;

- i. 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.

B. Educate that the most dangerous time for the victim/survivor is when they start to leave the abuser.

C. Teach the importance of respecting the victim /survivor's choice to know when it is best for them to leave or stay in the relationship.

## 5. Identifying Victims/Survivors

- A. Teach participants to ask the victim/survivor about the history of abuse.
- B. 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**

#### 1. Counseling Domestic Violence Victims/Survivors –

- A. Educate that counseling domestic violence victims/survivors is a mutually shared effort between the advocate/counselor and victim/survivor.
- B. Teach participants to encourage the victim/survivor to direct their healing process – the victim/survivor addresses the issues they want to discuss and sets the goals for the healing process.
- C. Discuss intervention skills. Include information from the following subcategories:
  - i. **Listening Skills**
    - 1. Development of good listening skills is most important when learning how to work with victim/survivors.
    - 2. Characteristics components
      - a. Effective listening
      - b. Communication skills.
  - ii. **Service Planning**
    - 1. 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 their service plan and through collaborative victim/survivor and the staff interaction.
    - 2. 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.
    - 3. Describe what a service plan is and define the steps involved. Service planning includes; but is not limited to, the following:
      - a. Defining what challenges and obstacles have interfered with them meeting their goals.
      - b. Setting goals.
      - c. Generating alternative solutions or action steps.
      - d. Evaluating the potential options.
      - e. Selecting options and discussing their implementation.
  - iii. **Confidential Communication**
    - 1. Educate on the importance of a discussion between the advocate/counselor and victim/survivor regarding both parties' responsibilities and rights.

2. Describe the privileged communications between domestic violence counselors/advocates and Victims/Survivors as stated in the Illinois Domestic Violence Act (IDVA).
3. 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.

**iv. Personal and Professional Boundaries**

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

**v. Empowerment Perspectives**

1. 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.

## **2. Defining Advocacy**

- A. 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:
- i. 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.
  - ii. Self -advocacy is the empowered process of speaking on behalf of oneself to insure one's own rights and safety.
  - iii. 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 their appointment with Public Aid, gathering housing options, gathering referrals and/or talking to referral sources on behalf of a victim/survivor, etc.
  - iv. 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.

- v. 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.

### **3. Basic Crisis Intervention Skills**

- A. Teach the steps needed to assess for crisis and to work with the victim/survivor to handle the crisis.
- B. Use a definition of crisis that includes the following elements:
  - i. Stressful event occurs.
  - ii. Individual's view of event
  - iii. Usual coping methods fail
- C. 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 them to develop their future goals/plans.

### **4. Documentation – Files – Victim's/Survivor's Rights**

- A. Teach the importance of accuracy and appropriateness in service documentation.
- B. Educate participants on the importance of maintaining files that contain clear and accurate documentation as well as effective, necessary and objective service provisions.
- C. Teach that a definition of victim's/survivor's rights includes:
  - i. Victim's/Survivor's basic rights to receive free, confidential services, regardless of race, disability, religion, ethnic origin, sexual orientation or age.
  - ii. Victim's/Survivor's right to have confidential communication unless written permission is given *by* them.
  - iii. The right to make their own decisions and participate in mutually agreed upon goals, etc.
- D. Discuss how client files are maintained and accessed. Include:
  - i. 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.
  - ii. 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)**

## **1. Safety Planning**

- A. 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.
- B. Educate on the importance of safety planning.
- C. Discuss empowerment vs. giving advice or directing the victim.
- D. Discuss ways to develop a safety plan to leave or stay.
- E. Provide information on items that are important to take when leaving.
- F. Educate on the use of code words for family, children, friends or neighbors.
- G. Discuss ways to assess if the safety plan will increase safety for the victim/survivor or increase the danger.
- H. Teach the need to update the plan as the situation requires.

## **2. Lethality Assessment**

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

## **3. Suicide Assessment—Timeframe: 1/2 hour minimum (as part of the total minimal requirement for this section)**

- A. Review tools for suicide assessment. Include:
  - i. Warning Signs
  - ii. Intervention strategies
- B. Review liability risk – for advocate/counselor and agency.
- C. Discuss the reasons to seek supervision/ consultation on this issue.
- D. 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**

## **1. Overview of Abusers**

- A. Discuss common abuser's traits.
- B. Discuss reasons that abusers abuse.

## **2. Overview of Abuser Program Services**

- A. 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**

#### **1. Effects of Domestic Violence on Children**

- A. Teach that children who witness domestic violence are at risk for maladaptive behaviors.
- B. Educate that the developmental areas that are affected can be any or all of the following :
  - i. Emotional
  - ii. Behavioral
  - iii. Physical
  - iv. Social
  - v. Cognitive
- C. Discuss the role of the domestic violence worker with children.
- D. Discuss the importance of providing services to children.
- E. Discuss the role of non-abusing parent with children.

#### **2. Child Abuse and Neglect Reporting Act**

- A. Discuss definitions and requirements of a mandated reporter.

#### **3. DCFS Issues**

- A. Describe DCFS procedures for reporting abuse.
- B. Describe agency's procedures/policies regarding reporting abuse.

#### **4. Safety Planning for Children**

- A. Discuss the components of a child's safety plan.
- B. Educate on empowerment of the non-abusing parent and the children vs. giving advice or directing.

#### **5. Working with Children**

- A. 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.
- B. 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**

### **1. Dynamics**

- A. Discuss how to help teens recognize dating violence situations.

### **2. Legal Issues for Teens**

- A. Discuss number of counseling session without parental consent.
- B. Educate on documentation and record keeping that applies to teens.
- C. Discuss issues of confidentiality that applies to teens.
- D. Teach that an Order of Protection is available to minors.

### **3. Safety Planning for Teen-Dating Violence**

- A. Discuss components of a safety plan.
- B. Educate on empowerment vs. giving advice or directing.
- C. 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)**

### **1. Anti-Racism: Timeframe: 2 hours or more (as part of the total minimal requirement for this section)**

- A. 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.
- B. Teach a definition of racism that incorporates the following: Race Prejudice + Power = Racism.
- C. 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.
- D. 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.

### **2. Religion and Domestic Violence**

- A. Educate that when addressing religion and domestic violence, the discussion should be inclusive, not just from a Judeo/Christian perspective.
- B. Teach advocate/counselor to respect different views and values. Be aware of other beliefs and cultures.
- C. Discuss collaborating with religious communities on ways to support victims/survivors.

- D. 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)**

### **1. Older Battered Women**

- A. Briefly describe the needs of older battered women. Include:
  - i. Health needs.
  - ii. Housing needs.
  - iii. Barriers to obtaining and/or receiving services.
  - iv. Increased isolation and economic concerns.

### **2. Elder Abuse and Neglect Act**

- A. Briefly give an overview of the act and how it applies to advocates/counselors. Include
  - i. Legal requirements for reporting.
  - ii. Agency's policies and procedures for reporting.

### **3. Rural Women**

- A. Lack of Resources
- B. Isolation
- C. Lack of familiarity with power structure

### **4. Immigrant Battered Women**

- A. 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.
- B. Briefly discuss legal remedies for immigrant battered women, as well as resources and referrals for more information on legal remedies.
- C. Discuss strategies for making services accessible to, and appropriate for, immigrant battered women and their children.

### **5. People with Unique Challenges**

- A. Describe the additional obstacles faced by victims/survivors with disabilities. Include
  - i. Difficulties in obtaining and receiving services.
  - ii. Housing Needs.



- iii. Health Needs.
- iv. Literacy Levels.

## **6. Mental Health Issues**

- A. Discuss the effects of domestic violence on victim/survivor's mental health.
- B. Discuss reasons a victim/survivor's mental health can be compound when involved in a domestic violence situation.

## **7. Lesbian, Gay, Bisexual, Transgender Issues and Homophobia—Timeframe: 1.5 hours minimal (as part of the total minimal requirement for this section)**

- A. Define the words Lesbian, Bisexual, Gay, and Transgender (LGBT).
- B. Define and discuss homophobia and heterosexism.
- C. Discuss issues of power and privilege for heterosexual vs. LGBT people in society. Encourage participant self-exploration.
- D. 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:
- E. Homophobia.
  - i. Programs and courts that are not accessible or LGBT friendly/competent (example: lack of programming and shelter).
  - ii. Fear of outing.
  - iii. Fear of losing children, job, family, housing, etc.
  - iv. Fear of gay bashing.
  - v. Increased aggressor identification difficulty (which increases the likelihood that the victim/survivor is arrested rather than the batterer).
- F. Discuss strategies for making services accessible to LGBT people experiencing domestic violence.

## **8. Substance Abuse and Domestic Violence Timeframe: 1 hour minimal (as part of the total minimal requirement for this section)**

- A. Provide a brief overview of issues related to the intersection of domestic violence and substance abuse. Include:
  - i. An explanation that when working with victims/survivors who have both issues it is important to address both safety and sobriety.
  - ii. Substance abuse does not cause domestic violence.
  - iii. Chemical dependency is a disease. Domestic violence is a learned behavior; not a disease.
  - iv. The Cycle of Addiction. Explain that relapse is part of that cycle.
  - v. Domestic violence can impair the opportunity for addiction recovery and threaten sobriety.

- B. Briefly discuss substance abuse issues that are specific to victims/survivors. Include:
- i. Both substance abuse and domestic violence are a health risk to women.
  - ii. Victims/survivors may begin or increase use in response to domestic violence and/or trauma. Many women are introduced to substances by their partner.
  - iii. 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 their children, obtain services; such as, legal assistance, shelter, etc.
  - iv. Women who use are usually more isolated.
  - v. Substance use may deter women from seeking help for fear of arrest or involvement with the child welfare services.
  - vi. Survival skills should not be labeled as co-dependency.
  - vii. 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 their safety plan.
  - viii. Abusers may sabotage treatment or prevent the victim/survivor from attending.
- C. Briefly discuss substance abuse issues that are specific to abusers. Include:
- i. Abusers may use substance abuse to gain power and control.
  - ii. Abuser may use their addiction to justify their actions.

## **9. Sexually Transmitted Diseases including HIV and AIDS**

A. Provide a brief overview. Include:

- i. Educate on STD's, HIV and AIDS including
  1. A basic description and definition.
  2. Transmission methods.
  3. Myths and facts.
  4. Protection from infection.
  5. HIV and pregnancy.
  6. Confidentiality related to HIV.

B. Discuss universal precautions. Include:

- i. What to do when encountering blood or bodily fluids, e.g. wearing gloves, washing hands, discarding of materials appropriately, prevention of contamination

## **10. Prostitution/Trafficking**

A. Provide a brief introduction to the issues of prostitution and trafficking. Include:

- i. Definition of prostitution and trafficking.
- ii. How prostitution and trafficking are issues of domestic violence.
- iii. Barriers to services.

## **IDVA/LEGAL ISSUES—**

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

**Timeframe: 4 hours minimum**

### **1. Discuss IDVA Act**

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

### **2. Criminal or Civil Court/Orders Of Protection**

- A. How are orders of protection obtained in your county?
- B. **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?

### **3. Criminal Offenses: Assault, Domestic Battery, Violation of Order of Protection, Stalking**

- A. Provide a brief outline of what the state must prove to convict an abuser of any of these offenses.
- B. Optional – Interstate Violation of Order of Protection

### **4. Conditions of Bond**

- A. 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.

### **5. Full Faith and Credit**

- A. 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.
  - i. How Illinois deals with full faith and credit. Include:
    - 1. 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.

2. Discuss how to enroll a foreign order with the Clerk of the Court

## 6. VAWA - Immigration Issues

A. Provide a very brief discussion, that needs to make only three points:

- i. 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.
- ii. Victims/Survivors who are picked up by INS and face deportation can seek a “cancellation of removal” based on domestic violence.
- iii. 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.

## 7. Prohibitions Against Firearm Possession

A. 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:

- i. 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.**

### 1. Parentage

A. Discussion regarding who is a legal parent under the Illinois Parentage Act of Illinois.

### 2. Visitation Issues

- A. Discussion regarding the standards to restrict visitation in the Illinois Marriage and Dissolution of Marriage Act and the IDVA. Include:
- B. The Unlawful Visitation Interference Statute
- C. Contempt for failing to allow visitation and ways that victim/survivor can protect themselves from false allegations of visitation interference.

### 3. Child Abduction

A. 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.

### 4. Concerns about Leaving the State

- A. 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**

**1. Certification Code Of Ethics**

- A. Discussion of ICDVP Code of Ethics which can be found in Section II.

**2. Referrals To and Working with Other Agencies/Systems**

- A. Discuss how and when to refer clients to outside agencies/systems.
- B. Provide access to agency’s referral list.
- C. 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.

**1. Self-Care**

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

***Reminder***

***ICDVP approved 40 hour trainings including the 20 hour online/20 hour in person must add to a total of 40hours. If using the 20 hour on-line training, the 20 hours must be in the classroom. In order for a candidate to take the 20 hour in-person training they must produce a certificate that verifies completion of the 20 hour on-line training. No shadowing or on the job training can be counted towards any part of the 40 hour or 20 hour in person training.***

# ILLINOIS CERTIFIED DOMESTIC VIOLENCE BOARD

## PAIP TRAINING DEFINITIONS

The overall purpose of the abuser intervention training is to provide participants with the tools necessary for effective group facilitation with adult male intimate partner violence offenders and develop better practices. Though aspects outlined in this training will be helpful to those facilitating groups for perpetrators in same sex relations, who are teens or for women, the needs and dynamics of those populations are not fully addressed within this outline.

There are several important components to an effective training including modeling effective co-facilitation, addressing various learning styles and creating a learning environment. The PAIP training must include a variety of teaching styles including lecture, group interactive exercises, and role plays. The training must be co-facilitated throughout the 20 hours and it is better practices that the trainers are a male and female team. These are some participant learning objectives for the PAIP training:

Time frames are listed in minimum amount of hours. Some sections also indicate the maximum amount of hours to spend on that given section. Each approved training site may choose to tailor the PAIP training to meet the needs of a particular class or their particular site program.

### **1. Introduction (.25 hours)**

- A. Review format and logistics of training.
- B. Describe the requirements for a protocol approved program.
- C. Gain a better understanding of the most commonly used models.
- D. Define partner abuser intervention program.
- E. Understand scope of PAIP services.
- F. Overall objectives of training:
  - i. Gain a better understanding of working with domestic violence offenders.
  - ii. Learn and practice basic group facilitation skills

### **2. Orientation to group process (.5 hours)**

- A. Understand the concept of group cohesiveness.
- B. Learn how to create a learning atmosphere.
- C. Assess group effectiveness.
- D. Identify barriers to self-assessment both in the facilitator and group member.
- E. Utilize the control log exercise.

### **3. Domestic Violence Grounding (1 hour up to 1.75 hours)**

- A. Gain a better understanding of the characteristics of abusers and their role in the group process.
- B. Describe the impact of abuse on victims, children and society.
- C. Identify ways to “be the voice of the victim” while facilitating

#### **4. PAIP Issues (2 hours)**

- A. Review the historical development of partner abuser intervention programs.
- B. Identify the key components of effective PAIP programs.
- C. Understand the theoretical components of PAIP, including system collaboration and service coordination.
- D. Compare and contrast PAIP programs and other therapeutic interventions.
- E. Identify the requirements of a protocol approved program.
- F. Describe the intake/referral process for most PAIPs.
- G. Understand the importance of assessment in terms of risk, service provision and expectations.
- H. Identify and assess individuals for group appropriateness and exclusion.
- I. Describe and define accountability in terms of the process of change.
- J. Describe key components of an effective program evaluation.

#### **5. Facilitator Issues (6 hours)**

- A. Identify the role of a facilitator.
  - i. Team, model equality
  - ii. Process vs. Therapy
- B. Understand the use of power as a facilitator.
- C. List limitations and boundaries of confidentiality.
  - i. Not IDVA
  - ii. Implications, protection of victim information
  - iii. Releases of information
  - iv. Mental Health Code
  - v. Duty to Warn
  - vi. Informed consent
  - vii. Group member confidentiality
- D. Learn how to reinforce accountability through interactions like confrontation and challenging.
- E. Identify personal beliefs or bias that may impede the group process through self - assessment.
- F. Understand the Stages of Change Model.
- G. Compare and contrast the expectations for female and male co-facilitators.
  - i. Female facilitator balance of not being intimidated or being aggressive
  - ii. Voice of the victim
  - iii. Dealing with being invisible to male participants

- iv. Co-facilitation dynamics
  - v. Own issues
  - vi. Building a team, what if it's not working, bumps in the road
- H. Identify teaching strategies for behavior change.

## 6. Group Dynamics (2 hours up to 3 hours)

- A. Understand the challenges in group facilitation.
  - i. The power of dynamics, what comes out of that
  - ii. Rely on the group, not a lecture
  - iii. Group makeup- age, open vs. closed, energy level....
  - iv. Value of silence- time to process
  - v. Struggles, challenging, engaging others
  - vi. Process of becoming a facilitator is parallel to group. Can't expect us not to change
- B. Utilize strategies for avoiding groupthink and colluding.
  - i. What is colluding and why does it happen
  - ii. Danger of colluding
  - iii. Subtle and overt
  - iv. Female co-facilitators not immune
  - v. Vignettes: "In The Moment" video
- C. Assess for change and accountability in group members.
  - i. Belief that people can change
  - ii. Realistic expectations

## 7. Skill Building (5 hours up to 6 hours)

- A. Identify best practices in group facilitation.
  - i. Learn to think through options of responding
  - ii. When to employ options
  - iii. Value of de-briefing
- B. Practice facilitation skills in group simulations.
  - i. Progressive role plays: Trainers start it
  - ii. Case study
  - iii. What's missing?- Given partial information, what questions would you ask
  - iv. Mock monthly reports
- C. Assess feedback on group experience.
  - i. Group member feedback- many options how it's used



- ii. Use of feedback from other facilitators & victim service providers

- iii. Realistic expectations of change

D. Damage control

- i. Group is a fluid process

- ii. Different ways to respond

- iii. Undo or redo something in group

E. Parenting

- i. Addressing issues of parenting with DV offenders

- ii. Raising children after abuse

## **SECTION XI: GRIEVANCE PROCEDURE**

### **GRIEVANCE PROCEDURES**

**Effective Date:** 03/2016

### **ICDVP COMPLAINT FORM**

**Effective Date:** 03/2016

## **Procedure for handling complaints against 40-hour training sites**

1. The complaint against an ICDVP approved 40-hour training site must be received in writing and signed by the person making the complaint. Alternately, a third party concern may be expressed to the ICDVP Board.
2. The board will have sole discretion to investigate and/or provide technical assistance.
3. The complaint must deal with issues related to the 40-hour training.
4. A three member Review Panel selected from the Standards Committee 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.
5. The 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. This may include a site visit.
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 the agency's certified status is revoked, then the agency will have 30 days from receiving the written response to appeal the Board's decision. Appeals will be reviewed by a three member panel of the Executive Committee which will inform the Board of its recommendation within 30 days of receiving the appeal.
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 with a revoked status will not be recognized by ICDVP, Inc. for certification eligibility.

## **Procedure for handling complaints against 20-hour PAIP training sites**

- 1.The complaint must be received in writing and signed by the person making the complaint. Alternately, a third party concern may be expressed to the ICDVP Board.
2. The board will have sole discretion to investigate and/or provide technical assistance.
- 3.The complaint must deal with issues related to the training provided by a certified PAIP training site.
- 4.A three member Review Panel selected from the Standards Committee 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.
- 5.The 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. This may include a site visit.
- 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 the agency's certified status is revoked, then the agency will have 30 days from receiving the written response to appeal the Board's decision. Appeals will be reviewed by a three member panel of the Executive Committee which will inform the Board of its recommendation within 30 days of receiving the appeal.
- 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 with a revoked status will not be recognized by ICDVP, Inc. for certification eligibility.

## **Procedure for handling complaints against supervision sites**

- 1.The complaint must be received in writing and signed by the person making the complaint. Alternately, a third party concern may be expressed to the ICDVP Board.
2. The board will have sole discretion to investigate and/or provide technical assistance.
- 3.The complaint must deal with issues related to the supervision provided by a certified domestic violence supervision site.
- 4.A three member Review Panel selected from the Standards Committee 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.
- 5.The 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. This may include a site visit.
- 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 the agency's certified status is revoked, then the agency will have 30 days from receiving the written response to appeal the Board's decision. Appeals will be reviewed by a three member panel of the Executive Committee which will inform the Board of its recommendation within 30 days of receiving the appeal.
- 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.Supervision provided by agencies with a revoked status will not be recognized by ICDVP, Inc. for certification eligibility.

## **Procedure for handling complaints against C.E.U. sites**

- 1.The complaint must be received in writing and signed by the person making the complaint. Alternately, a third party concern may be expressed to the ICDVP Board.
- 2.The board will have sole discretion to investigate and/or provide technical assistance.
- 3.The complaint must deal with issues related to the denial of approval of CEU's.
- 4.A three member Review Panel selected from the Standards Committee 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.
- 5.The 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. This may include a site visit.
- 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 the agency's certified status is revoked, then the agency will have 30 days from receiving the written response to appeal the Board's decision. Appeals will be reviewed by a three member panel of the Executive Committee which will inform the Board of its recommendation within 30 days of receiving the appeal.
- 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.CEU's provided by agencies with a revoked status will not be recognized by ICDVP, Inc. for certification eligibility.

## **Procedure for handling complaints against CEU Conference Non-DV Service Organizations**

- 1.The complaint must be received in writing and signed by the person making the complaint. Alternately, a third party concern may be expressed to the ICDVP Board.
2. The board will have sole discretion to investigate and/or provide technical assistance.
- 3.The complaint must deal with issues related to the denial of approval of CEU's.
- 4.A three member Review Panel selected from the Standards Committee 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.
- 5.The 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. This may include a site visit.
- 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 the agency's certified status is revoked, then the agency will have 30 days from receiving the written response to appeal the Board's decision. Appeals will be reviewed by a three member panel of the Executive Committee which will inform the Board of its recommendation within 30 days of receiving the appeal.
- 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.CEU's provided by agencies with a revoked status will not be recognized by ICDVP, Inc. for certification eligibility.

## **Procedures for handling complaints against a person with CDVP or CPAIP certificates**

1. The complaint against a certified individual must be received in writing and signed by the person making the complaint. Alternately, a third party concern may be expressed to the ICDVP Board.
2. The complaint must deal with issues regarding ethical conduct according to ICDVP Code of Ethics. If the matter does not deal with ethical conduct, a letter will be sent to the Complainant that ICDVP will only address those issues related to the ethical conduct as defined by the ICDVP Code of Ethics.
3. A three member review panel from the standards committee will review the complaint and if necessary send a written request to the certified professional for clarification of the issues. The individual has 30 days to respond to this request.
4. The 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 will inform the Board of its recommendation at a regularly scheduled board meeting.
6. The Board will send its decision to the certified professional and the person making the complaint.
7. If a certified professional has their certification revoked, the professional will have 30 days from receiving the written notice to appeal the Board's decision. Appeals will be reviewed by a three member panel from the executive committee which will inform the Board of its recommendations within 30 days of receiving the appeal.
8. If the response does not merit any additional review, the Board will be notified and a letter will be sent to the professional reflecting no change in the previous determination of the Board.
9. The Board will send a letter to the professional's agency executive director regarding the revoked certification status.
10. The complainant will be provided a letter stating that the matter was investigated and no action was taken because there was no finding that the person violated the ICDVP Code of Ethics; or action was taken against the person/agency as a result of the complaint.



## Complaint Form

Submit to:  
 ICDVP, Inc.  
 P. O. Box 429  
 LaGrange, IL 60525

Complaint Involves: (Please mark those applicable) Please write the name of the agency or individual.

|  |                                             |         |
|--|---------------------------------------------|---------|
|  | 40-Hour Domestic Violence Training Site     | Agency: |
|  | 20-Hour PAIP Training Site                  | Agency: |
|  | Supervision Site                            | Agency: |
|  | CEU Training Site                           | Agency: |
|  | Non-Domestic Violence Service Org. CEU Site | Agency: |
|  | CDVP                                        | Name:   |
|  | CPAIP                                       | Name:   |

Explain your complaint and attach supporting documentation including names, addresses, and telephone numbers of witnesses.

|                 |           |               |  |
|-----------------|-----------|---------------|--|
| Name:           |           | Phone Number: |  |
| Address:        |           |               |  |
| City:           | Zip Code: | County:       |  |
| E-mail Address: |           |               |  |
| Signature       |           | Date          |  |



## **Appendix / Forms**

## 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                                                                                              |                                                                                                                                                          |                             |
| 1.                                                                                                                                        | Application form completely filled out and signed                                                                                                        |                             |
| 2.                                                                                                                                        | Proof that Executive Director is 40 hour trained (if CDVP then copy of that certification can be used as proof).                                         |                             |
| 3.                                                                                                                                        | Job Descriptions of supervisors who will be providing supervision for the ICDVP requirement.                                                             |                             |
| 4.                                                                                                                                        | Copy of 501(c)(3) letter                                                                                                                                 |                             |
| 5.                                                                                                                                        | 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. |                             |
| 6.                                                                                                                                        | A brief explanation of how supervision will take place and how trainees will interface with domestic violence victims.                                   |                             |
| 7.                                                                                                                                        | Completion certificate/document for the 150 hours of supervised victim services work.                                                                    |                             |
| 8.                                                                                                                                        | Brief statement of Victim empowerment and Social Activism/Social Change.                                                                                 |                             |
| 9.                                                                                                                                        | One page description of agency programs and services.                                                                                                    |                             |
| 10.                                                                                                                                       | Copy of agency mission statement.                                                                                                                        |                             |
| 11.                                                                                                                                       | Agency check for \$200.00 made payable to ICDVP, Inc.                                                                                                    |                             |
| Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525 or e-mail <a href="mailto:Ilcdvp@ilcdvp.org">Ilcdvp@ilcdvp.org</a> . |                                                                                                                                                          |                             |

**FORM 1 continued**

1. I certify that \_\_\_\_\_ provides domestic violence services  
Agency Name  
 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.

2. Does your agency charge a fee to victims of domestic violence? Yes or No  
 If yes, please explain:

3. Is your domestic violence program a member of a network or coalition? Yes or No  
 If yes which one(s):  
 For how many years:

4. 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 adhere to standards and policies set forth 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 |
|----------|--------|---------|

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

## Form 2

### Application for 40 Hour Training Site Approval

(either 40 in-person OR 20 in-person/20 online combination training)

Name of Agency:

Address:

Contact Person:

Telephone:

Fax:

E-Mail:

Person(s) providing oversight for trainings.

Years in Position

CDVP#

Expiration Date:

#### Checklist of Items to include in application

1. Application form completely filled out and signed.
2. Job Descriptions of Training Coordinators (as defined in section five of the ICDVP Policy & Procedure manual).
3. Copy of 501(c)(3) letter
4. A copy of the agency's **actual** 40 or 20 hour in person DV training schedule, which includes **actual** timeframes. (Form 11 and 11b may be used for this).
5. Copy of agency's actual 40-hour training and/or 20 hour outline/tracking form including training topics/subtopics and timeframes. (See section X of Manual for a list of required topics.) (See forms 11 or 11B for sample of tracking document)
6. Sample of 40-hour and/or 20-hour online/20 hour in person completion certificate. (See section VIII for what should be on this document.)
7. Bibliography of training material used for 40-hour in person and/or 20 hour in person training.
8. One page statement on Victim Empowerment and Social Activism/Social Change.
9. A one page description of agency programs/services, along with statistical data of the domestic violence victims services provided for the past 5 years.
10. Copy of agency mission statement.
11. Agency check for \$200.00 made payable to ICDVP, Inc.

Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525 or e-mail to [ilcdvp@ilcdvp.org](mailto:ilcdvp@ilcdvp.org).

1. I certify that \_\_\_\_\_ has been providing 40 hour

*Agency Name*

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).

**Form 2 continued**

2. How long has the training coordinator worked at your domestic violence agency?

3. How often do you provide training?

4. Does your agency charge a fee to victims of domestic violence? Yes or No  
If yes, please explain:

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

6. 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:

7. Are you willing to train (Check all that apply)

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

8. 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

9. I certify that our agency will adhere to standards and policies set forth by ICDVP, Inc.  
Yes or No

10. Prior to approval of a **new 40 hour training site**, a site visit will be conducted by a least two ICDVP board members.

*Print Name of Person Completing Form:*

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

*Signature:*

*Signature:*

*Title:*

*Date:*

**Approved:**

**Date:**

**Signature:**

### Form 3

#### Application for PAIP Training Site Approval

Name of Agency:

Address:

Contact Person:

Telephone:

Fax:

E-Mail:

Person(s) providing oversight/facilitating trainings.

Years in Position

CPAIP#

Expiration Date:

#### Checklist of Items to include in application

1. Application form completely filled out and signed.
2. Job Descriptions of Training Coordinators (as defined in Section Five of the ICDVP Policy & Procedure manual.)
3. Copy of 501(c)(3) form OR Copy of Articles of Incorporation.
4. Copy of agency's actual PAIP training schedule, which includes actual time frames.
5. Sample of the PAIP completion certificate. (See section VIII for what should be on this document.)
6. Copy of the PAIP training attendance monitoring documentation form.
7. Bibliography of training material used for the PAIP training.
8. 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.
9. Statement of tardiness/make-up policy for the PAIP training.
10. One page statement on perpetrator stages of change and the importance of the victim's voice within PAIP.
11. A one page description of agency programs/services.
12. Copy of agency mission statement.
13. Agency check for \$200.00 made payable to ICDVP, Inc.

Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525 or e-mail to [ilcdvp@ilcdvp.org](mailto: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 our agency will adhere to standards and policies set forth by ICDVP, Inc.

Yes or No

*Print Name of Person Completing Form:*

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

*Signature:*

*Signature:*

*Title:*

*Date:*

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

Approved:

Date:

Signature:

Form 4

| Application for Continuing Education Site Approval | | | |
|--|--|-------------|------------------|
| Name of Agency: | | | |
| Address: | | | |
| Contact Person: | | | |
| Telephone | Fax | E-Mail | |
| Person(s) providing oversight for CEU trainings. | Title | CDVP/CPAIP# | Expiration Date: |
| | | | |
| | | | |
| | | | |
| Checklist of Items to include in application for CDVP & CPAIP CEU sites | | | |
| | 1. Application form completely filled out and signed. | | |
| | 2. Job Descriptions of person(s) overseeing CEU workshops/conferences | | |
| | 3. ICDVP CEU site only --Copy of 501(c)(3) letter | | |
| | 4. CPAIP CEU site only --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. | | |
| | 5. At least one example of proposed CEU workshop including time frames. | | |
| | 6. Copy of CEU workshop/training/conference attendance monitoring document. | | |
| | 7. Copy of evaluation form (See form 13 for an evaluation form sample.) | | |
| | 8. Sample of completion certificate/letter. (See section VIII for what should be on this document.) | | |
| | 9. ICDVP CEU site only —Brief statement of how you incorporate victim empowerment and social activism/social change in your workshops/conferences. | | |
| | 10. One page description of agency's programs and services. | | |
| | 11. Copy of agency's mission statement. | | |
| | 12. Check or money order for \$200.00 made payable to ICDVP, Inc. | | |
| 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 | | | |

Form 4 continued

1. **ICDVP CEU site only**—I certify that _____ has been providing 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
Agency Name

2. **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)

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

If yes, please explain:

4. **CPAIP CEU site only**—I certify that _____ has been an Illinois 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.
Agency Name

5. **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.

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

7. 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:

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

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

External applicants

Form 4 continued

9. 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.

10. I certify that our agency will adhere to standards and policies set forth 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/member 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

1. Application form
2. Attach documentation of attendance (i.e.: copy of minutes for each hour requested showing your name with start and end times of meeting).
3. Petition Fee \$10.00 - please send payment, with petition, in the form of a check or money order.
4. Make checks payable to ICDVP, Inc.

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

Provide the following information

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:

1. Application form completely filled out and signed
2. Attach documentation of attendance (certificate, letter of verification).
3. Petition Fee \$10.00 - please send payment, with petition, in the form of a check or money order.
4. Make checks payable to ICDVP, Inc.

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

#### Provide the following information

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 1 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 PAIP 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

1. Application form completely filled out and signed.
2. Attach documentation of this training/ class (i.e.: description, schedule, and brochure).
3. Petition Fee \$10.00 - please send payment, with petition, in the form of a check or money order.
4. Make checks payable to ICDVP, Inc.

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

#### Provide the following information

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |                  |       |
| <ol style="list-style-type: none"> <li>1. ICDVP and CPAIP certification is valid for two years from date of issue unless suspended or revoked by ICDVP Board for disciplinary reason.</li> <li>2. The certification may be renewed by completion of the required renewal form and submitting proof that 30 hours of Continuing Education units have been obtained since the professional's last renewal period.</li> <li>3. Renewal forms may be submitted no sooner than <b>two</b> months prior to expiration of certification.</li> <li>1. <b>FOR CPAIP'S ONLY</b>, CEU's must be from the following three categories:               <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> </ol> |                                                                                                                                  |                  |       |
| Checklist of Items to include in application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                  |                  |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1. Application form completely filled out and signed. <b>Do NOT forget to fill out list on 2<sup>nd</sup> page of this form.</b> |                  |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2. Any petition (and the materials requested by that petition) and the required fee that is needed.                              |                  |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3. Copies of attendance certificates/letters for all trainings listed on 2 <sup>nd</sup> page of this form.                      |                  |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4. Renewal Fee \$75.00 - please send payment in the form of a check or money order.                                              |                  |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5. 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                  |                  |       |

**NOTE: Effective 2015, the maximum hours allowed for on-line training is 15.**





## Form 8B

| Request for Extension                                                               |                                                                                                                                                                                     |      |  |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|
| Check which certification needs an extension/inactive status.                       |                                                                                                                                                                                     | CDVP |  |
| Name:                                                                               |                                                                                                                                                                                     |      |  |
| Address:                                                                            |                                                                                                                                                                                     |      |  |
| Telephone:                                                                          | Email:                                                                                                                                                                              |      |  |
| Certification #:                                                                    | Date of Request:                                                                                                                                                                    |      |  |
| Checklist of items to include with request form                                     |                                                                                                                                                                                     |      |  |
|                                                                                     | 1. Request for Extension form completely filled out and signed                                                                                                                      |      |  |
|                                                                                     | 2. \$25.00 to receive an extension                                                                                                                                                  |      |  |
|                                                                                     | 3. Make check(s) payable to ICDVP, Inc.                                                                                                                                             |      |  |
| Mail signed request form and payment(s) to: ICDVP, P.O. Box 429, LaGrange, IL 60525 |                                                                                                                                                                                     |      |  |
| Check below if requesting another extension                                         |                                                                                                                                                                                     |      |  |
|                                                                                     | Requesting a second 6 month extension. (Individual will not be able to get another extension if ceu training material cannot be submitted at the end of 2 <sup>nd</sup> extension.) |      |  |

My signature below signifies that I understand requesting an extension puts my certification on hold temporarily. During this time I understand I am not eligible to supervise candidates for the certification test nor am I eligible to be the coordinator of the 40 hour domestic violence training, the PAIP training and/or CEU training. I also understand that it is my responsibility to provide the required documentation to change my certification status back to being active.

(See section IV of manual for full policy for criteria on requesting an extension.)

SIGNATURE

CDVP/CPAIP#

DATE EXPIRES

## Form 9

### Application for ICDVP CEU Status

(Non-Domestic Violence Program Applicants Only)

Name of Agency:

Address:

Contact Person:

Telephone

Fax

E-Mail

Conference Coordinator:

CDVP/CPAIP #:

#### Checklist of Items to include in application

1. Application form completely filled out and signed.
2. Past conference brochure/flyer that includes the following information:
  - a. learning objectives
  - b. content with timeframes for individual sessions
  - c. conference agenda
  - d. any ceu language provided
3. Copy of CEU workshop attendance monitoring document. (See form 12 for a tracking form sample.)
4. Copy of completion certificate/letter.
5. Sample of training evaluation form. (See form 13 for an evaluation form sample.)
6. Certified Check or money order payable to ICDVP, Inc. \$300 for first year, \$150 for every renewal year.

**The signature below certifies that your agency:**

- **Agrees to a possible site visit prior to final approval of first year application.**
- **Agrees to submit all future conference brochures to ICDVP 6-8 weeks prior to conference date.**
- **Understands that the ICDVP Board reserves the right to deny any single conference that does not meet ICDVP guidelines.**
- **Will provide documentation to individuals that complete your trainings.**
- **Will store documentation of all training participants for a minimum of 5 years.**
- **To send all required materials as stated in the ICDVP manual to ICDVP at the end of each approved year.**

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.

| | |
|--------------------------|--|
| <input type="checkbox"/> | Check this box if you are renewing as a Non-Domestic Violence Program. Complete sections A, D, G and H. |
|--------------------------|--|

A. Name of Agency:

Address:

Contact Person:

| | | |
|------------|------|---------|
| Telephone: | Fax: | E-Mail: |
|------------|------|---------|

| B. Training Coordinator(s) Name(s) | Title | ICDVP/CPAIP Certification # | Expires |
|------------------------------------|-------|-----------------------------|---------|
| | | | |
| | | | |
| | | | |

| C. Supervisor(s) Name(s) | Title | ICDVP/CPAIP Certification # | Expires |
|--------------------------|-------|-----------------------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| D. Name of person(s) overseeing CEU training | Title | ICDVP/CPAIP Certification # | Expires |
|--|-------|-----------------------------|---------|
| | | | |
| | | | |
| | | | |

E. Please include the following for Training site renewal.

- Sample copy of training certificate or letter of completion.
- Completed copy from agency's most recent training with trainers' signatures/initials, dates and time frames.
- List of materials/bibliography/resources used to design and/or implement the 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.

Form 10 continued

F. 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.

G 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 provide documentation to individuals that complete the training.
 - will maintain and store documentation of all training participants for at least 5 years.

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

- This Application form filled out and signed.
- Agency check of \$200.00 for **each** (training/supervision/CEU/PAIP) renewal, made payable to ICDVP, Inc. (example: provide a check for \$800.00 if renewing status for training/supervision, CEU and PAIP)
- Non-DV agency CEU site only**--Certified Check or money order payable to ICDVP, Inc. for \$150.00 per year
- Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525 or e-mail to 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**? (Not applicable to Non-DV ceu sites.) *circle all that apply:*

40hr in-person training 20hr in-person Training 20hr PAIP Training Supervision CEU

| | |
|--|--|
| <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> |

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

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

*Signature of reviewer:*

# Form 11

## 40-Hour Domestic Violence Training (all in person)

### 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 place 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: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_

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

|                                                                                          |  |  |  |
|------------------------------------------------------------------------------------------|--|--|--|
|                                                                                          |  |  |  |
| <b>Safety and Assessment (2.5 hrs.)</b>                                                  |  |  |  |
| Safety Planning                                                                          |  |  |  |
| Lethality Assessment                                                                     |  |  |  |
| Suicide Assessment: Warning Signs, Intervention Strategies (.5)                          |  |  |  |
|                                                                                          |  |  |  |
| <b>Abuser Profile (1 hrs.)</b>                                                           |  |  |  |
| Overview of Abusers                                                                      |  |  |  |
| Overview of Abuser Program Services                                                      |  |  |  |
|                                                                                          |  |  |  |
| <b>Children's Issues (3 hrs.)</b>                                                        |  |  |  |
| Effects of Domestic Violence on Child                                                    |  |  |  |
| Child Abuse and Neglect                                                                  |  |  |  |
| DCFS Issues                                                                              |  |  |  |
| Safety planning                                                                          |  |  |  |
| Working with Children                                                                    |  |  |  |
|                                                                                          |  |  |  |
| <b>Teen Dating Violence (1 hrs.)</b>                                                     |  |  |  |
| Dynamics                                                                                 |  |  |  |
| Legal Aspects                                                                            |  |  |  |
| Safety Planning for Teen-Dating Violence                                                 |  |  |  |
|                                                                                          |  |  |  |
| <b>Cultural Competency (3 hrs.)</b>                                                      |  |  |  |
| Anti-Racism (2 hrs.)                                                                     |  |  |  |
| Religion                                                                                 |  |  |  |
|                                                                                          |  |  |  |
| <b>Working with Battered Women with Complex Issues (6 hrs.)</b>                          |  |  |  |
| 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                                                                 |  |  |  |
|                                                                                          |  |  |  |
| <b>Legal Issues and Domestic Violence (4 hrs.)</b>                                       |  |  |  |
| 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.                                                                                                                                                                                                                                                           |  |  |  |
|                                                                                                                                                                                                                                                                                                    |  |  |  |
| <b>Miscellaneous (.5 hours)</b>                                                                                                                                                                                                                                                                    |  |  |  |
| 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                                                                                                                                                                                                                                                                                        |  |  |  |

Date Training Completed: \_\_\_\_\_



# Form 11B

## Combination 40-Hour Domestic Violence Training Tracking Documentation Form

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. *The Online Modules A through E listed within this document are a part of the Illinois Coalition Against Domestic Violence Online Education Series. At this point in time no other online modules are accepted for the 40 hour domestic violence training using the online and in person components. Section totals must equal at a minimum the required time allocation.*

|                                                                                                                                                                                                                                                            |                             |                                                                           |          |                                                 |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------|----------|-------------------------------------------------|------|
| Agency Name:                                                                                                                                                                                                                                               |                             | Check here if any or all of the 5 online training modules were completed. |          |                                                 |      |
| Staff/Volunteer/Participant Name:                                                                                                                                                                                                                          | Program Director Signature: |                                                                           |          |                                                 |      |
| <b>ICDVP Required Topics</b>                                                                                                                                                                                                                               | <b>Time Frame (hours)</b>   |                                                                           |          | Facilitator<br>Initials                         | Date |
| <b>Foundations of Domestic Violence (2 hrs.)<br/>Combination: Module A online (1 hr.) + In person (1 hr.)</b>                                                                                                                                              | Online<br>Module<br>A       | In Person                                                                 |          |                                                 |      |
|                                                                                                                                                                                                                                                            |                             | Discussion                                                                | Activity |                                                 |      |
| Definition of Domestic Violence                                                                                                                                                                                                                            |                             |                                                                           |          |                                                 |      |
| Historical and Feminist Perspectives                                                                                                                                                                                                                       |                             |                                                                           |          |                                                 |      |
| Societal and Institutional Issues                                                                                                                                                                                                                          |                             |                                                                           |          |                                                 |      |
| Myths and Realities                                                                                                                                                                                                                                        |                             |                                                                           |          |                                                 |      |
| <b>Sub Totals</b>                                                                                                                                                                                                                                          | <b>1</b>                    |                                                                           |          | <b>Section Total:</b><br>Minimum Requirement: 2 |      |
| <b>Dynamics (5 hrs.)<br/>Combination: Module A online (3 hr.) + In Person (2 hr.)</b>                                                                                                                                                                      | Online<br>Module<br>A       | In Person                                                                 |          | Facilitator<br>Initials                         | Date |
|                                                                                                                                                                                                                                                            |                             | Discussion                                                                | Activity |                                                 |      |
| Statistics and Domestic Violence                                                                                                                                                                                                                           |                             |                                                                           |          |                                                 |      |
| Cycle of Violence                                                                                                                                                                                                                                          |                             |                                                                           |          |                                                 |      |
| Power and Control Wheel/Types of Abuse                                                                                                                                                                                                                     |                             |                                                                           |          |                                                 |      |
| Barriers or Challenges to Leaving an Abuser                                                                                                                                                                                                                |                             |                                                                           |          |                                                 |      |
| Identifying Victims/Survivors                                                                                                                                                                                                                              |                             |                                                                           |          |                                                 |      |
| <b>Sub Totals</b>                                                                                                                                                                                                                                          | <b>3</b>                    |                                                                           |          | <b>Section Total:</b><br>Minimum Requirement: 5 |      |
| <b>Direct Services Issues (5 hrs.)<br/>Combination: Module B (2 hr.) + In Person (3 hr.)</b>                                                                                                                                                               | Online<br>Module<br>B       | In Person                                                                 |          | Facilitator<br>Initials                         | Date |
|                                                                                                                                                                                                                                                            |                             | Discussion                                                                | Activity |                                                 |      |
| Counseling DV victims/survivors <ul style="list-style-type: none"> <li>• Listening Skills</li> <li>• Service Planning</li> <li>• Confidential Communication</li> <li>• Personal and Professional Boundaries</li> <li>• Empowerment Perspectives</li> </ul> |                             |                                                                           |          |                                                 |      |
| Defining Advocacy                                                                                                                                                                                                                                          |                             |                                                                           |          |                                                 |      |
| Basic Crisis Intervention Skills                                                                                                                                                                                                                           |                             |                                                                           |          |                                                 |      |
| Documentation of Client Files –Files-Victim’s Survivor’s Rights                                                                                                                                                                                            |                             |                                                                           |          |                                                 |      |
|                                                                                                                                                                                                                                                            |                             |                                                                           |          |                                                 |      |

|                                                                                                     |                       |                      |          |                                                   |      |
|-----------------------------------------------------------------------------------------------------|-----------------------|----------------------|----------|---------------------------------------------------|------|
| <b>Sub Totals</b>                                                                                   | <b>2</b>              |                      |          | <b>Section Total:</b><br>Minimum Requirement: 5   |      |
| <b>Safety and Assessment (2.5 hrs.)<br/>Combination: Module B (1.25 hr.) + In Person (1.25 hr.)</b> | Online<br>Module<br>B | <b>In Person</b>     |          | Facilitator<br>Initials                           | Date |
|                                                                                                     |                       | Discussion           | Activity |                                                   |      |
| Safety Planning                                                                                     |                       |                      |          |                                                   |      |
| Lethality Assessment                                                                                |                       |                      |          |                                                   |      |
| Suicide Assessment: Warning Signs, Intervention Strategies<br><b>(.5)—must be covered in person</b> |                       |                      |          |                                                   |      |
|                                                                                                     |                       |                      |          |                                                   |      |
|                                                                                                     |                       |                      |          |                                                   |      |
| <b>Sub Totals</b>                                                                                   | <b>1.25</b>           |                      |          | <b>Section Total:</b><br>Minimum Requirement: 2.5 |      |
| <b>Abuser Profile (1 hrs.)<br/>Combination: Module B (.75 hr.) + In Person (.25 hr.)</b>            | Online<br>Module<br>B | <b>In<br/>Person</b> |          | Facilitator<br>Initials                           | Date |
|                                                                                                     |                       | Discussion           | Activity |                                                   |      |
| Overview of Abusers                                                                                 |                       |                      |          |                                                   |      |
| Overview of Abuser Program Services                                                                 |                       |                      |          |                                                   |      |
|                                                                                                     |                       |                      |          |                                                   |      |
|                                                                                                     |                       |                      |          |                                                   |      |
| <b>Sub Totals</b>                                                                                   | <b>.75</b>            |                      |          | <b>Section Total:</b><br>Minimum Requirement: 1   |      |
| <b>Children’s Issues (3 hrs.)<br/>Combination: Module C (2 hr.) + In Person (1)</b>                 | ICADV<br>Module<br>C  | <b>In Person</b>     |          | Facilitator<br>Initials                           | Date |
|                                                                                                     |                       | Discussion           | Activity |                                                   |      |
| Effects of Domestic Violence on Child                                                               |                       |                      |          |                                                   |      |
| Child Abuse and Neglect                                                                             |                       |                      |          |                                                   |      |
| DCFS Issues                                                                                         |                       |                      |          |                                                   |      |
| Safety planning                                                                                     |                       |                      |          |                                                   |      |
| Working with Children                                                                               |                       |                      |          |                                                   |      |
|                                                                                                     |                       |                      |          |                                                   |      |
|                                                                                                     |                       |                      |          |                                                   |      |
| <b>Sub Totals</b>                                                                                   | <b>2</b>              |                      |          | <b>Section Total:</b><br>Minimum Requirement: 3   |      |
| <b>Teen Dating Violence (1 hrs.)<br/>Combination: Module C (.5 hr.) + In Person (.5 hr.)</b>        | ICADV<br>Module<br>C  | <b>In Person</b>     |          | Facilitator<br>Initials                           | Date |
|                                                                                                     |                       | Discussion           | Activity |                                                   |      |
| Dynamics                                                                                            |                       |                      |          |                                                   |      |
| Legal Aspects                                                                                       |                       |                      |          |                                                   |      |
| Safety Planning for Teen-Dating Violence                                                            |                       |                      |          |                                                   |      |
|                                                                                                     |                       |                      |          |                                                   |      |
|                                                                                                     |                       |                      |          |                                                   |      |
| <b>Sub Total</b>                                                                                    | <b>.5</b>             |                      |          | <b>Section Total:</b><br>Minimum Requirement: 1   |      |
| <b>Cultural Competency (3 hrs.)<br/>Combination: Module C (1.5 hr.) + In Person (1.5 hr.)</b>       | ICADV<br>Module<br>C  | <b>In Person</b>     |          | Facilitator<br>Initials                           | Date |
|                                                                                                     |                       | Discussion           | Activity |                                                   |      |
| Anti-Racism (2 hrs.)— <b>module C = 1 hr.</b>                                                       |                       |                      |          |                                                   |      |
| Religion— <b>module C = .5</b>                                                                      |                       |                      |          |                                                   |      |
|                                                                                                     |                       |                      |          |                                                   |      |

| <b>Sub Totals</b>                                                                                               | <b>1.5</b>           |            |          | <b>Section Total:</b><br>Minimum Requirement: 3  |      |
|-----------------------------------------------------------------------------------------------------------------|----------------------|------------|----------|--------------------------------------------------|------|
| <b>Working w/Battered Women w/Complex Issues (6 hrs.)<br/>Combination: Module D (4 hr.) + In Person (2 hr.)</b> | ICADV<br>Module<br>D | In Person  |          | Facilitator<br>Initials                          | Date |
|                                                                                                                 |                      | Discussion | Activity |                                                  |      |
| 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.)<br><b>Module D = .75 hr.</b>                                 |                      |            |          |                                                  |      |
| Substance Abuse and Domestic Violence (1 hrs.)<br><b>Module D = .5 hr.</b>                                      |                      |            |          |                                                  |      |
| Sexually Transmitted Diseases including HIV and AIDS                                                            |                      |            |          |                                                  |      |
| Prostitution/Trafficking                                                                                        |                      |            |          |                                                  |      |
|                                                                                                                 |                      |            |          |                                                  |      |
| <b>Sub Totals</b>                                                                                               | <b>4</b>             |            |          | <b>Section Total:</b><br>Minimum Requirement: 6  |      |
| <b>Legal Issues and Domestic Violence (4 hrs.)<br/>Combination: Module E (3.75 hr.) + In Person (.25 hr.)</b>   | ICADV<br>Module<br>E | In Person  |          | Facilitator<br>Initials                          | Date |
|                                                                                                                 |                      | Discussion | Activity |                                                  |      |
| IDVA Act                                                                                                        |                      |            |          |                                                  |      |
| Criminal or Civil Court/Orders of Protection                                                                    |                      |            |          |                                                  |      |
| Criminal Offenses: Assault, Domestic Battery, Violation of Order<br>of Protection, Stalking                     |                      |            |          |                                                  |      |
| Conditions of Bond                                                                                              |                      |            |          |                                                  |      |
| Full Faith and Credit                                                                                           |                      |            |          |                                                  |      |
| VAWA-Immigration Issues                                                                                         |                      |            |          |                                                  |      |
| Prohibitions Against Firearm Possession.                                                                        |                      |            |          |                                                  |      |
|                                                                                                                 |                      |            |          |                                                  |      |
| <b>Sub Totals</b>                                                                                               | <b>3.75</b>          |            |          | <b>Section Total:</b><br>Minimum Requirement: 4  |      |
| <b>Miscellaneous (.5 hours)<br/>Combination: Module E (.25 hr.) + In Person (.25 hr.)</b>                       | ICADV<br>Module<br>E | In Person  |          | Facilitator<br>Initials                          | Date |
|                                                                                                                 |                      | Discussion | Activity |                                                  |      |
| Certification Code of Ethics                                                                                    |                      |            |          |                                                  |      |
| Referrals to and Working with other Agencies/Systems                                                            |                      |            |          |                                                  |      |
|                                                                                                                 |                      |            |          |                                                  |      |
| <b>Sub Totals</b>                                                                                               | <b>.25</b>           |            |          | <b>Section Total:</b><br>Minimum Requirement: .5 |      |





## Form 13

### Evaluation Questions

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

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

## Form 14

### PAIP Training (all in person) Tracking Documentation Form

**Agency Name:**

| This document serves to verify that this staff/volunteer person has completed the PAIP training, as required by the Illinois Certified Domestic Violence Professional requirements. |                           |              |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------|------------------|
| Start Date:                                                                                                                                                                         | Staff/Volunteer Name:     |              |                  |
| Completion Date:                                                                                                                                                                    | Approved by:              |              |                  |
| CPAIP Required Topics                                                                                                                                                               | Agency Topic / Time Frame | Date Covered | Trainer Initials |
| <b>Introduction (.25 hrs.)</b>                                                                                                                                                      |                           |              |                  |
| • Define PAIP program                                                                                                                                                               |                           |              |                  |
| • Overall objectives                                                                                                                                                                |                           |              |                  |
| <b>Orientation to Group Process (1.0 hrs.)</b>                                                                                                                                      |                           |              |                  |
| • Understanding group cohesiveness                                                                                                                                                  |                           |              |                  |
| • Creating a learning atmosphere                                                                                                                                                    |                           |              |                  |
| • Assessing group effectiveness                                                                                                                                                     |                           |              |                  |
| • Utilizing the control log in group                                                                                                                                                |                           |              |                  |
| <b>Domestic Violence Information (1.0 to 1.75 hrs.)</b>                                                                                                                             |                           |              |                  |
| • Characteristics of abusers and their role in the group process                                                                                                                    |                           |              |                  |
| • Impact of abuse on victims, children and society                                                                                                                                  |                           |              |                  |
| • Representing the victim in group                                                                                                                                                  |                           |              |                  |
| <b>PAIP issues (2 hrs.)</b>                                                                                                                                                         |                           |              |                  |
| • Historical development of PAIP                                                                                                                                                    |                           |              |                  |
| • Key components of effective PAIPs                                                                                                                                                 |                           |              |                  |
| • Theoretical components                                                                                                                                                            |                           |              |                  |
| • Compare and contrast PAIPs with therapeutic interventions                                                                                                                         |                           |              |                  |
| • Components of a Protocol Approved PAIP                                                                                                                                            |                           |              |                  |
| • Intake/referral process                                                                                                                                                           |                           |              |                  |
| • Assessment procedures including exclusion requirements                                                                                                                            |                           |              |                  |
| • Effective PAIP evaluation                                                                                                                                                         |                           |              |                  |





(Name of Agency)  
(Street/PO of agency, City, state, zip)

## Certificate Of Completion

For the  
**40 Hour Domestic Violence Training**  
(Combining the 20 hour in person & ICADV's 20 hour on-line domestic violence foundation training)

**Training Dates:**

**Location of Training:**

**Completed by:**

If this box is checked, the above participant completed the 20 hour online components with ICADV and the 20 hour in person component with **(agency name)** and has therefore completed the 40 hour Domestic Violence training in its entirety.

**Professional License Number:**

Hours Attended: 40

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**(Name)**, CDVP #:

**(Agency name)** is approved as a 40 hour domestic violence training Site by the Illinois Certified Domestic Violence Professionals, Inc. Board.