FORM 11

40-Hour Domestic Violence Training

Tracking Documentation Form

Format: 40 Hours In Person

This form is to be used when a certified site is providing the 40-hour domestic violence training entirely in person. It verifies that this staff/volunteer person has completed the training as required by the guidelines of the Illinois Domestic Violence Act and ICDVP requirements as outlined in the ILCDVP Policy and Procedure Manual.

The topics listed MUST be covered live and in the physical presence of a trainer. This form allows for the agency to determine the topics and time frames for additional hours but requires that these topics/time frames are related to the required 40-hour training topics. It is recommended that a copy of this form be placed in the employee's personnel file.

Agency Name:			
Staff/Volunteer/Participant Name:			
Name of CDVP Overseeing Training:			
ICDVP REQUIRED TOPICS	**Facilitator Initials**	**Date**	**In-Person Hours**
Foundations of Domestic Violence (2 hour minimum)			
Definition of Domestic Violence			
Historical and Feminist Perspectives			
Societal and Institutional Issues			
Myths and Realities			
Minimum Requirement 2.0	Section Total:		0.00
Dynamics (5 hour minimum)			
Statistics of Domestic Violence			
Cycle of Violence			
Power and Control Wheel/Types of Abuse			
Strangulation			
Barriers or Challenges to Leaving an Abusive Partner			
Identifying Victims/Survivors			
Minimum Requirement 5.0	Section Total:		0.00
Direct Services Issues (5 hour minimum)			
Counseling Domestic Violence Victims/Survivors			

Trauma Specific Care			
Defining Advocacy			
Basic Crisis Intervention Skills			
Referrals To and Working with Other Agencies/Systems			
Documentation of Client Files – Victim's/Survivor's Rights			
Minimum Requirement 5.0	Section Total:		0.00
Safety and Assessment (2.5 hour minimum)			
Safety Planning			
Lethality Assessment			
Suicide Assessment			
Non-Suicidal Self Injury - Self Harming Behaviors			
Minimum Requirement 2.5	Section Total:		0.00
People Who Cause Harm in Relationships (1 hour minimum)			
Characteristics and Beliefs			
Overview of Partner Abuse Intervention Programs (PAIP)			
Minimum Requirement 1.0	Section Total:		0.00
Children's Issues (3 hour minimum)			
Effects of Domestic Violence on Children			
Abused and Neglected Child Reporting Act (ANCRA)			
Department of Children and Family Services (DCFS) Issues			
Safety Planning with Children			
Working with Children			
Documentation of Child Client Files			
Minimum Requirement 3.0	Section Total:		0.00
Teen Dating Violence (1 hour minimum)			
Dynamics			
Legal Issues for Teens			
Safety Planning for Teen Dating Violence			
Minimum Requirement 1.0	Section Total:		0.00
Cultural Humility (3 hour minimum)			
Anti-Racism			
Religion			
Minimum Requirement 3.0	Section Total:		0.00
Working with Survivors/Victims with Complex Issues (6 hour minimum)			
Abuse Later in Life			
Adult Protective Services Act (APSIL)			
Rural Populations			

Immigrant Communities			
People with Disabilities; People who are Deaf or Hard of Hearing			
People with Behavioral or Mental Health Issues			
LGBTQ+ Relationships and Heterosexism			
Substance Use and Domestic Violence			
Sexually Transmitted Diseases Including HIV/AIDS and HEP C			
Sex Work			
Human Trafficking			
Minimum Requirement 6.0	Section Total:		0.00
IDVA and Legal Issues (4 hour minimum)			
Illinois Domestic Violence Act (IDVA)			
Orders of Protection			
Criminal Offenses: Assault, Domestic Battery, Violation of Order of Protection, Stalking			
Conditions of Bond/Pretrial Release			
Full Faith and Credit			
VAWA: Immigration Issues			
Prohibitions Against Firearm Possession			
Optional: Parentage			
Optional: Parental Responsibilities			
Optional: Child Abduction			
Optional: Concerns about Leaving the State			
Minimum Requirement 4.0	Section Total:		0.00
Professional Conduct (1.5 hour minimum)			
Illinois CPAIP/CDVP Certification			
ICDVP Code of Ethics			
Self-Care			
Minimum Requirement 1.5	Section Total:		0.00
Additional Topics (Optional)			
	Section Total:		0.00
Minimum Requirement 40	**TOTAL HOURS:**		0.00

Facilitator Full Name	Initials	Date(s) Presented