

## Certification Renewal Packet

**Instructions:**

This renewal packet is required annually for all programs to maintain certification.

- Complete the packet in its entirety
- Return the original with (2) additional copies (**only if mailing**)
- Include a copy of your licensure status (i.e., LCSW, LPC, etc..) see page 2
- Provide payment in the amount of \$100.00 (non-refundable) via:  
Check  Purchase Order

Submit application and documentation via email to [info@vabipboard.org](mailto:info@vabipboard.org)

or mail to:

Virginia Batterer Intervention Certification Board  
P.O. Box 71791  
Henrico, VA 23255

All materials **must be received no later than May 31, 2022**. Late renewals will not be accepted. Questions should be forwarded to [info@vabipboard.org](mailto:info@vabipboard.org).

Agency Name:		
Batterer Intervention Program (BIP) Name:		
Website (if applicable):		
Address:		
City:	State: VA	Zip:
Phone:	Fax:	
Email:		
BIP Director:		
Number of years your agency has provided BIP services:		

- Type of Program:**
- |   |  |
|---|--|
| <input type="checkbox"/> Non-profit                   | <input type="checkbox"/> Public/governmental |
| <input type="checkbox"/> Private practitioner (solo)  | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Private practitioner (group) |  |

**Please list the service area(s) or localities where your agency will conduct BIP groups:**

-----

**I attest that the Batterer Intervention Program listed above continues to meet all Standards for Certification. I further attest that this program will adhere to updates or revisions to the Standards.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Documentation of Licensure/Exempt Status

(Each applicant must attach verification of appropriate licensure or exemption status).

If in a non-exempt setting acceptable forms of documentation include:

- Copy of current license for each BIP facilitator
- Copy of proof of residency under supervision towards licensure for each BIP Facilitator (when applicable)

If in an exempt setting acceptable forms of documentation include:

- 501.C-3 non-profit designation
- IRS Form W-9 for local, state, or federal government agency with employer identification number (EIN).

**Section 54.1-3701 of the Code of Virginia describes exemptions from licensure requirements.**

**If you are practicing in an exempt setting as defined by the Code of Virginia licensure is not required however verification of the exempt status must be submitted with the application**

**If you work in a non-exempt setting, each BIP facilitator is required to be licensed at the appropriate level or under board approved supervision in order to provide social work services to clients in Virginia in accordance with § 54.1-3701 of the Code of Virginia**

Please select your status and enclose the appropriate documentation:

Check (X)	Status Indication
<input type="checkbox"/>	Applying as private for profit, LCSW, LPC, or Other State License:
<input type="checkbox"/>	Applying as a Federal, State, or Local Government Agency
<input type="checkbox"/>	Applying as a Non-Profit, Not-For-Profit Organization
<input type="checkbox"/>	Other (Please Describe):

Unless previously approved by the board prior to 2020, all facilitators must meet current education and training requirements. Please list names and status of ALL individuals conducting BIP group sessions.

Name of Facilitator	Degree/Licensure Status	Meets minimum education and training requirements per BIP Standards		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Previously Approved
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Previously Approved
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Previously Approved
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Previously Approved
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Previously Approved
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Previously Approved

		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Previously Approved
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Previously Approved
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Previously Approved
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Previously Approved

I understand that any additional or substitute BIP group facilitators must also meet Virginia BIP education, licensure, and training standards.

Below are the criteria required for all Virginia certified BIP programs.

Select (X) YES for all that apply to your program.

If NO or NOT APPLICABLE, please explain why in the comments section.

## Program Format and Structure

Yes  No By selecting YES, I attest the listed criteria applies to my program

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

If "no", please explain:

## Intake

Yes  No By selecting YES, I attest the listed criteria applies to my program

- Maximum time between initial contact with client until intake and assessment procedures begin is 10 days or less.

Yes  No By selecting YES, I attest the listed criteria applies to my program

Intake form contains the following:

- Name, current address, and telephone number of client
- Social security number
- Employer's name, address, and phone number
- Partner and/or victim's name, address, and telephone number
- Information on the client's children, partner's children, or other children in/or outside the home with who the client has contact

- Emergency family or contact address and phone number
- Arrest, conviction, BIP and other treatment history
- Name and number of referral source
- If applicable, the name and number of the Local Community Corrections officer to whom the client has been assigned
- Consent for Release of Information form permits information to be released to the victim/partner or designated representative, any applicable agency of the justice system, related service providers and others as appropriate or needed
- Statement of Confidentiality to notify the client of program policy and circumstances under which information may be released, and to whom
- The time between referral and when the client is required to contact the BIP is (5) days or less.

**If “no”, please explain:**

## Assessment

Yes  No **By selecting YES, I attest the listed criteria applies to my program**

- A client unable to pay is NOT listed as an exclusionary criterion
- Race, class, age, personal disability, religion, educational attainment, ethnicity, and national origins are NOT listed as exclusionary criteria.
- The BIP (in rules, agreement, or contract) indicates that when a client is determined to be inappropriate for the BIP services, the BIP advises the referral source of the basis for rejection and where appropriate may make recommendations for other intervention, treatment services or criminal justice action.
- Documentation process for referrals of further chemical dependency evaluations, treatment, and evaluations for severe mental health problems is documented.
- Contains a policy for working with indigent clients.

**If “no”, please explain:**

Yes  No **By selecting YES, I attest the listed criteria applies to my program**

**The assessment includes:**

- Assessment of risk/dangerousness/lethality
- Most recent violent episode
- Reason for referral, including details of the violent episode and precipitating events
- Documentation of the client’s attitudes toward abuse (i.e., sense of responsibility, remorse, justification of behavior)
- Perception of internal/external control over actions, behaviors, and emotions
- Presence of, conditions of, and compliance with protective orders
- History of abuse against partner(s), frequency and severity of abuse, history of violence in his family of origin, and a generalized violence history
- Criminal history as reported by the client
- Current social network/social connectedness or isolation
- History of depression and/or other emotional disorders, including suicidal and/or homicidal ideations
- Proximity and access to the victim
- Current status of relationship and attitude toward that status
- Degree of possessiveness towards the victim including, if possible, any forced periods of isolation of victim and children

- History of injury to animals and/or pets
- Relationship with children including, history of physical, emotional, and/or sexual abuse
- Possession of, access to or history of using weapons
- Substance use/abuse, including its relationship to violent behaviors
- Signs of severe mental health problems or disruptive behaviors

**If “no”, please explain:**

## **Program Contract**

Yes  No **By selecting YES, I attest the listed criteria applies to my program**

Program Information and BIP’s attendance policy defines:

- Completion
- Missed groups
- Make-up requirements
- Specified fees, methods of payment, and the consequences of failure to comply with payment agreements
- A statement of the program’s drug and alcohol policy
- Length of the program
- Consequences for deficient attendance

**If “no”, please explain:**

Yes  No **By selecting YES, I attest the listed criteria applies to my program**

Participant obligations include:

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

The BIP obligations include:

- Provide services appropriate to participant’s needs
- Provide a copy of all written agreements
- Notify the client of changes in group times and schedules
- Report to the court, local community corrections program, or other appropriate authority regarding participant’s progress and compliance with court orders and program rules
- Report to the appropriate person(s) including the victim, courts, local community corrections, or other justice system agency of any bodily harm or threats of bodily harm to the victim or any

other person, any threats or attempts to commit suicide, or any belief that child abuse or neglect has occurred.

- Report regularly to the batterer regarding his progress
- Provide fair and humane treatment

If “no”, please explain:

## Victim Contact

Yes  No **By selecting YES, I attest the listed criteria applies to my program**

- BIP’s procedures for contacting victims are adequate and address the safety of victims.
- If another agency does the victim contact, the BIP indicates an adequate procedure for confirming that the victim contact process meets Standards.
- Victim contact adequately addresses the safety of children and other household members.
- BIP has an arrangement to immediately notify the victim when the client has been terminated from the program.
- This notification of the victim is by phone or in person. If unable to do by phone or in person, a letter is sent.

If “no”, please circle and explain:

Yes  No **By selecting YES, I attest the listed criteria applies to my program**

The information provided to victims includes:

- Batterer intervention services
- Program structure and content
- Program limitations
- Information for contacting appropriate agency with any future concerns

If “no”, please explain:

## Non-Compliance

Yes  No **By selecting YES, I attest the listed criteria applies to my program**

- The BIP contract lists what constitutes non-compliance in the program.
- Consequences imposed to address batterers’ non-compliance are adequate.  
The consequences listed below are examples of appropriate consequences but are **not** mandatory.
  - Extra sessions
  - Termination from group
  - Re-entering the program from the beginning
  - Referrals to the justice system for legal sanctions

If “no”, please explain:

## Termination for Non-Compliance

Yes  No **By selecting YES, I attest the listed criteria applies to my program**

- BIP notifies the referral source within 2 business days of a client's termination from the program.
- The BIP's notification to the referral source of the client's termination is done by phone, email or fax.

If "no", please explain:

## Completion

Yes  No **By selecting YES, I attest the listed criteria applies to my program**

- BIP has criteria for group completion.
- BIP has a mechanism (final report, evaluation, form, letter) to inform a referral source of a participant's program completion/disposition
- The report/evaluation/form/letter specifies that the client has complied with program requirements and does not imply that the client has been rehabilitated or is a "graduate."

If "no", please explain:

## Program Curriculum

Yes  No **By selecting YES, I attest the listed criteria applies to my program**

The following topics are covered in the program curriculum (based on your review of table of contents and topic outline for each group session):

- Identification of all forms of physical, emotional, economic, sexual, and verbal abuse and violence
- Impact of domestic violence on the victim and the abuser
- Impact of domestic violence on children including, children who are abused and children who witness domestic violence
- Emphasis on the responsibility of the client for their violence and abuse
- Identification of personal, societal, and cultural values and beliefs that legitimize and sustain violence and oppression
- Alternatives to violent and controlling behaviors
- Identification of healthy relationships
- Promotion of accountability, self-examination, negotiation, and fairness
- Examination of the relationships between substance abuse and domestic violence
- Examination of the relationships between mental illness and domestic violence
- Identification of the behavioral, emotional, and physical cues that precede escalating anger

If "no", please explain:

## Fair Employment Laws

Yes  No **By selecting YES, I attest the listed criteria applies to my program**

- BIP indicates they are in compliance with all applicable laws.

If “no”, please explain:

## Record Keeping

Yes  No **By selecting YES, I attest the listed criteria applies to my program**

BIP includes each of the following in the client’s file:

- Assessment form
- Signed program contract
- Signed statement of the nature and limits of confidentiality
- Signed release form
- Documentation of all significant actions, decisions and services rendered
- Victim and child information not provided by the batterer is kept in a confidential and separate location from the client’s file.

If “no”, please explain:

## Fees

Yes  No **By selecting YES, I attest the listed criteria applies to my program**

- A fee scale or written policy includes provision for indigent clients.

If “no”, please explain:

## Confidentiality

Yes  No **By selecting YES, I attest the listed criteria applies to my program**

- Staff guidelines for their duty to warn include either reference to VA Code 54.1-2400.1, or definitions of when it is their duty to warn which includes when client threatens to cause serious bodily injury or death to self or others, or client’s threats/reports of physical or sexual abuse of a child.
- BIP describes or has a policy that addresses confidentiality between group members.

If “no”, please explain:



## Policies and Procedures

Yes  No **By selecting YES, I attest the listed criteria applies to my program**

- BIP has an administrative manual that incorporates all written policies and procedures.

If “no”, please explain:

Yes  No **By selecting YES, I attest the listed criteria applies to my program**

BIP indicates that the following are included in the administrative manual:

- Batterer Intervention Program Standards
- Written job descriptions for all employees
- Employee hiring, retention, and termination
- Confidentiality policy
- Duty to Warn policy
- Organizational chart
- Code of ethical conduct for staff
- Sexual harassment policy
- Emergency plan for facilitators (e.g., disruptive or dangerous participants)
- Program evaluation policy
- Drug free work place policy
- An emergency plan for facilitators is attached and includes more than *Call 911* and addresses victim notification when appropriate.

If “no”, please explain:

## Cooperation with Other Agencies and Community

Yes  No **By selecting YES, I attest the listed criteria applies to my program**  
BIP has collaborative working relationships with the following agencies that exist in each locality of their service area:

- Domestic Violence Program
- Commonwealth Attorney's Office
- Local Community Corrections/Pretrial Services
- State Probation and Parole
- Juvenile & Domestic Relations Court Clerk
- Social Services
- Mental Health Service Providers
- Substance Abuse Treatment Service Providers

BIP has a copy of the cooperative agreement with the local Domestic Violence Program(s).

If "no", please explain:

## Communication with Referral Source

Yes  No **By selecting YES, I attest the listed criteria applies to my program**

- BIP provides progress reports to the referral source at least monthly.

If "no", please explain:

## Employee Files

Yes  No **By selecting YES, I attest the listed criteria applies to my program**  
BIP indicates that the following items are maintained in staff files:

- Name, address, date of birth, and a recent clear photograph or photocopy of a valid driver's license
- Name and contact information of closest relative and emergency contact
- Documentation of completed VA State Police SP-167 (licensed practitioners are exempt from this Standard)
- A signed job description
- Completed resume and/or application for employment

- Official transcript or certified documentation of required education, training, and experience
- A signed drug-free work-place policy
- A signed sexual harassment policy
- A signed violence-free lifestyle statement
- A signed privacy act statement (acknowledging confidentiality of information received)

If “no”, please explain:

## Education/Training Qualifications

### Education Requirements:

By selecting YES, I attest the listed criteria applies to my program:

Non-Exempt-Setting  Yes  No  N/A

- BIP facilitators have licensure in an appropriate field (i.e.: LPC, LCSW, LMFT) or are a resident under supervision for licensure.

Exempt Setting  Yes  No  N/A

- BIP Facilitators have a Masters or Bachelor’s degree in an appropriate field with a minimum of two years’ experience facilitating DV programming relative to the position.

Training Qualifications:  Yes  No

By selecting YES, I attest the listed criteria applies to my program:

- Each direct services staff person has had a minimum of 32 hours of domestic violence training in the topics below:
  - Theory and dynamics of domestic violence
  - Historical and societal context of domestic violence
  - Assessments for risks of homicide, suicide, or further domestic violence
  - Information on state and federal laws and procedures pertaining to family abuse
  - Significance of a coordinated community response to domestic violence
  - Unique role of a facilitator within batterer groups
  - Teaching non-controlling alternatives to violent and controlling behavior
  - Understanding and preventing collusion
  - Relationship between substance abuse and domestic violence
  - Relationship between mental illness and domestic violence
  - Safety planning with victims of domestic violence
  - Effects of domestic violence on victims
  - Effects of witnessing domestic violence and the impact of physical, emotional and/or sexual abuse on children

- Relationship between child abuse (particularly child sexual abuse) and domestic violence
- Reporting requirements for child and elder abuse
- Community resources responding to domestic violence, including the services of the local domestic violence program and the Statewide Family Violence and Sexual Assault Hotline
- Overview of the research related to the effectiveness of a variety of treatment models for batterer intervention
- Orientation and training specific to the program or agency
- Staff received at least 16 hours of training prior to providing unsupervised direct services and the remaining 16 hours were received within the first three months of employment

**If “no”, please explain:**

The board does not endorse a particular training program; however, certified programs must ensure that each individual providing certified BIP services has received a minimum of 32 hours of domestic violence training in the areas as identified in the standards. The initial training hours can be obtained via online, face-to-face observation, internal, DVD facilitated, conferences, and other appropriate trainings. Documentation shall be provided to the board upon request.

## Volunteer Staff

Not applicable – BIP does not use volunteers or interns to provide direct services.

Yes  No **By selecting YES, I attest the listed criteria applies to my program:**

Please acknowledge Volunteer Staff meets the following criteria:

- All direct services volunteers and unsupervised interns providing direct services have had at least three months of weekly direct co-facilitation or observation of batterer intervention groups under the supervision of staff in a certified program.
- All direct services volunteers have had a minimum of 16 hours of domestic violence training including the topics below:
  - Theory and dynamics of domestic violence
  - Historical and societal context of domestic violence
  - Assessment for risks of homicide, suicide, or further domestic violence
  - Information on state and federal laws and procedures pertaining to family abuse
  - Significance of a coordinated community response to domestic violence
  - Unique role of a facilitator within batterers groups
  - Teaching non-controlling alternatives to violent and controlling behavior
  - Understanding and preventing collusion
  - Relationship between substance abuse and domestic violence
  - Relationship between mental illness and domestic violence
  - Relationship between child abuse and domestic violence
  - Safety planning with victims of domestic violence
  - Effects of domestic violence on victims

- Effects of witnessing domestic violence and the impact of physical, emotional, and/or sexual abuse on children
- Community resources responding to domestic violence, including the services of the local domestic violence program and the Statewide Family Violence and Sexual Assault Hotline
- Overview of the research related to the effectiveness of a variety of treatment models for batterer intervention
- Orientation and training specific to the program or agency
- Reporting requirements for child and elder abuse
- Volunteers/interns received all training prior to providing unsupervised direct services.

If “no”, please explain:

### Continuing Education

- Yes  No **By selecting YES, I attest the listed criteria applies to my program**
- Each person providing unsupervised direct services has received at least 12 hours of continuing education annually on subjects relating to domestic violence.

If “no”, please explain:

### Ethical Standards

- Yes  No **By selecting YES, I attest the listed criteria applies to my program**
- Each staff person is meeting the ethical standards of at least one professional group.

If “no”, please explain:

### Program Evaluation and Accountability

- Yes  No **By selecting YES, I attest the listed criteria applies to my program**
- BIP has a mechanism for self-evaluation that includes a review of internal data that offers an indication of the program effectiveness for the public.
    - The internal evaluation may include some of the following, however these are not mandatory.
    - Review of referral, dropout, or completion rates.
    - Feedback from former program participants or (with sufficient protection) their victims/partners.

- BIP has a mechanism for external evaluation that includes an assessment from domestic violence programs and other related agencies. This evaluation must come from person(s) outside the agency.
  - The external evaluation may include observation of group sessions or tapes of sessions by battered women’s advocates however this is not mandatory.
- Information on the client’s children and partner’s children or other children in or outside the home with whom the batterer has contact
- **Timeliness of Intake:** If the client does not make contact in five (5) working days, the Batterer Intervention Program shall contact the referral source and report the noncompliance.
- **Victim Contact and Termination for Non-Compliance:** The provider shall make every effort to notify the victim/partner immediately when a batterer is terminated from a program. This contact shall be direct (by phone or in person) and shall be documented. If efforts to contact the victim by phone or in person fail, a letter must be sent.
- **Record-Keeping:** Victim and child safety is of primary concern, and any information not obtained from the batterer regarding the victim and children shall be kept in a separate confidential file.
- **Emergency Plan for Facilitators:** A detailed emergency plan for facilitators (e.g. disruptive or dangerous participants) (“Call 911” is not sufficient) that includes victim notification, when appropriate is required.
  
- **Cooperation with other Agencies and Community:** Each program shall have a written collaborative agreement with the Domestic Violence Program(s) in the program’s service area.
- **Communication with Referral Source:** Progress reports shall include any batterer non-compliance.
- **Employee Files:** Program staff records must contain the required information regarding each staff member, direct service volunteer and all contract workers
- **Staff Training** (for Staff hired since January 1, 2004: Of the 32 hours of domestic violence training, 16 hours must be received prior to the staff person providing unsupervised direct services. The remaining 16 hours of training must be provided within the first 3 months of employment.
- **Volunteer and Intern Training** (for volunteers or interns providing services starting after January 1, 2004): All 16 hours of training must be received prior to the volunteer providing unsupervised direct services. Interns providing unsupervised direct services shall meet the same requirements as volunteer staff.
- **Criminal History and Ethical Standards of Staff/Volunteers:** All volunteers providing direct services must meet same requirements as paid Staff.
- **Criminal Record Background Checks:** Documentation of Criminal History and Sex Offender Registry check (State Police Form SP167) is required; licensed practitioners are exempt from this Standard.

If “no”, please explain: