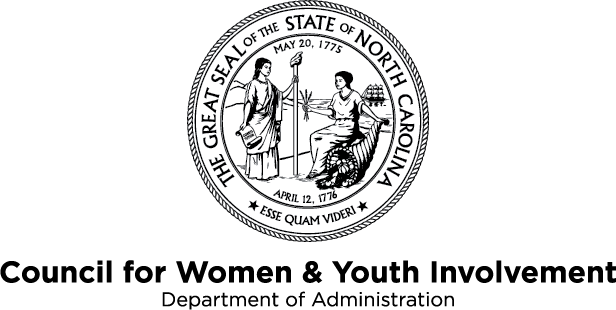


**Application for Domestic Violence Intervention Program (DVIP)**

In 2002, the N.C. Council for Women was granted the authority to approve the Domestic Violence Intervention Program utilized by the North Carolina court system. The program re-educates domestic violence defendants on their behavior and helps them develop different methods of interacting with intimate partners and family members.

Applications will be reviewed for approval February & August. Your application will be reviewed by the Domestic Violence Offender Management Committee. Entities applying will be notified of their approval, denial, or need for clarification/deficiencies. **Any deficiencies must be corrected before the application is approved.**

**Application forms must be submitted to** [dvip@doa.nc.gov](mailto:dvip@doa.nc.gov) **on February 1st or August 1st.**



**DOMESTIC VIOLENCE INTERVENTION PROGRAM**

**APPLICATION COVER SHEET**

DATE OF APPLICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. PROVIDER IDENTIFICATION:**

Name of Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative Office Address (if different from the delivery site listed below):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you give permission for this address and phone number to be made public? Yes No

Website (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director if different from Agency Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address for Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program IRS Status: Non-profit Private-for-profit Public Gov.

Gender of Clients Served: Males only Females only Both

Spanish-speaking services for Latino clients? Yes No

Will you provide non-English services (including ASL)?  Yes  No

**B. DELIVERY SITE(s):** List individual county names and office addresses, including the Judicial District, of each site where DVIP groups will be held.

1. County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judicial District: \_\_\_\_\_ Judicial District: \_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

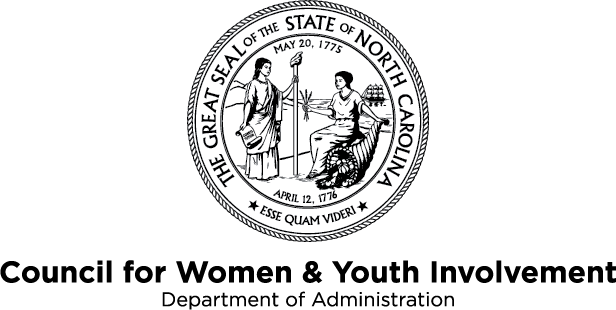
1. County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judicial District: \_\_\_\_\_ Judicial District: \_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Domestic Violence Intervention Program**

**Statement of Understanding**

I understand and agree with the following regarding the information I have submitted for this application to the North Carolina Domestic Violence Commission/Council for Women and Youth Involvement (NC DVC/CFW&YI):

1. The information in my application may be used to create a database of information on the availability of certified Domestic Violence Intervention Programs in the State of North Carolina.

1. Inclusion in the database as a certified DVIP does not create an entitlement or guarantee of referrals.

1. If approved, I will promptly submit quarterly statistical reports on or before each required due date.

1. If approved, I agree to be audited for compliance with Domestic Violence Intervention Program Rules and Recommendations set forth in N.C. Administrative Code*.*

Signature of Agency Director: Date:

**(Signed under penalty of perjury)**

**C. DOMESTIC VIOLENCE INTERVENTION PROGRAM PHILOSOPHY**

State the agency Domestic Violence Intervention Program philosophy.

# MEMORANDUM OF UNDERSTANDING

Submit a Memorandum of Understanding (MOU) from each county where service will be provided. An MOU is an agreement between the applying DVIP and the Domestic Violence victim service provider in each county where the DVIP will operate. The MOU is a signed agreement between both agencies that establishes a process for providing services to the victim to aid in their safety.

List the name(s) of the domestic violence service agency signing the MOU. If the program will operate in more than one county, complete an MOU for each county where service will be provided.

**NOTE:** A draft MOU is available on the CFWYI website at <https://ncadmin.nc.gov/advocacy/women/abuser-treatment-program>and is included at the end of this application.

## E) THREE (3) LETTERS OF SUPPORT FROM EACH COUNTY

Submit three letters of support from each county where DVIP service will be provided. These letters may come from among the following: a local domestic violence task force or coalition; a local department of social services, district attorney's office, law enforcement agency, or other governmental agency that is directly associated with domestic violence.

## F) VERIFICATION OF CURRICULUM TRAINING/EXPERIENCE FOR ALL DVIP STAFF

List all DVIP staff name(s) with job title and provide documentation (such as certification and course completion) of Domestic Violence (DV) training or equivalent experience. Please indicate which staff are directly trained in the DVIP curriculum and include their curriculum training certificate.

**All paperwork must have the number assigned to each attachment.**

1. **INTAKE**

• State the agency policy and procedure for conducting a comprehensive client intake and assessment.

 Provide a copy of the full intake tool and any associated intake documents.

**Section 2 Requirements:**

* The policy and procedure for conducting a comprehensive client intake and assessment is clear.
* A copy of the intake tool is provided and covers:
* Family and social history
* Medical health history
* Relationship history
* History of past criminal behavior
* Substance abuse
* Assessment of cognitive and social skills

1. **LETHALITY, FREQUENCY OF ASSESSMENT, AND ONGOING REFERRAL**

• State the agency policy and procedure for conducting the lethality assessment, how frequently the assessment is conducted, and any referral process to be used

* Provide a copy of the assessment and lethality tool
* Provide a copy of any referral form(s) used
* If a different lethality tool is used for ongoing assessments, please provide a copy. If the same tool is used, please indicate in policy.

**Section 3 Requirements:**

* The policy and procedure for conducting the lethality assessment with participants is stated clearly
* An assessment is administered throughout the 26 weeks (minimum recurrence: at intake, at 13 weeks, and at 26 weeks) and agency identifies which document is used in each subsequent assessment
* A copy of the lethality tool is provided and the tool covers the following minimum required components:
  + Victim making plans to leave or has already left
  + Change in access to and relationship with victim
  + Violent behavior increasing in the relationship
  + Strangulation behaviors
  + History of pet abuse
  + A high degree of ownership exhibited regarding the victim
  + Extreme isolation of the victim and/or history of holding the victim captive
  + Stalking behavior
  + History of sexual assault
  + Abuser threatened or attempted homicide or suicide
  + Violations of court orders and conditions of probation
  + Increased level of risk-taking by the abuser
  + Past use of weapons or objects and accessibility to weapons
  + Violence in the family of origin
  + Substance abuse, alcohol or other drugs
  + Acute mental health problems, including depression & anti-social behavior
  + Life stressors (divorce, chronic illness, death of a loved one, unemployment)
* The referral form used for other services has been included under this tab.

1. **VICTIM SAFETY**

• State the agency policy and procedure regarding victim safety

* Provide copies of any materials that will be shared with the victim.
* Provide copy of victim contact letter.

**Section 4 Requirements:**

* The policy and procedure for contact with the victim is stated clearly
* Initial victim contact materials includes information about the DVIP and its’ limitations, victim confidentiality, and local resources for victims
* DVIP will attempt to contact the victim when the participant has enrolled, has completed half of the sessions, and at termination, unless the victim declines contact or is unable to be located
* The Policy and Procedure states that all information about or from the victim is kept confidential from the program participant, except with written permission from the victim
* The agency has included copies of those materials that will be shared with the victim

1. **PROGRAM STRUCTURE**

• State the agency policy and procedure pertaining to treatment, group composition, program length, and fees.

 Provide any forms, letters, or other documents given to the participant, including participant contract or agreement.

**Section 5 Requirements:**

* The application contains the contract or other information packet given to the DVIP clients
* States that sessions are provided only in a group setting
* States that individual counseling sessions are allowed only as a supplement to group work and may not be substituted for missed groups
* States that when the group size exceeds eight participants there will be two facilitators, preferably a male and a female
* States that groups are limited to16 participants
* States that female participants will not be enrolled in male groups
* States the DVIP length is a minimum of 26 weeks, is completed within 30 weeks, and each group lasts one and one-half hours (for a total of 39 hours)
* States that there are no more than 3 absences allowed, and those absences must be made up through additional group attendance
* The DVIP has established a fee for service

$ Intake and assessment fee

$ Weekly group fee

$ Total program fee

## DOMESTIC VIOLENCE INTERVENTION PROGRAM CURRICULUM

• State the agency policy and procedure for establishing and complying with a chosen curriculum, including the name of the curriculum used.

 Provide the curriculum syllabus for the 26-week course work indicating the topics and content covered each week and demonstrating compliance with the eleven (11) topic areas listed in the rules.

**Section 6 Requirements:**

* A chosen/named curriculum is declared, and a 26-week syllabus is provided

1. **PROHIBITED ACTIVITIES**

• State the agency policy and procedure regarding prohibited activities

**Section 7 Requirements:**

* States that the following methods shall not be used by abuser treatment programs:
  + Couples therapy or counseling
  + Therapy or counseling which places the responsibility for adult behavior on the children or the victim
  + Theoretical approaches that treat the violence as a mutual process
  + Counseling models that identify the violence as an addiction and the children or adult victim as enabling or codependent
* States that the following methods shall not be the primary focus of intervention:
  + Techniques that lay primary causality on anger
  + Theories or techniques that identify poor impulse control as the primary cause of the violence
  + Methods that identify psychopathology on either parties' part as a primary cause of violence
  + Interventions that base causation on a lack of communication skills
  + The gradual containment or de-escalation of violence

1. **PARTICIPANT TERMINATION**

• State the agency policy and procedure for terminating participants from further participation in the program.

 Provide any forms, letters, or other documents that will be used when this situation occurs

**Section 8 Requirements:**

* The policy and procedure concerning participant termination is clear
* States that termination will occur when a participant:
  + Has a known recurrence of violent conduct, intimidation, stalking or harassment behavior
  + Fails to abide by the program rules and regulations, including absences and any other matter set forth in these standards
  + Fails to participate and attend sessions per the program criteria
  + Fails to comply with the program's alcohol and drug police
  + Demonstrates increased risk of lethality as demonstrated by the on-going lethality assessment
* States that at termination the DVIP will do the necessary follow-up:
  + Document the reasons for the termination without jeopardizing the victim's safety
  + Make specific recommendations to the probation officer or referring judge
  + Inform the victim of the participant's termination within two days, unless the victim declines contact or is unable to be located
  + Inform the program from which the victim is receiving domestic violence services of the participant's termination within seven days
  + Complete a risk assessment with the victim and make efforts to assist the victim in minimizing violence that may occur after the participant's termination, unless the victim declines contact or is unable to be located
  + Inform the probation officer and referring judge (or the chief District Court judge in the absence of the referring judge) and District Attorney's Office in writing of the participant's termination within seven days

1. **PROGRAM ASSESSMENT**

• State the agency policy and procedure addressing program assessment

**Section 9 Requirements:**

* The agency agrees to submit quarterly statistical reports to the Council for Women & Youth Involvement.

1. **PROVISIONS OF DIRECT SERVICES**/ **CONTINUING EDUCATION**

* State the policy and procedure for determining qualification for all staff**,** consultants, or volunteers delivering direct services to participants
  + Provide the pre-service and continuing education plan for staff, consultants, and volunteers
  + Provide the name and qualification/curriculum training/or experience for each staff member that will be providing these services
* State the agency policy addressing situations in which individuals have committed domestic violence and the agency guidelines for determining whether the conduct undermines the integrity of the program or will interfere with the individual’s performance

**Section 10 Requirements:**

* The policy and procedure for determining qualification for all staff, consultants, and volunteers is clear
* Addresses individuals (staff or volunteer) that have a personal history of domestic violence
* States that there is an established pre-service and continuing education plan for staff, consultants and volunteers
* States that Group Facilitators receive a minimum of 6 hours per year of continuing education or training on domestic violence
* States that Direct Service Staff, including staff conducting assessments, receive a minimum of 20 hours per year of continuing education or training on domestic violence
* States that there is a training/education/experience prerequisite in domestic violence for all DVIP staff

1. **PARTICIPANT CONFIDENTIALITY**

* State the agency policy and procedure regarding participant confidentiality
  + Provide a copy of the confidentiality form
  + Provide the waiver of the confidentiality form if not included in the above
  + Provide the form/letter used to communicate with the victim concerning the participant’s acceptance or rejection for enrollment
* State the agency policy and procedure regarding group confidentiality

**Section 11 Requirements:**

* The policy and procedure regarding participant and group confidentiality is clear
* States that notice of participant and group confidentiality is given to all who provide direct services and to those with access to participant records
* States that program staff will NOT disclose, without the participant's consent, any confidential communications made by a participant to the program staff during the program
* States that participant information is kept strictly confidential except under the following noted conditions:
  + Program staff will warn the potential victim and law enforcement personnel when a participant makes an overt or covert threat to harm self or others
  + Program staff will promptly contact the partner, any other potential victim, and law enforcement if the staff member believes someone is at risk
  + Program staff will report to the director of social services in the county where the juvenile resides (pursuant to G.S. 7B-301) if a participant is suspected of child abuse or neglect
  + DVIP staff will release information about acceptance to, attendance, compliance with program rules and guidelines, behavior in group, and current abuse or threats of abuse to an officer of the court, a probation officer, or a judge
  + Program staff will release information about a participant when the participant or his or her heirs, executors or administrators file a suit or complaint against the abuser treatment program that arises out of or relates to the services rendered or denied to such participant by the program
* A Waiver of Confidentiality is signed by each participant indicating that information may be shared per the terms of the waiver
* States that DVIP groups are confidential and closed to those other than participants, program staff, and other professionals necessary for the functioning of program services. Exceptions may include those who provide services to the deaf, offer language translation and interpretation, or bring information critical to the curriculum to the group
* States that visitors may attend groups only when participants unanimously agree and upon a written warning by the DVIP staff that the program shall not be responsible for any breach of confidentiality
* States that DVIP staff advise visitors of the confidentiality policy and require visitors to execute an agreement not to disclose identity of participants or participant-specific information except as they receive written permission to do so

1. **VICTIM CONFIDENTIALITY**

* State the agency policy and procedure concerning victim information, both written and verbal, and how this information will be safeguarded
* State the agency policy and procedure to be utilized when the victim tells a DVIP staff member that the participant has committed a new offense

**Section 12 Requirements:**

* Steps the agency takes to address victim confidentiality are clear
* It is stated that Victim records are maintained in separate locked files and there is no commingling of confidential information with participant files
* It is stated that information provided by the victim is kept confidential unless the victim gives written permission for the program to release the information
* The agency addresses how DVIP Staff will address a disclosure by the victim that the participant has committed a new offense

## RECORD-KEEPING, DOCUMENTATION, AND REPORTS

* State the policy documenting that the program will maintain documents and records demonstrating compliance with the requirements imposed by these rules.

**Section 13 Requirements:**

* The policy and procedure states that the CFWYI or any of its authorized representatives may have access to any books, documents, papers, participant or other records as necessary.

1. **EQUAL OPPORTUNITY**

* State the agency Equal Opportunity policy

**Section 14 Requirements:**

* The policy and procedure states that the DVIP does NOT deny services to any participant or its providers because of age, race, sex, creed, color, national origin, or disabling condition.

1. **APPENDICES:**

* Are there any additional materials submitted with the application, and do you have any comments on those materials?

**Comments:**