



Batterer Intervention Provider Annual Report

Each year, ZeroV must collect information from BIP providers and submit a report to Kentucky state government (per KRS 403.7505). Each organization providing BIP services should complete this form ONCE on behalf of ALL the providers at the organization. **Please provide the following information for the January 1-December 31, 2025 timeframe.**

Agency name: _____

Full address: _____

Phone number: _____

Email address: _____

Provider name: _____

Program Information

Do you provide substance use services in your program? YES NO

Do you provide BIP services to women at your agency? YES NO

Do you provide groups in languages other than English? YES NO

If yes, in which languages? _____

What is the minimum number of weeks for a participant to complete your BIP program? _____

What do you charge for a BIP assessment? \$ _____

What do you charge for each BIP group? \$ _____

How do your BIP groups meet? Check all that apply:

_____ Groups are in person

_____ Groups are held online

_____ Groups are hybrid, with some participants in person and some online



2025 BIP Program Data

Client Assessments and Recommendations	Male	Female
Number of BIP assessments <u>scheduled</u>		
Number of BIP assessments <u>completed</u>		
How many did you recommend to complete batterer intervention <u>only</u> ?		
How many did you recommend to complete outpatient substance abuse treatment as well as BIP?		
How many did you recommend to parenting class, victim's services and BIP?		
How many did you recommend to mental health services as well as BIP?		
How many did you find <u>not</u> appropriate for BIP and may or may not have referred to other services?		

Client Referral Sources	Male	Female
Number of batterers <u>admitted</u> into your program in 2025		
Of those clients, how many were:		
<i>*These are not exclusive categories, someone may be counted in multiple categories</i>		
Referred as a condition of EPO/DVO		
Referred after a criminal conviction		
Referred as a diversion prior to criminal conviction		
Referred by the Department for Community Based Services		
Self referred		

Discharges	Male	Female
Number of batterers <u>discharged</u> in 2025		
How many satisfied all treatment requirements?		
How many were involuntarily discharged due to violent behavior after admission to BIP?		
How many were involuntarily discharged due to excessive absenteeism or non-participation in BIP?		
How many were involuntarily discharged due to substance use		
Total		



TOTAL number of male BIP participants served in 2025: _____

TOTAL number of female BIP participants served in 2025: _____

Each of these tables should add up to the above total numbers of clients enrolled into BIP.

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Below \$10,000		
\$10,000-\$20,000		
\$20,000-\$30,000		
\$30,000-\$40,000		
\$40,000-\$60,000		
Over \$60,000		
Total		

Client age	Male	Female
18-29		
30-39		
40-49		
50-59		
60+		
Total		

Client race/ethnicity	AUY	Female
White (non-Hispanic)		
5Z]WUb`5a Yf]WUb# Black (non-Hispanic)		
Latino/Hispanic (of any race)		
Asian (non-Hispanic)		
Multiracial or Other		
Total		

Anything you need to tell ZeroV about your 2025 BIP data?



Feedback & Suggestions

Please answer these optional questions so ZeroV can better support BIP providers.

What BIP-relevant trainings do you want? Rank highest to lowest priorities, with 1 being your top priority.

- How to conduct risk assessments
- Best practices for partner contact
- Strengthening the community coordinated response
- Handling difficult behaviors and personalities in groups
- Other (please write in topic): _____

Which time of day do you prefer to attend trainings? You may check more than one.

- Early morning (8:00am-10:00am)
- Late morning (10:00am-noon)
- Early afternoon (noon-2:00pm)
- Late afternoon (2:00pm-4:00pm)
- Early evening (4:00pm-6:00pm)

How do you prefer to receive training? You may check more than one.

- In person
- Live webinar
- Recorded webinar with online test
- Hybrid format similar to the BIP Certification Training (mix of live virtual session with materials and test in Litmos)

Please provide any suggestions you have on how ZeroV can better support BIP providers in Kentucky.



Batterer Intervention Provider Annual Report Form

If you are a certified Batterer Intervention Provider and you **did not** provide any domestic violence offender treatment services during **January 1-December 31, 2025**, please check the box below, sign and date this page only, and return to Amy Swann at aswann@zerov.org.

I did not provide any domestic violence offender treatment/BIP services from January 1 to December 31, 2025.

Provider name: _____

Signature: _____

Date: _____