

600 DOMESTIC VIOLENCE

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600.2 Philosophy

Utah Code Ann. [§80-2-301](#) states that Child and Family Services will provide domestic violence services.

There is a high, positive correlation between domestic violence and child abuse and neglect. Domestic violence is not only an act of aggression against the adult victim in the home, it is also a dangerous act that places children at risk for abuse and neglect.

Collaborative links with community partners should be developed and maintained to provide services to families experiencing domestic violence.

The goals of domestic violence services are:

- A. To interrupt the cycle of violence in families and prevent the occurrence of further violence.
- B. To promote the safety of victims and dependent children by providing emergency sheltering and other necessary services to connect them to needed resources.
- C. To ensure the availability of service and support programs for victims of domestic violence and their dependent children to assist them to live violence-free lives.
- D. To ensure the availability of treatment programs for court-ordered and voluntarily participating perpetrators to teach them non-violent behavior patterns.
- C. To maintain a cooperative relationship between law enforcement, prosecution, courts, legal aid, medical providers, treatment providers, social services and other community agencies, to coordinate the prevention and treatment of domestic violence.

600.3 Child and Family Services and Worker Expectations

Domestic violence is recognized as causing harm to both adults and children. Children and families experiencing domestic violence may receive services through both the child welfare programs and domestic violence programs. The domestic violence programs recognize that the safety, permanency, and stability of children will be enhanced through the provision of appropriate and responsive services to their parents.

Domestic violence interventions will:

- A. Hold perpetrators of domestic violence, not their victims, responsible and accountable for their abusive behavior.
- B. Increase the safety of the adult victim as a strategy for increasing the safety and well-

being of the children.

- C. Respect the rights of adult victims to direct their own lives.
- D. Facilitate community collaboration
- E. Be offered to all persons meeting the definition of co-habitant who either voluntarily or through a court order seek domestic violence services regardless of whether they have children.

In order to provide prevention, intervention, and treatment resources for adults, children, and families experiencing domestic violence, Child and Family Services will employ and support state and regional staff as domestic violence coordinators, domestic violence treatment workers, and support staff.

Child and Family Services will strive to gain knowledge and understanding of the issues relating to domestic violence to provide optimal services to those clients who we are mandated to protect.

The Child and Family Services domestic violence program staff will provide, broker, or refer clients to services and resources that meet the emotional, physical, and cognitive needs of clients seeking interventions for domestic violence. These services will directly address risk, safety factor, and immediate needs in order to provide protection from current and future risk options.

The Child and Family Services domestic violence program staff will develop and deliver services and resources that honor the adult client's right to self-determination. The client's need for confidentiality will always be considered in the delivery of services, assisting the client to progress in their personal growth and development.

The Child and Family Services domestic violence program staff will always assess the need to develop differential treatment activities for the adult clients (cohabitants) based on individual assessments of those clients, with careful consideration given to the client's cultural needs and beliefs.

The Child and Family Services domestic violence program staff will support and participate in the development of treatment plans that are based on client strengths, skills, and abilities. Available and appropriate resources will be taken into consideration. Active participation with the child and family team, when appropriate, will also be required.

The Child and Family Services domestic violence program staff will participate in the development of community-based training for the community partners in the domestic violence network.

The Child and Family Services domestic violence program staff will promote practice that recognizes and addresses offender accountability.

The Child and Family Services domestic violence program staff will assist in developing and coordinating resources geared towards increased public awareness, education, and support for domestic violence services and resources, including prevention programs, legislative initiatives, and funding requests through supporting the state and local domestic violence coalitions.

The Child and Family Services domestic violence staff will strive to maintain the highest level of professional competency by engaging in self-assessment to determine their specific strengths and needs and seeking ongoing training in order to improve their individual skill levels.

601 Major Objectives

601.1 Regional Domestic Violence Programs

Major objectives:

Each region will employ a domestic violence coordinator, domestic violence specific caseworkers, and support staff.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- A. The regional coordinator will:
1. Support and demonstrate Practice Model Principles and require that all domestic violence workers attend each training module.
 2. Coordinate with region trainers on training needs and requirements of domestic violence staff and allied agencies.
 3. Model behaviors consistent with those outlined in the Practice Model.
 4. Develop domestic violence services in compliance with best practice that respond to the unique demographic and service needs of the region.
 5. Provide technical assistance and problem resolution for staff and allied agencies.
 6. Conduct ongoing needs assessment throughout the region.
 7. Implement collaboration between child welfare and domestic violence staff and partners by providing case consultation and mentoring when appropriate.
 8. Assist with development and ongoing work of the local coalition(s).
 9. Manage the domestic violence incident reports on the designated database and the Intake and service coordination systems throughout the region.
 10. Participate and collaborate with the Utah Domestic Violence Advisory Council, the Domestic Violence Steering Committee, and other committees as necessary.
 11. Attend and participate in regional administration meetings.
 12. Provide supervision for the domestic violence unit workers in the region.
 13. Facilitate hiring process of all regional domestic violence staff.
 14. Monitor employee performance.

15. Encourage and facilitate collaboration between domestic violence workers and allied agencies.
 16. Provide strengths-based guidance, oversight, and support of domestic violence staff.
 17. Develop and monitor programs for domestic violence contract providers in the region.
 18. Maintain a working relationship with contract providers and in-house service providers to assist in identifying and resolving issues relating to service provision.
 19. Conduct on-site reviews of contract and in-house providers.
 20. Monitor and authorize payments to providers.
 21. Collaborate with the regional contract specialist on domestic violence RFP's and contract renewals.
 22. Provide oversight and management of the domestic violence (KHM) region budget.
 23. Attend regional meetings concerning budget issues and provide the region with updates about service needs and funding use.
- B. The domestic violence social service worker will:
1. Provide coordination with local/county domestic violence programs by networking with allied agencies and participating on the local domestic violence coalition(s), provide training and educational presentations, participating in other committees as needed, and establishing and maintaining working agreements between Child and Family Services and the criminal justice system regarding the collection of domestic violence law enforcement incident reports, protective orders, and treatment court orders.
 2. Information obtained through coordination with Child and Family Services, law enforcement, and the criminal justice system will be disseminated to appropriate agencies and entered into the designated database. Intake and service coordination will be provided for court-ordered clients.
 3. Participate in criminal, civil, and juvenile court hearings and agency staffings as needed.
 4. Provide outreach and case management services, which include crisis intervention, individual and group counseling (education and support), referrals, and advocacy.
 5. Collaborate with child welfare on cases with a domestic violence component, including preparing a referral to CPS, participating in case staffings, facilitating child and family team meetings when appropriate, participating in the development of child and family plans, assisting in assessing risk, and assisting in the development of domestic violence safety plans as appropriate. Facilitate and arrange for assessments as needed. Notice of Agency Action (NAA) Letters must be sent in all supported cases to the offending partner following the agency established time frames as outlined in Practice Guidelines [Section 204.15](#). Regional domestic violence teams are expected to be active participants in the formulation of domestic violence safety plans. The safety planning process will

- be provided individually to all parties, including the offending partner, the non-offending partner, and the children.
6. Participate in domestic violence unit meetings, collect data and complete monthly reports as needed, open DV01 cases, and maintain case files.

601.2 Domestic Violence Services Providers

Major objectives:

Child and Family Services will assure that domestic violence services provided by Child and Family Services staff or by contract are provided only by individuals, groups, or agencies licensed and trained to provide those specific services.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- A. Emergency Domestic Violence shelters will meet the current Department of Health & Human Services (DHHS) Office of Licensing requirements for residential support programs.
- B. Domestic Violence Shelter Employees and Volunteer Staff - Domestic Violence shelter employees and volunteer staff will comply with all applicable contract and DHHS licensure requirements, including the DHHS Code of Conduct.
- C. Outpatient treatment for domestic violence will meet the current DHHS Office of Licensing requirements for treatment.
- D. Providers of Domestic Violence Perpetrator Treatment - Providers will comply with the DHHS Licensing Standards, Section C-IV, Outpatient Treatment Standards. Individuals providing domestic violence perpetrator outpatient treatment services will be licensed in accordance with the Mental Health Professional Practice Act (Utah Code Ann. [§58-60](#)).
- E. Support Group Facilitators - Support groups for victims of domestic violence will be facilitated by a licensed social service worker.
- F. Worker requirements:
 1. Individuals providing action plan services to victims will possess, at a minimum, a Bachelor's Degree and Social Services Worker License. Within nine months of hiring, they will complete the Domestic Violence Basic Skills and Knowledge Training offered by Child and Family Services or, if not a Child and Family Services worker, a comparable training course.
 2. All Domestic Violence workers, volunteers and advocates will have been trained to include, but not limited to:

- a. Twenty-four hours pre-service Domestic Violence training.
- b. Sixteen hours of in-service training annually.

601.3 Emergency Domestic Violence Shelter and Crisis Counseling

Major objectives:

Child and Family Services will assure that providers of domestic violence services provide emergency Domestic Violence and crisis counseling services to victims and dependents.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- A. If Domestic Violence shelter space is unavailable, the Domestic Violence shelter staff will make reasonable efforts to assist the victim to find alternative Domestic Violence shelter and/or safety.
- B. If the adult victim of violence requests Domestic Violence shelter and is not a cohabitant, the Domestic Violence shelter will document why the Domestic Violence shelter is needed and will obtain written permission from the region director or designee.
- C. Domestic Violence shelters will ensure 24-hour Domestic Violence shelter care, Domestic Violence shelter supervision, and a 24-hour hotline for victims of domestic violence and their dependent children.
- D. Victims are eligible for sheltering up to 30 days per year, which may be extended beyond 30 days at the discretion of the shelter director or designee.
- E. In areas where a Domestic Violence shelter is not available, victims will be assisted in locating alternate crisis housing.
- F. All reasonable means will be used to protect the victim and any dependents from further abuse, including crisis counseling and coordination with law enforcement, perpetrator treatment providers, and other allied agencies as necessary.
- G. Any individual with alcohol or drug levels, mental health/behavioral or medical problems that, in the judgment of the program staff, would endanger that individual or the safety or well-being of other Domestic Violence shelter residents or staff, will be referred to other resources. The person's condition will be stabilized prior to acceptance in a Domestic Violence shelter. If dependent children appear in immediate or imminent danger because of the condition of the parent, an immediate referral will be made to law enforcement or child protective services.

- H. Victim services are voluntary and an individual may terminate services at any time. However, if it is suspected that dependent children may be in imminent danger, an immediate referral to law enforcement or child protective services will be made at the time the family terminates service or leaves the Domestic Violence shelter.
- I. If a victim's behavior in Domestic Violence shelter care jeopardizes the well-being or safety of other Domestic Violence shelter residents or staff, the individual will be deemed no longer eligible for Domestic Violence shelter service. Program staff will make reasonable efforts to assist the individual in finding alternative living arrangements. If termination from the Domestic Violence shelter places dependent children in imminent danger, an immediate referral will be made to law enforcement or child protective services.
- J. Confidentiality procedures and standard controls (e.g., signed staff/volunteer or client pledges) will be implemented for all training, all types of telephone and in-person contact, and all record-keeping functions. These include:
 - 1. Names and descriptions of all clients.
 - 2. All information collected in the course of Intake interviews, telephone conversations, and any information learned in the course of contact with law enforcement, legal, and/or other social service personnel.
 - 3. All client record information will only be released according to the Utah Government Records Access and Management Act (GRAMA).
 - 4. Shelters will ensure individual identifiers of client records will not be used when providing statistical data on program activities and program services.
 - 5. Shelters will not make public the address or location of any shelter.
- K. Domestic Violence shelters will document all training of all staff and volunteers on written and posted security risk procedures, which will cover:
 - 1. Domestic Violence shelter intrusion of non-authorized persons, including perpetrators.
 - 2. Victim stalking.
 - 3. Harassment.
 - 4. Telephone harassment.
 - 5. Anyone providing Domestic Violence shelter services is prohibited from solicitation of services for personal or professional gain from clients contacted through their work in or for the Domestic Violence shelter.
- L. Alternate crisis housing:
 - 1. When emergency Domestic Violence shelter is not appropriate or when the Domestic Violence shelter is full, the Child and Family Services worker or contracted Domestic Violence shelter provider will facilitate alternate crisis housing for domestic violence victims and dependents.
 - 2. Alternate crisis housing may be in motels, community Domestic Violence shelters, or other comparable facilities.

3. Victims are eligible for housing up to seven days, which may be extended beyond seven days with written permission of the region director or designee. Request for extension will include the client name, date of birth, names and dates of birth of all dependent children, a short client history detailing why extension is needed, and a suggested extension time frame.
4. Victim services, while the victim and dependents are in alternate crisis housing, will be coordinated by a Child and Family Services worker or contracted Domestic Violence shelter provider.
5. All reasonable means will be used to protect the victim and any dependents from further abuse, including crisis counseling and coordination with law enforcement, perpetrator treatment providers, and other allied agencies as necessary.

M. Victim services:

1. Victims will be given information and assistance as follows, documented in the client's action plan and facilitated by the service provider:
 - a. A review of danger with the victim and discussion of the level of the victim's risk of safety.
 - b. A review of a safety plan with the victim.
 - c. A review of a protective order and/or referral to appropriate agency or clerk of the court authorized to issue the protective order.
 - d. A review of supportive services to include, but not be limited to, medical, self-sufficiency, day care, legal, financial, and housing assistance. The provider will facilitate connecting services to those resources as requested. Appropriate referrals will be made, when indicated, and documented in the case files for psychiatric consultation, drug and/or alcohol treatment, or other allied services.
2. Individual and/or group support, educational, or crisis counseling services will be made available to assist a victim whether sheltered or not. Appropriate support, educational, or crisis counseling services will be provided to dependent children while in the Domestic Violence shelter. When not sheltered, referrals for children's services will be made, if requested by the parent, to an appropriate community resource.
3. Any apparent medical need will be referred to a qualified medical professional prior to sheltering. The Domestic Violence shelter program is not responsible for medical expenses or for dispensing medication. All medication must be under lock and key at all times except when given to the client upon request for self-medication or upon client leaving the Domestic Violence shelter. Written procedures for care of medication will be in place.
4. If it is suspected that dependent children may have been or are currently being abused, an immediate referral will be made to law enforcement or child protective services.
5. Program staff will ask the client if she/he is currently being served by a child welfare caseworker. If yes, then the caseworker will be notified of the client's entry into the Domestic Violence shelter and again when the client leaves the Domestic Violence shelter.

6. Individual action plan: Each individual served in the Domestic Violence shelter will be seen by a licensed social service worker within two working days. An individual action plan will be written, signed by the client, and maintained in individual client files, which includes:
 - a. A statement of the problem, including a description of the abuse that occurred.
 - b. A list of the client's goals with specific timelines.
 - c. Specific action steps the client will take to accomplish the goals.
 - d. Progress notes indicating progress toward the goals.
 - e. A brief termination summary at the end of services indicating outcomes of services as well as projection of the client's ability to remain abuse-free.
 - f. If a client's contact with the program is too short to develop an action plan (less than two working days) or a plan cannot be developed for other reasons, then a note to that effect will be made in the client record.
 - g. Domestic Violence shelter providers will utilize an evaluation instrument to solicit clients' evaluation of Domestic Violence shelter services.
- N. Documentation:
 1. Complete form DV01 - follow the form instructions for each individual receiving service, whether sheltered or not. The form may be completed by either contract provider or Child and Family Services staff and will be submitted to the appropriate Child and Family Services office for terminal entry no later than 20 days after intake, and again no later than 20 days after service ends, updating services provided.
 2. All Domestic Violence shelter providers will maintain an accurate record of the numbers of clients and dependent children sheltered, number of group and individual treatment sessions provided, and other activities as requested on the Attachment G-1 reporting form.
- O. Domestic violence programs will provide, when feasible, domestic violence educational presentations and information dissemination to the general public.
- P. Domestic violence programs will be represented in the local domestic violence coalition meetings and will maintain a cooperative working relationship with allied agencies working on domestic violence cases.
- Q. Outpatient treatment:
 1. Victim/child treatment, individual, and/or group counseling services will be made available to assist a victim whether sheltered or not. Appropriate counseling services will be provided to dependent children while in the Domestic Violence shelter. Domestic violence victims and their dependent children are eligible for outpatient treatment services whether sheltered or not.
 2. Programs providing victim or child treatment services will comply with the DHHS Licensing Manual Standards, Outpatient Treatment Standards.

3. Individuals providing victim or child treatment services will be licensed in accordance with the Mental Health Professional Practice Act (Utah Code Ann. [§58-60](#)).
4. Couples counseling will not be utilized until an assessment has been conducted that indicates the victim is at low risk for endangerment of further abuse due to the counseling. The assessment will, at a minimum, document that the abuser is taking responsibility for his/her behavior and that all forms of physically abusive behavior have stopped. In addition, it will document that the victim is not taking responsibility for the abuser's behavior and has acquired sufficient assertiveness skills to state his/her needs in the relationship. This section does not preclude brief meetings conducted jointly with the victim and the perpetrator for the purpose of explaining or informing the parties about such matters as program procedures, behavioral contract provisions, or anger management techniques.

601.4 Perpetrator Treatment

Major objectives:

Child and Family Services will provide or contract for domestic violence services to perpetrators who are court ordered to participate or who voluntarily participate.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

Programs will not provide couples counseling nor include a perpetrator and victim in the same therapy group until an assessment has been conducted that indicates the victim is at low risk for endangerment of further abuse due to the counseling. The assessment will utilize, at a minimum, the same criteria.

601.5 Contract Billing

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

Child and Family Services contract billing:

- A. Domestic violence contract funds must be used to pay for treatment services in which the primary focus is the treatment of domestic violence. However, it is acknowledged that many domestic violence perpetrators and victims have co-occurring psychiatric diagnoses that may be appropriately addressed by limited integration into the treatment plan by the provider or by referral. If these issues are integrated into the treatment plan, they should not dominate treatment. Additionally, they must be consistent with the assessment and the diagnosis.

- B. Domestic violence contract funds will not be reimbursed for alcohol/drug abuse treatment, general counseling, or marriage counseling.
- C. Treatment providers will verify client income and document that an appropriate sliding fee schedule was utilized to bill first and third-party payments prior to billing the balance to the Child and Family Services Domestic Violence Fund. Only first-party fees may be waived for victims whose cohabiting partner is also undergoing treatment in the same program.