

---

1	<b>600</b>	<b>DOMESTIC VIOLENCE</b>	
2			
3	<b>600.1</b>	<b>Table Of Contents</b>	
4	<b>600.2</b>	<b>Philosophy.....</b>	<b>1</b>
5	<b>600.3</b>	<b>Child And Family Services And Worker Expectations.....</b>	<b>1</b>
6			
7	<b>601</b>	<b>Major Objectives.....</b>	<b>4</b>
8	<b>601.1</b>	<b>Regional Domestic Violence Programs .....</b>	<b>4</b>
9	<b>601.2</b>	<b>Domestic Violence Services Providers.....</b>	<b>6</b>
10	<b>601.3</b>	<b>Emergency Domestic Violence Shelter And Crisis Counseling .....</b>	<b>7</b>
11	<b>601.4</b>	<b>Perpetrator Treatment .....</b>	<b>11</b>
12	<b>601.5</b>	<b>Contract Billing .....</b>	<b>12</b>
13			

## 600.2 Philosophy

Utah Code Ann. [§62A-4a-105](#) 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.

- 57  
58 B. Increase the safety of the adult victim as a strategy for increasing the safety and  
59 well-being of the children.  
60  
61 C. Respect the rights of adult victims to direct their own lives.  
62  
63 D. Facilitate community collaboration  
64  
65 E. Be offered to all persons meeting the definition of co-habitant who either  
66 voluntarily or through a court order seek domestic violence services regardless of  
67 whether they have children.  
68

69 In order to provide prevention, intervention, and treatment resources for adults,  
70 children, and families experiencing domestic violence, Child and Family Services will  
71 employ and support state and regional staff as domestic violence coordinators,  
72 domestic violence treatment workers, and support staff.  
73

74 Child and Family Services will strive to gain knowledge and understanding of the issues  
75 relating to domestic violence to provide optimal services to those clients who we are  
76 mandated to protect.  
77

78 The Child and Family Services domestic violence program staff will provide, broker, or  
79 refer clients to services and resources that meet the emotional, physical, and cognitive  
80 needs of clients seeking interventions for domestic violence. These services will  
81 directly address risk, safety factor, and immediate needs in order to provide protection  
82 from current and future risk options.  
83

84 The Child and Family Services domestic violence program staff will develop and deliver  
85 services and resources that honor the adult client's right to self-determination. The  
86 client's need for confidentiality will always be considered in the delivery of services,  
87 assisting the client to progress in their personal growth and development.  
88

89 The Child and Family Services domestic violence program staff will always assess the  
90 need to develop differential treatment activities for the adult clients (cohabitants) based  
91 on individual assessments of those clients, with careful consideration given to the  
92 client's cultural needs and beliefs.  
93

94 The Child and Family Services domestic violence program staff will support and  
95 participate in the development of treatment plans that are based on client strengths,  
96 skills, and abilities. Available and appropriate resources will be taken into  
97 consideration. Active participation with the child and family team, when appropriate, will  
98 also be required.  
99

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

103  
104 The Child and Family Services domestic violence program staff will promote practice  
105 that recognizes and addresses offender accountability.

106  
107 The Child and Family Services domestic violence program staff will assist in developing  
108 and coordinating resources geared towards increased public awareness, education,  
109 and support for domestic violence services and resources, including prevention  
110 programs, legislative initiatives, and funding requests through supporting the state and  
111 local domestic violence coalitions.

112  
113 The Child and Family Services domestic violence staff will strive to maintain the highest  
114 level of professional competency by engaging in self-assessment to determine their  
115 specific strengths and needs and seeking ongoing training in order to improve their  
116 individual skill levels.  
117

118 **601 Major Objectives**

119

120 **601.1 Regional Domestic Violence Programs**

121

Major objectives:

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

122

123

124

125

**Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

126

127

Practice Guidelines

128

A. The regional coordinator will:

129

1. Support and demonstrate Practice Model Principles and require that all domestic violence workers attend each training module.

130

2. Coordinate with region trainers on training needs and requirements of domestic violence staff and allied agencies.

131

3. Model behaviors consistent with those outlined in the Practice Model.

132

4. Develop domestic violence services in compliance with best practice that respond to the unique demographic and service needs of the region.

133

5. Provide technical assistance and problem resolution for staff and allied agencies.

134

6. Conduct ongoing needs assessment throughout the region.

135

7. Implement collaboration between child welfare and domestic violence staff and partners by providing case consultation and mentoring when appropriate.

136

8. Assist with development and ongoing work of the local coalition(s).

137

9. Manage the domestic violence incident reports on the designated database and the Intake and service coordination systems throughout the region.

138

10. Participate and collaborate with the Utah Domestic Violence Advisory Council, the Domestic Violence Steering Committee, and other committees as necessary.

139

11. Attend and participate in regional administration meetings.

140

12. Provide supervision for the domestic violence unit workers in the region.

141

13. Facilitate hiring process of all regional domestic violence staff.

142

14. Monitor employee performance.

143

15. Encourage and facilitate collaboration between domestic violence workers and allied agencies.

144

16. Provide strengths-based guidance, oversight, and support of domestic violence staff.

145

17. Develop and monitor programs for domestic violence contract providers in the region.

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

- 161 18. Maintain a working relationship with contract providers and in-house  
162 service providers to assist in identifying and resolving issues relating to  
163 service provision.
- 164 19. Conduct on-site reviews of contract and in-house providers.
- 165 20. Monitor and authorize payments to providers.
- 166 21. Collaborate with the regional contract specialist on domestic violence  
167 RFP's and contract renewals.
- 168 22. Provide oversight and management of the domestic violence (KHM)  
169 region budget.
- 170 23. Attend regional meetings concerning budget issues and provide the  
171 region with updates about service needs and funding use.
- 172
- 173 B. The domestic violence social service worker will:
  - 174 1. Provide coordination with local/county domestic violence programs by  
175 networking with allied agencies and participating on the local domestic  
176 violence coalition(s), provide training and educational presentations,  
177 participating in other committees as needed, and establishing and  
178 maintaining working agreements between Child and Family Services and  
179 the criminal justice system regarding the collection of domestic violence  
180 law enforcement incident reports, protective orders, and treatment court  
181 orders.
  - 182 2. Information obtained through coordination with Child and Family Services,  
183 law enforcement, and the criminal justice system will be disseminated to  
184 appropriate agencies and entered into the designated database. Intake  
185 and service coordination will be provided for court-ordered clients.
  - 186 3. Participate in criminal, civil, and juvenile court hearings and agency  
187 staffings as needed.
  - 188 4. Provide outreach and case management services, which include crisis  
189 intervention, individual and group counseling (education and support),  
190 referrals, and advocacy.
  - 191 5. Collaborate with child welfare on cases with a domestic violence  
192 component, including preparing a referral to CPS, participating in case  
193 staffings, facilitating child and family team meetings when appropriate,  
194 participating in the development of child and family plans, assisting in  
195 assessing risk, and assisting in the development of domestic violence  
196 safety plans as appropriate. Facilitate and arrange for assessments as  
197 needed. Notice of Agency Action (NAA) Letters must be sent in all  
198 supported cases to the offending partner following the agency established  
199 time frames as outlined in Practice Guidelines [Section 204.15](#). Regional  
200 domestic violence teams are expected to be active participants in the  
201 formulation of domestic violence safety plans. The safety planning  
202 process will be provided individually to all parties, including the offending  
203 partner, the non-offending partner, and the children.

- 204 6. Participate in domestic violence unit meetings, collect data and complete  
205 monthly reports as needed, open DV01 cases, and maintain case files.  
206

## 207 601.2 Domestic Violence Services Providers

### 208 Major objectives:

209 Child and Family Services will assure that domestic violence services provided by Child  
210 and Family Services staff or by contract are provided only by individuals, groups, or  
211 agencies licensed and trained to provide those specific services.  
212

### 213 **Applicable Law**

214 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
215  
216

### 217 Practice Guidelines

- 218 A. Emergency Domestic Violence shelters will meet the current Department of  
219 Human Services (DHS) Office of Licensing requirements for residential support  
220 programs.  
221
- 222 B. Domestic Violence Shelter Employees and Volunteer Staff - Domestic Violence  
223 shelter employees and volunteer staff will comply with all applicable contract and  
224 DHS licensure requirements, including the DHS Code of Conduct.  
225
- 226 C. Outpatient treatment for domestic violence will meet the current DHS Office of  
227 Licensing requirements for treatment.  
228
- 229 D. Providers of Domestic Violence Perpetrator Treatment - Providers will comply  
230 with the DHS Licensing Standards, Section C-IV, Outpatient Treatment  
231 Standards. Individuals providing domestic violence perpetrator outpatient  
232 treatment services will be licensed in accordance with the Mental Health  
233 Professional Practice Act (Utah Code Ann. [§58-60](#)).  
234
- 235 E. Support Group Facilitators - Support groups for victims of domestic violence will  
236 be facilitated by a licensed social service worker.  
237
- 238 F. Worker requirements:
- 239 1. Individuals providing action plan services to victims will possess, at a  
240 minimum, a Bachelor's Degree and Social Services Worker License.  
241 Within nine months of hiring, they will complete the Domestic Violence  
242 Basic Skills and Knowledge Training offered by Child and Family Services  
243 or, if not a Child and Family Services worker, a comparable training  
244 course.
- 245 2. All Domestic Violence workers, volunteers and advocates will have been  
246 trained to include, but not limited to:

- 247 a. Twenty-four hours pre-service Domestic Violence training.
- 248 b. Sixteen hours of in-service training annually.
- 249

### 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. [§62A-4a-105](#). Division responsibilities.

#### Practice Guidelines

- 261 A. If Domestic Violence shelter space is unavailable, the Domestic Violence shelter
- 262 staff will make reasonable efforts to assist the victim to find alternative Domestic
- 263 Violence shelter and/or safety.
- 264
- 265 B. If the adult victim of violence requests Domestic Violence shelter and is not a
- 266 cohabitant, the Domestic Violence shelter will document why the Domestic
- 267 Violence shelter is needed and will obtain written permission from the region
- 268 director or designee.
- 269
- 270 C. Domestic Violence shelters will ensure 24-hour Domestic Violence shelter care,
- 271 Domestic Violence shelter supervision, and a 24-hour hotline for victims of
- 272 domestic violence and their dependent children.
- 273
- 274 D. Victims are eligible for sheltering up to 30 days per year, which may be extended
- 275 beyond 30 days ~~[with written permission of the region director or designee.~~
- 276 ~~Request for extension shall include the client name, date of birth, names and~~
- 277 ~~dates of birth of all dependent children, a short client history detailing why~~
- 278 ~~extension is needed, and a suggested extension time frame]at the discretion of~~
- 279 ~~the shelter director or designee.~~
- 280
- 281 E. In areas where a Domestic Violence shelter is not available, victims will be
- 282 assisted in locating alternate crisis housing.
- 283
- 284 F. All reasonable means will be used to protect the victim and any dependents from
- 285 further abuse, including crisis counseling and coordination with law enforcement,
- 286 perpetrator treatment providers, and other allied agencies as necessary.
- 287
- 288 G. Any individual with alcohol or drug levels, mental health/behavioral or medical
- 289 problems that, in the judgment of the program staff, would endanger that



- 290 individual or the safety or well-being of other Domestic Violence shelter residents  
291 or staff, will be referred to other resources. The person's condition will be  
292 stabilized prior to acceptance in a Domestic Violence shelter. If dependent  
293 children appear in immediate or imminent danger because of the condition of the  
294 parent, an immediate referral will be made to law enforcement or child protective  
295 services.
- 296
- 297 H. Victim services are voluntary and an individual may terminate services at any  
298 time. However, if it is suspected that dependent children may be in imminent  
299 danger, an immediate referral to law enforcement or child protective services will  
300 be made at the time the family terminates service or leaves the Domestic  
301 Violence shelter.
- 302
- 303 I. If a victim's behavior in Domestic Violence shelter care jeopardizes the well-  
304 being or safety of other Domestic Violence shelter residents or staff, the  
305 individual will be deemed no longer eligible for Domestic Violence shelter  
306 service. Program staff will make reasonable efforts to assist the individual in  
307 finding alternative living arrangements. If termination from the Domestic  
308 Violence shelter places dependent children in imminent danger, an immediate  
309 referral will be made to law enforcement or child protective services.
- 310
- 311 J. Confidentiality procedures and standard controls (e.g., signed staff/volunteer or  
312 client pledges) will be implemented for all training, all types of telephone and in-  
313 person contact, and all record-keeping functions. These include:
- 314 1. Names and descriptions of all clients.
- 315 2. All information collected in the course of Intake interviews, telephone  
316 conversations, and any information learned in the course of contact with  
317 law enforcement, legal, and/or other social service personnel.
- 318 3. All client record information will only be released according to the Utah  
319 Government Records Access and Management Act (GRAMA).
- 320 4. Shelters will ensure individual identifiers of client records will not be used  
321 when providing statistical data on program activities and program  
322 services.
- 323 5. Shelters will not make public the address or location of any shelter.
- 324
- 325 K. Domestic Violence shelters will document all training of all staff and volunteers  
326 on written and posted security risk procedures, which will cover:
- 327 1. Domestic Violence shelter intrusion of non-authorized persons, including  
328 perpetrators.
- 329 2. Victim stalking.
- 330 3. Harassment.
- 331 4. Telephone harassment.

- 332 5. Anyone providing Domestic Violence shelter services is prohibited from  
333 solicitation of services for personal or professional gain from clients  
334 contacted through their work in or for the Domestic Violence shelter.  
335
- 336 L. Alternate crisis housing:
- 337 1. When emergency Domestic Violence shelter is not appropriate or when  
338 the Domestic Violence shelter is full, the Child and Family Services worker  
339 or contracted Domestic Violence shelter provider will facilitate alternate  
340 crisis housing for domestic violence victims and dependents.
- 341 2. Alternate crisis housing may be in motels, community Domestic Violence  
342 shelters, or other comparable facilities.
- 343 3. Victims are eligible for housing up to seven days, which may be extended  
344 beyond seven days with written permission of the region director or  
345 designee. Request for extension will include the client name, date of  
346 birth, names and dates of birth of all dependent children, a short client  
347 history detailing why extension is needed, and a suggested extension time  
348 frame.
- 349 4. Victim services, while the victim and dependents are in alternate crisis  
350 housing, will be coordinated by a Child and Family Services worker or  
351 contracted Domestic Violence shelter provider.
- 352 5. All reasonable means will be used to protect the victim and any  
353 dependents from further abuse, including crisis counseling and  
354 coordination with law enforcement, perpetrator treatment providers, and  
355 other allied agencies as necessary.  
356
- 357 M. Victim services:
- 358 1. Victims will be given information and assistance as follows, documented  
359 in the client's action plan and facilitated by the service provider:
- 360 a. A review of danger with the victim and discussion of the level of the  
361 victim's risk of safety.
- 362 b. A review of a safety plan with the victim.
- 363 c. A review of a protective order and/or referral to appropriate agency  
364 or clerk of the court authorized to issue the protective order.
- 365 d. A review of supportive services to include, but not be limited to,  
366 medical, self-sufficiency, day care, legal, financial, and housing  
367 assistance. The provider will facilitate connecting services to those  
368 resources as requested. Appropriate referrals will be made, when  
369 indicated, and documented in the case files for psychiatric  
370 consultation, drug and/or alcohol treatment, or other allied services.
- 371 2. Individual and/or group support, educational, or crisis counseling services  
372 will be made available to assist a victim whether sheltered or not.  
373 Appropriate support, educational, or crisis counseling services will be  
374 provided to dependent children while in the Domestic Violence shelter.

- 375 When not sheltered, referrals for children's services will be made, if  
376 requested by the parent, to an appropriate community resource.
- 377 3. Any apparent medical need will be referred to a qualified medical  
378 professional prior to sheltering. The Domestic Violence shelter program is  
379 not responsible for medical expenses or for dispensing medication. All  
380 medication must be under lock and key at all times except when given to  
381 the client upon request for self-medication or upon client leaving the  
382 Domestic Violence shelter. Written procedures for care of medication will  
383 be in place.
- 384 4. If it is suspected that dependent children may have been or are currently  
385 being abused, an immediate referral will be made to law enforcement or  
386 child protective services.
- 387 5. Program staff will ask the client if she/he is currently being served by a  
388 child welfare caseworker. If yes, then the caseworker will be notified of  
389 the client's entry into the Domestic Violence shelter and again when the  
390 client leaves the Domestic Violence shelter.
- 391 6. Individual action plan: Each individual served in the Domestic Violence  
392 shelter will be seen by a licensed social service worker within two working  
393 days. An individual action plan will be written, signed by the client, and  
394 maintained in individual client files, which includes:
- 395 a. A statement of the problem, including a description of the abuse  
396 that occurred.
- 397 b. A list of the client's goals with specific timelines.
- 398 c. Specific action steps the client will take to accomplish the goals.
- 399 d. Progress notes indicating progress toward the goals.
- 400 e. A brief termination summary at the end of services indicating  
401 outcomes of services as well as projection of the client's ability to  
402 remain abuse-free.
- 403 f. If a client's contact with the program is too short to develop an  
404 action plan (less than two working days) or a plan cannot be  
405 developed for other reasons, then a note to that effect will be made  
406 in the client record.
- 407 g. Domestic Violence shelter providers will utilize an evaluation  
408 instrument to solicit clients' evaluation of Domestic Violence shelter  
409 services.
- 410
- 411 N. Documentation:
- 412 1. Complete form DV01 - follow the form instructions for each individual  
413 receiving service, whether sheltered or not. The form may be completed  
414 by either contract provider or Child and Family Services staff and will be  
415 submitted to the appropriate Child and Family Services office for terminal  
416 entry no later than 20 days after intake, and again no later than 20 days  
417 after service ends, updating services provided.

- 418 2. All Domestic Violence shelter providers will maintain an accurate record of  
419 the numbers of clients and dependent children sheltered, number of group  
420 and individual treatment sessions provided, and other activities as  
421 requested on the Attachment G-1 reporting form.  
422
- 423 O. Domestic violence programs will provide, when feasible, domestic violence  
424 educational presentations and information dissemination to the general public.  
425
- 426 P. Domestic violence programs will be represented in the local domestic violence  
427 coalition meetings and will maintain a cooperative working relationship with allied  
428 agencies working on domestic violence cases.  
429
- 430 Q. Outpatient treatment:  
431 1. Victim/child treatment, individual, and/or group counseling services will be  
432 made available to assist a victim whether sheltered or not. Appropriate  
433 counseling services will be provided to dependent children while in the  
434 Domestic Violence shelter. Domestic violence victims and their  
435 dependent children are eligible for outpatient treatment services whether  
436 sheltered or not.  
437 2. Programs providing victim or child treatment services will comply with the  
438 DHS Licensing Manual Standards, Outpatient Treatment Standards.  
439 3. Individuals providing victim or child treatment services will be licensed in  
440 accordance with the Mental Health Professional Practice Act (Utah Code  
441 Ann. [§58-60](#)).  
442 4. Couples counseling will not be utilized until an assessment has been  
443 conducted that indicates the victim is at low risk for endangerment of  
444 further abuse due to the counseling. The assessment will, at a minimum,  
445 document that the abuser is taking responsibility for his/her behavior and  
446 that all forms of physically abusive behavior have stopped. In addition, it  
447 will document that the victim is not taking responsibility for the abuser's  
448 behavior, and has acquired sufficient assertiveness skills to state his/her  
449 needs in the relationship. This section does not preclude brief meetings  
450 conducted jointly with the victim and the perpetrator for the purpose of  
451 explaining or informing the parties about such matters as program  
452 procedures, behavioral contract provisions, or anger management  
453 techniques.  
454

#### 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.

460

461 **Applicable Law**

462 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

463

464 Practice Guidelines

465 Programs will not provide couples counseling nor include a perpetrator and victim in the  
466 same therapy group until an assessment has been conducted that indicates the victim

467 is at low risk for endangerment of further abuse due to the counseling. The

468 assessment will utilize, at a minimum, the same criteria.

469

470 **601.5 Contract Billing**

471

472 **Applicable Law**

473 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

474

475 Practice Guidelines

476 Child and Family Services contract billing:

477

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

485

486 B. Domestic violence contract funds will not be reimbursed for alcohol/drug abuse  
487 treatment, general counseling, or marriage counseling.

488

489 C. Treatment providers will verify client income and document that an appropriate  
490 sliding fee schedule was utilized to bill first and third-party payments prior to  
491 billing the balance to the Child and Family Services Domestic Violence Fund.  
492 Only first-party fees may be waived for victims whose cohabiting partner is also  
493 undergoing treatment in the same program.