

**DHS Quality
Assurance
Standards for
*Domestic Violence
Prevention and
Intervention***

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DHS Quality Assurance Standards for Domestic Violence Prevention and Intervention

PURPOSE

The Department of Human Services (DHS) mission¹ is to “Assist people to become independent, healthy and safe.” A high-level performance indicator for the department is a reduction in domestic violence incidents.

The *Oregon Department of Human Services, Domestic Violence Council* presents these quality assurance standards to prevent and reduce domestic violence and to increase the effectiveness of the DHS response to domestic violence. These standards have been developed to reflect the vision, mission and goals of the Department as well as a set of guiding principles crucial to domestic violence intervention. The principles² are:

- Safety of individuals and children
- Holding the batterer/perpetrator accountable, not the victim
- Affirmation of every person’s right to be treated with dignity
- Interventions built upon victim/survivor strengths and decisions
- Honor and respect for diversity
- A coordinated community response to prevent and intervene in domestic violence
- Provision of accurate and supportive options will facilitate informed decision-making by victims and survivors

As DHS examines policies, practices and training, the Council offers these standards as a reference tool in order to evaluate domestic violence practice at every juncture of policy development and service delivery. The Council aspires that these standards will help the department implement the safest and best possible practices in prevention and intervention services for domestic violence.

The Council recognizes that coordination system-wide is critical to the safety of domestic violence victims/survivors and to any hope of reducing incidents of domestic violence. Collaboration between DHS, contractors and community partners who work with domestic violence victims/survivors, are reflected throughout the standards.

In addition to use by DHS, the Council offers these standards to others who are interested in assessing their own practices and service delivery.

¹ Refer to appendix #1 – DHS Vision, Mission & Goals

² Refer to appendix #2 – Guiding Principles for more detail

Quality Assurance Standards Overview:

Reflecting the guiding principles, the Quality Assurance Standards for the Domestic Violence Prevention and Intervention System are comprised of six components, each with objectives, examples of effective practices, guidance, recommendations for assessing progress and current practice. Descriptions of the six components follow:

Component One: Safety Centered Practices

Safe and healthy environments are fundamental to the support system for violence prevention and intervention. Services and supports are designed to create safe and self-sustaining environments for victims/survivors and their children. DHS staff and contractors maintain a continuous understanding and awareness of power and control dynamics that form the basis for domestic violence.

Component Two: Comprehensive and Responsive Services

The domestic violence prevention and intervention system includes a broad range of informal and formal social supports, care and education, health and social services to meet the needs and circumstances of individuals and children. Services and supports affirm and build upon existing strengths. The comprehensive services and supports focus on the entire continuum of victim/survivor needs.

Component Three: Respect for Diversity

DHS domestic violence intervention strategies and supports will honor and respect cultures of families including linguistic, geographic, religious, economic, ethnic, racial diversity and disabilities. Services and supports respect family realities, values and beliefs with a consistent promotion of non-violent practices. DHS staff and contractors understand, acknowledge, and respect the uniqueness of individuals and families. Special needs and developmental levels are recognized and supported.

Component Four: Qualified Staff

Based on their education and/or experience, DHS staff and contractors have a “best or emerging” practices framework for handling the variety of experiences they may encounter. DHS staff and contractors participate in training opportunities and receive ongoing supervision to develop realistic and effective plans with victims/survivors. Volunteer and informal networks supporting victims/survivors are strengthened through access to training and other supports.

Component Five: Effective Partnerships

Through a coordinated community response, private and public sector partners join to ensure that victims/survivors can access the comprehensive system of domestic violence prevention and intervention

services and supports necessary for safety and well-being. All partners share leadership, maintain open communication, and respect confidentiality.

Component Six: Monitoring and evaluation

The foundation of accountability is the use of proven-practices. Systematic monitoring and evaluation help determine if an effective system of domestic violence intervention and prevention is in place.

Victims/survivors are identified and supported, services are implemented effectively, and the intended results are achieved. Information gathered should be used in state and local decision-making and in the development of appropriate policies, programs, and practices.

Glossary of terms:

DAS: Department of Administrative Services

DHS: Department of Human Services.

DHS staff and contractors: DHS staff and contractors who work with domestic violence victims/survivors, children, and/or their families.

DHS Domestic Violence Council: A group of ten DHS staff and five community partners who advise the Director of DHS and cabinet on domestic violence intervention and prevention efforts within DHS.

Quality Assurance Standards (QAS): Consistent components and objectives that are included in DHS activities, services, and programs that were developed to assure the appropriateness of work related to domestic violence.

Domestic Violence: The definition of domestic violence varies across DHS. The working definition adopted by the DHS DV Council includes common components from the various definitions.

“Domestic Violence is a pattern of controlling and coercive behaviors including physical, emotional, sexual, verbal, psychological, spiritual and economic abuse. Domestic violence is present in all cultures, ages, socio-economic classes, and communities of faith.”

Objective: A goal, that when achieved, will indicate appropriate responses to domestic violence.

Effective Practice: Practices or models of service that have been proven, through science or practice to achieve or lead to the achievement of the desired outcome.

Guidance: Suggests sample activities that contribute to achieving effective practices.

Recommendations for assessing progress: Suggested processes for reviewing progress toward achieving the objective.

Current Practice: Examples of policies or practices that demonstrate the principles of the stated component. The practices are not necessarily universally applied or inclusive of all DHS domestic violence prevention or intervention policies and/or practice efforts.

Community partners/partners: Advocates in the community, organizations that work with and provide resources for domestic violence survivors, legal services providers, and other city and state agencies.

DHS acronyms: (Used in this document)

- **CAF:** Children, Adults and Families Cluster
- **CW:** Child Welfare
- **CPS:** Child Protective Services
- **SS:** Self Sufficiency
- **TA-DVS:** Temporary Assistance for Domestic Violence Survivors

- **SPD:** Seniors & People with Disabilities
- **APS:** Adult Protective Services
- **HS:** Health Services
- **SDA:** Service Delivery Area
- **Clusters:** Children, Adults and Families (including self sufficiency & child welfare programs; vocational rehabilitation; etc.); Seniors and People with Disabilities; Health Services (including public health, family health, disease prevention & epidemiology, office of mental health & addiction services, office of medical assistance programs, office of multicultural health; etc.); Administrative Services (including contracts, human resources, public affairs, information services and information security; etc); Finance & Policy Analysis; Directors Office (including the governor's advocacy office, process improvement office; tribal relations)

COMPONENT One: Safety Centered Practices

Objective 1.1

Safe and healthy environments are reflected in the system for prevention and intervention of violence.

Effective Practice

- DHS policies and practices promote safe and healthy environments that support victims/survivors, their children and families.
- Case plans take into account client safety and confidentiality needs.
- Contractors share a commitment to safety-centered practices in areas of work with domestic violence.
- Contractors are selected based upon this shared commitment.

Guidance

DHS staff and contractors are equipped with tools, training, resources, and knowledge to promote and help create safe environments for victims/survivors based on best practices.

DHS staff and contractors receive a basic level of information about the dynamics of domestic violence in accordance with DV 101 training guidelines³ developed in partnership with community partners.

DHS staff and contractors have policies and practices in place that ensure confidentiality for victims/survivors and their families.

Recommendations for Assessing Progress

Periodic policy review indicates tools, trainings, and resources are in place that promote a safe environment for domestic violence victims/survivors.

There is evidence of safety planning whenever services are delivered to clients impacted by domestic violence.

Periodic contract monitoring demonstrates policies and practices that support safety-centered practices related to domestic violence intervention and prevention.

³ Refer to Appendix #3 – Domestic Violence 101 – recommended content

DHS staff and contractor staff demonstrate adherence to the principles of safety-centered practices.

Current Practice

ORS 411.118 requires the reporting of all domestic violence training, information sharing and evaluation to the legislature each session for all of DHS. This information is tracked through the Children, Adults and Families (CAF) on-line training system.

Basic DV training is available through local DV service providers, usually at no or minimal cost. In addition, DV 101 training is provided centrally by Mid-Valley Women's Crisis Service and is available to all DHS staff. To enroll in the centralized DV 101 class, staff can access class information on the DHS On-line Training System.

Basic domestic violence training has been supplemented with specific training related to discipline including items like: *Team Decision Making Meetings and Domestic Violence; Elder Abuse and Domestic Violence; A Just Response to DV & Sexual Assault Against Elders and People with Disabilities; Domestic Violence Policy and Case Planning for Self Sufficiency Programs.*

CAF has incorporated elements of domestic violence education through the following activities:

- Temporary Assistance for Needy Families (TANF) Case Management
- Child Welfare Case Practice
- Child Protective Services (CPS) Core Training

SPD includes elements of DV education in their *Community Adult Protective Services training.*

Health Services provides technical assistance to local Health Departments on screening for domestic violence. Health Services is developing a public health surveillance system to monitor the problem of intimate partner violence.

DHS collaborates with Division of Child Support on safety related "Good Cause for non-cooperation with child support" efforts, including joint design of the "Client Safety Packet."

Confidentiality and privacy policies for self-sufficiency and child welfare include specific elements related to confidentiality in domestic violence cases.

COMPONENT One: Safety Centered Practices

Objective 1.2

DHS staff and contractors work with individuals who are victims/survivors of domestic violence to identify and implement a plan of action to meet individual needs.

Effective Practice

- Plans focused on safety should be in place for all cases where clients are impacted by domestic violence.
- Plans should reflect the health and safety needs for violence prevention and intervention based on the unique perspective of each individual.
- Plans reflect the ongoing affects of domestic violence and specific barriers the victim may be encountering.
- Individual and family insights, opinions, and needs shape decision making, service plan development and the implementation of services.
- Where appropriate, plans are provided through a system of care coordination.
- Service delivery activities are coordinated to strengthen interventions, thereby reducing duplicative efforts.
- Workers recognize their position of authority and take steps to compensate accordingly to empower the victims/survivors in personal decision making.

Guidance

Plans are customized to meet individual health and safety needs to minimize the impact of domestic violence.

Forums and practices are in place to solicit client input in the development of plans.

Mechanisms are in place in communities to assure that clients interface with various systems to foster a comprehensive continuum of care.

Recommendations For Assessing Progress

There is evidence of individualized action plans customized to meet the unique needs of each victim of domestic violence.

Current Practice

Currently the Self Sufficiency program requires individualized case plans in domestic violence cases as out-lined in ORS 411.117 and the Family Violence Option of TANF regulations. The Domestic Violence Assistance Agreement has standardized elements of the planning process.

Child Welfare Practice for Cases with Domestic Violence (pg 41 through 44) describes practice applications for Intervention and Case Planning in DV cases.

Seniors and People with Disabilities (SPD) provides domestic violence safety planning through the Adult Protective Services response to abuse.

COMPONENT One: Safety Centered Practices

Objective 1.3

Individuals who are or who have been victims/survivors of domestic violence have the opportunity to participate in knowledge and skill development that helps them to create safe and healthy environments.

Effective Practice

- DHS staff and contractors have an understanding of the opportunities available for victims/survivors and offer them to victims/survivors in a way that will most effectively meet the needs of the victim.

Guidance

DHS staff and contractors provide practical and appropriate skill building and training activities for victims/survivors in coordination with their normal support system and community based service providers.

Services should be offered based on client need.

Recommendations For Assessing Progress

Periodic review of training opportunities indicates that skill building and training opportunities are available and utilized by clients impacted by domestic violence.

Mechanisms are in place to evaluate the effectiveness of skill building and training opportunities for victims/survivors of domestic violence.

Client feedback should be solicited to determine appropriateness of opportunities offered in meeting their needs.

Current Practice

DHS staff and contractors coordinate with local domestic violence community partners who offer education and support to survivors.

In addition, many CAF offices have out-stationed domestic violence advocates on site to work in coordination with DHS staff and clients to address safety concerns.

Coordination also occurs with the greater community to offer victims/survivors access to resources including: DV service providers; victim's assistance; law enforcement; housing; faith-based organizations; etc.

Client feedback mechanisms are in place through the client grievance process, hearings process and through the Governor's Advocacy office.

COMPONENT One: Safety Centered Practices

Objective 1.4

DHS staff and contractors promote non-violent practices in the workplace.

Effective Practice

- DHS staff and contractors provide services that demonstrate support of a violence-free workplace for staff, partners, and clients.
- DHS hiring and retention policies are supportive of maintaining a violence-free workforce.

Guidance

Plans, policies, and protocols reflect a standard of intolerance for violent actions, behaviors, and attitudes.

DHS staff and contractors avoid actual or perceived coercive or threatening behaviors when working with other staff members or clients.

Recommendations For Assessing Progress

Mechanisms are in place to ensure that DHS hiring and retention policies are supportive of maintaining a violence-free workforce.

Periodic review indicates policies and practices are implemented that support a nonviolent work environment.

Current Practice

DHS and DAS policy provides guidance on addressing potential violence in the workplace. Refer to Administrative Services policy AS-080-009 – *Workplace Effects of Domestic Violence*; AS-080-008 – *Prevention of Violence/Weapons in the Workplace*; State Policy: 50.010.02 – *Violence-Free Workplace*.

COMPONENT Two: Comprehensive and Responsive Services

Objective 2.1

DHS policies and procedures support a coordinated and collaborative domestic violence prevention and intervention system of services and supports.

Effective Practice

All components of the DHS domestic violence prevention and intervention system:

- Support collaborative service delivery,
- Create linkages among programs and services,
- Avoid unnecessary duplication of services and supports, and
- Advance the development of a full continuum of supports for Individuals and children.

Collaborative efforts with community partners addressing DV incorporate the policies and procedures outlined above.

Guidance

Universal screening for domestic violence is conducted to provide access to appropriate services.

Policies and practices create linkages as individuals move through various programs and services.

Policies and practices create linkages among programs and services to build a continuum of supports and avoid overlap and duplication of services.

Letters of agreement, referral mechanisms, and other ongoing strategies that link programs and services are in place.

Recommendations for Assessing Progress

Policies and procedures are in place addressing DV prevention and intervention services and supports.

Periodic review of services reflects application of appropriate DV policies and procedures.

Current Practice

Current DV policies and practices within CAF are coordinated and developed with DV service providers and representatives of other cross-functional teams through...

- The Child Protective Services/DV workgroup and
- The DV Intervention Partnership Team

The DHS DV Council has representatives across disciplines as well as partners. The Council reviews and comments on proposed DHS policies, including the recently completed, *Workplace Effect of Domestic Violence*, human resources policy.

Information about the DHS DV Council and local domestic violence point people are located on the DHS web page...

<http://www.oregon.gov/DHS/abuse/domestic/index.shtml>

COMPONENT Two: Comprehensive and Responsive Services

Objective 2.2

There is a broad range of formal and informal social supports, care and education, health and social services for individuals and children related to domestic violence intervention and prevention.

Effective Practice

- DHS programs have services in place to meet the diverse needs of individuals and children for domestic violence prevention and intervention.
- DHS develops and supports a coordinated community response to domestic violence prevention and intervention.

Guidance

DHS provides a continuum of DV prevention and intervention services that address client needs.

Coordination of services across DHS clusters ensures maximization of efforts in serving DHS clients impacted by domestic violence.

Recommendations For Assessing Progress

Client feedback is solicited to determine appropriateness of services.

Periodic data review will indicate the degree and extent of DV prevention and intervention activities provided through DHS services and supports.

Current Practice

Each DHS Service Delivery Area (SDA) has a plan to address basic elements of domestic violence intervention:

- Screening (questions on application (SS));
- Interview questions in intake/screening process (CW; SS & SPD);
- Case management or intervention including Child Protective Services (CPS) and Adult Protective Services (APS) intervention;
- Support for survivors including *Temporary Assistance for Domestic Violence Survivors* (TA-DVS) through SS programs;
- Coordination and collaboration with partners through multi-disciplinary teams; DHS staff on local DV Councils; DV point people for each SDA; out-stationed DV service providers in CW and SS branches. In addition,

the DHS DV Council, which includes DHS staff and partner members, provides input to the Cabinet and Director on cross-discipline policies and practices.

COMPONENT Two: Comprehensive and Responsive Services

Objective 2.3

Services and supports build upon existing strengths. The system of supports promotes connecting individuals and families to comprehensive services to address domestic violence.

Effective Practice

- DHS staff, contractors and community partners work together in a confidential, consistent and supportive manner.
- Connections across clusters and programs create smooth and easy access for domestic violence prevention and intervention.

Guidance

A process (that may include a screening tool) addressing potential safety risks is conducted at the earliest possible time to identify children and families impacted by DV in order to provide or refer the family to appropriate services and supports.

DHS works with local DV service providers and coordinating councils to develop comprehensive services.

Unique needs of individuals and families impacted by DV are always considered.

DHS staff and contractors coordinate services and share resources (training, program information, etc.) when appropriate.

DHS collaborates with existing community programs addressing DV prevention and intervention activities.

Recommendations For Assessing Progress

Mechanisms are in place for periodic review of DV services and supports for individuals and families.

Feedback from community partners and clients should be used to determine effectiveness of collaborative efforts and coordination of services.

Current Practice

See 2.1 - Screening tools include universal screening through application questions (SS) and/or screening protocols; safety assessment tool for self

sufficiency and MPWG #15 screening protocols for TA-DVS; CW screening policy I.B.2.1.; and Local Health Department Screening protocols. DV service providers were, and continue to be involved, in development of child welfare and self sufficiency responses to domestic violence.

COMPONENT Two: Comprehensive and Responsive Services

Objective 2.4

Batterer accountability is reflected in practice and planning.

Effective Practice

- DHS staff interact with clients in a manner that avoids victim-blaming or alignment with the perpetrator of violence.

Guidance

Coordination with Batterer Intervention (BI) programs that hold the batterer responsible for using tactics to gain power and maintain control and that meet standards required in ORS 180.700.

Coordination with Batter Intervention programs that hold batterers accountable through attendance, participation, and compliance with BI rules.

Coordinate with local and statewide batterer intervention efforts.

Practice and policy that recognizes the potential for and that discourages victim blaming and system collusion with batterers.

Recommendations For Assessing Progress

Protocols are in place to coordinate with appropriate services for batterers.

Appropriateness of services and referrals are supported by Partner and client feedback.

Current Practice

DHS staff have participated in the development of statewide batterer intervention standards based on requirements of ORS 180.700.

Local DHS offices work in coordination with local legal systems to develop coordinated service plans for batterers.

COMPONENT Three: Respect for Diversity

Objective 3.1

DHS clients/consumers receive culturally appropriate domestic violence services.

Effective Practice

- DHS staff and contractors implement strategies to recruit, retain, and promote a diverse staff at all levels of the department that are representative of the population being served and the demographic characteristics of the service area.
- DHS staff and contractors obtain knowledge and skills, e.g. research literature, training, etc. to provide culturally appropriate domestic violence services to people of different races, ethnicities, languages, countries of origin, acculturations, ages, classes, genders, religious and spiritual beliefs, sexual orientations, and physical abilities.
- DHS staff and contractors use various communication methods and styles to deliver services that are linguistically suitable, developmentally appropriate, and culturally specific.
- DHS staff and contractors coordinate with local culturally specific service providers in development of plans to address domestic violence.
- DHS staff and contractors demonstrate respect for diversity

Guidance

When possible and appropriate, staff reflect the diversity of the population served.

DHS staff and contractors are provided with appropriate training to expand knowledge and skills for working with diverse populations impacted by domestic violence.

DHS staff involvement in the community is promoted.

Recommendations For Assessing Progress

Periodic review of staff composition and recruitment practices to assess ability to represent the diversity needs of the community receiving domestic violence prevention and intervention services.

Review of the workplace for evidence of an atmosphere that acknowledges and welcomes people from diverse backgrounds, ages and abilities, etc. through artwork, posters, books, etc.

There is evidence that the department invests in and maintains resource libraries containing up-to-date articles, books, tapes, etc. related to cultural, gender and special needs issues and domestic violence.

Periodic review indicates that tools are in place to address the unique needs of the various communities served by DHS staff and contractors.

Periodic feedback is solicited from clients, culturally specific programs, and members of specific communities to assess DHS' response to the various cultural needs of the community.

Annual performance reviews track compliance with required cultural competency expectations and training related to cultural diversity.

Current Practice

Information about culturally specific DV services and service providers are available on-line for DHS staff and contractors (www.dhs.state.or.us/abuse/domestic/dvmap2.htm).

DV related brochures; safety plans; etc. are translated into several languages based on population and available on-line and in hard copy.

DHS staff and contractors participate in planning, coordination and attendance at domestic violence training for specific cultural and underserved populations.

Management performance review includes cultural competency standards.

COMPONENT Three: Respect for Diversity

Objective 3.2

DHS staff and contractors develop participatory, collaborative partnerships with communities (including tribes) and utilize a variety of formal and informal mechanisms to facilitate community and client/consumer involvement in designing, implementing, and planning a culturally competent service delivery system responsive to domestic violence.

Effective Practice

- DHS and contractors encourage the active involvement of community partners from diverse populations in the development of culturally competent policies and in the design, implementation, and evaluation of local and department level domestic violence prevention and intervention programs.

Guidance

Tools and practices are tailored to meet the unique needs of the population served.

Staff are trained and resources are available to address specific client needs related to domestic violence prevention and intervention.

Assess community to identify diverse populations to be represented in policy design and planning activities related to domestic violence.

Recommendations For Assessing Progress

Identify evidence that DHS has involved resource people from various cultural and special populations of the community in domestic violence prevention and intervention planning activities.

COMPONENT Four: Qualified Staff

Objective 4.1

Competent DHS staff and contractors are hired and retained based on job criteria and a demonstrated willingness to meet DHS domestic violence prevention and intervention standards.

Effective Practice

- Staff are qualified by relevant education, licensure, certification, training and/or experience appropriate to the area in which they work.
- Staff represent the cultural, linguistic and geographic diversity of the community and have an understanding of domestic violence intervention and prevention.
- Staff are equipped with the best tools to work with domestic violence survivors.
- Staff follow safety based policy and practices.
- Staff refer to appropriate service providers.

Guidance

DHS and contractors ensure that staff have the appropriate knowledge, skills, and experience needed to perform their jobs responsibly. Consideration is given to aspects such as:

- a. Training and/or experience in the position or area of expertise;
- b. Training and/or experience in domestic violence intervention and prevention as appropriate for specific position;
- c. Awareness and sensitivity to the special issues dealing with domestic violence;
- d. Interpersonal communication skills;
- e. Awareness of and sensitivity to cultural issues and local community practices.

Professional staff holds credentials supportive of their work.

Efforts are made to hire staff representing the cultural, linguistic, and geographic diversity of the community.

Recommendations For Assessing Progress

Client and community complaints regarding contacts with domestic violence victims/survivors are addressed.

Verify that hiring procedures are in place to ensure that staff are well qualified to work with survivors of domestic violence from varied communities.

Annual review of recruitment and hiring strategies to identify areas for improvement and create action plans.

Personnel files are maintained and reviewed annually, at a minimum, for documentation of licensure, certification, training and professional development activities in conjunction with performance evaluation.

Documentation shows evidence that staff reflect the demographic composition of the community.

Current Practice

DHS and DAS policy provides guidance on addressing potential violence in the workplace. Refer to Administrative Services policy AS-080-009 – *Workplace Effects of Domestic Violence*; AS-080-008 – *Prevention of Violence/Weapons in the Workplace*; State Policy: 50.010.02 – *Violence-Free Workplace*.

Specific policy and practice expectations out-line expectations for staff working with domestic violence victims/survivors. (SS policy and CW casework practice guidelines in DV cases.)

Client comment, grievance and hearings procedures are in place.

COMPONENT Four: Qualified Staff

Objective 4.2

DHS staff and contractor staff receives basic and ongoing training and opportunities for professional development.

Effective Practice

- Policies and practices support training and professional development for staff on DV prevention and intervention.
 - All staff will be introduced to basic DV training and training about domestic violence in the workplace.
 - Staff working with victims/survivors will receive training based upon their position and responsibility in domestic violence intervention.
- Partners jointly plan for knowledge and skill development activities including basic domestic violence training for DHS staff and contractors.

Guidance

Staff training and development plans are both individualized to meet the needs and goals of each staff member and reflective of the program goals.

Staff receive basic training in areas such as: domestic violence intervention and prevention; cultural diversity; interpersonal and communication skills; community resources; and confidentiality procedures.

Staff receive information on the impact of domestic violence during orientation and are regularly updated on program purpose and function.

Staff attain training goals set by DHS Domestic Violence council.

Recommendations For Assessing Progress

Review of existing data sources such as the DHS training database to determine extent of domestic violence trainings and professional development opportunities provided and utilized.

Staff and management feedback is solicited and considered in the development and evaluation of domestic violence related training.

Evidence exists to show that community partners have been involved in development and evaluation of domestic violence training.

COMPONENT Four: Qualified Staff

Objective 4.3

Supervision and support are provided to maintain consistent quality service.

Effective Practice

- Leadership demonstrates knowledge and skills related to domestic violence intervention.
- Leadership models and supports best practice for working with domestic violence prevention and intervention.
- Staff receive supervision consistent with best practice for domestic violence prevention and intervention.
- Supervisory staff receive training on domestic violence.

Guidance

Leadership is readily available and accessible for consultation about domestic violence.

Supervisors work with staff to set goals and monitor progress in job performance.

Supervisors use observations, self-assessments and client feedback to assist staff in development of skills supportive of domestic violence prevention and intervention.

Recommendations for Assessing Progress

Annual performance reviews track attendance at DV trainings.

Policies and procedures are in place to provide effective supervision.

Review type and frequency of training for supervisors in domestic violence.

Evaluation of staff based on demonstrated compliance with DV policy and practice guidelines as appropriate to the position.

Demonstrated knowledge and expertise is used to support job promotion.

COMPONENT Five:

Effective Partnerships

Objective 5.1

DHS works in coordination with community partners to develop a shared vision, common goals, and attainable outcomes for all aspects of domestic violence intervention and prevention.

Effective Practice

- Collaborative activities identify and mobilize a diverse group of individuals representing clients, as well as public and private agencies and organizations, to jointly create a system of care and supports for domestic violence victims and survivors.
- DHS works together with partners to develop a shared vision and common goals that are evidence based and supported by current and emerging domestic violence research findings.

Guidance

State, local, public and private partners engage in a recurring planning process that draws upon one another's experiences and strengths.

Membership is open and reflects the diversity of the community.

Management and supervisors support and encourage appropriate staff participation in collaborative/coordinated efforts to address domestic violence.

The vision, goals and outcomes address the needs of victims/survivors, children and their families and capitalize on the assets and resources of the community.

Vision and goals are translated into measurable and attainable outcomes to guide implementation, assessment and improvement of services and supports.

Recommendations For Assessing Progress

Agreements articulate common vision and goals for domestic violence prevention and intervention.

Documentation demonstrates various partners and collaborative activities.

Other DHS advisory bodies assess their response to domestic violence in light of the standards.

Current Practice

DHS solicits input from DV experts through including them on:

- The CAF Domestic and Sexual Violence Fund Advisory Committee,
- DHS DV Council,
- DV/CPS Workgroup, and
- DV Intervention Partnership Team;

Out-stationing advocates in SS & CW offices offer input and suggestions.

DV intervention partners participate in the development of training and specific policy development.

In addition, many SDA's have local staff that participates on their local DV Councils.

Each SDA collaborates with their local domestic violence service providers.

COMPONENT Five: Effective Partnerships

Objective 5.2

DHS staff, contractors and community partners share information and resources.

Effective Practice

- DHS, contractors and community partners share information and resources to support domestic violence victims/survivors and their children, where possible.
- DHS honors the role of community partners and the information and resources they bring to the collaboration.
- A coordinated community response and collaborative effort guide community planning and decision making regarding domestic violence intervention and prevention.
- Confidentiality agreements are in place, including appropriate information releases.

Guidance

DHS and partners work together to develop and share resources, including: materials and equipment, staffing, training and technical assistance, and funding (where possible).

Information collection and sharing procedures assure confidentiality.

Recommendations For Assessing Progress

Communication systems and practices exist for exchanging information, developing policies and making decisions.

Mechanisms are in place to gather, analyze and report data across systems and clusters to inform collaborative decision-making.

Staff demonstrate respect for partnerships and appropriate collaboration skills.

Current Practice

The involvement of community partners allows for cross training of partner and DHS staff on the issues of domestic violence. Networks are created and

information is shared. DHS and domestic violence service providers work closely in many SDA's.

The Oregon Coalition Against Domestic and Sexual Violence (OCADSV) is represented on several of the work groups.

DHS has confidentiality policies in place.

COMPONENT Five: Effective Partnerships

Objective 5.3

DHS, contractors and community partners share leadership and decision-making through collaborative relationships.

Effective Practice

- The domestic violence prevention and intervention system fosters the integration of diverse partners' knowledge and skills and supports a sharing of leadership and decision-making.

Guidance

DHS and partners understand and support each partner's roles and responsibilities within the domestic violence prevention and intervention system.

Leadership roles are shared and include survivors of domestic violence, representatives from public, private, formal and informal supports, as appropriate.

Representatives of public, private, formal and informal supports are visible in leadership and decision-making across the system.

Recommendations For Assessing Progress

Roles, responsibilities, and parameters of DHS staff and partners are clearly written in policies and protocols.

Review and assessment of collaborative efforts is ongoing and is reflected in the work of the DHS DV Council.

Review and assessments of collaborative efforts is reflected in DV council activities.

Feedback from clients, community members and partners are used in policy and practice development.

Current Practices

The DHS DV Council represents a collaborative effort of DHS staff and community partners across the state to advise the director on matters dealing with domestic violence.

Each of DHS' clusters work with partners through their related programs (e.g.: sexual assault, drug and alcohol, mental health, etc.) and bring relevant information to the DHS DV council.

COMPONENT Five: Effective Partnerships

Objective 5.4

DHS and contractors communicate openly, frequently, inclusively and respectfully with partners and clients.

Effective Practice

- Communication is based on a climate of mutual respect, trust, inclusion and support. All partners, public and private, formal and informal, are included in essential communications.
- Partners are committed to breaking silence that contributes to or hides domestic violence, while at the same time respecting and protecting safety, privacy, and diversity.
- Participants follow agreed-upon policies and procedures for resolving conflict.

Guidance

All partners, public and private, formal and informal, are included in essential communications according to the defined parameters of all partners.

Constructive conflict management allows partners to learn from differences.

Partners strive for consensus in decision-making through agreed-upon processes.

Recommendations For Assessing Progress

Feedback from partners, clients and community partners is incorporated in the development of local collaboration protocols.

Agreed upon policies and procedures for effective communication and conflict resolution are in place.

DV issues are addressed through consistent and on-going communication among partners.

Current Practice

The DHS DV council includes community partners and program representatives. The council has adopted a consensus process of decision-making.

The DHS web page includes domestic violence information and resources, with links to local domestic violence point people and domestic violence service providers. <http://www.oregon.gov/DHS/abuse/domestic/index.shtml>

The DHS DV Council web page includes minutes from previous meetings and contact information...

<http://www.oregon.gov/DHS/abuse/domestic/dvcouncil/index.shtml>

Procedures are in place for client feedback, including comment, grievance procedures and hearings.

COMPONENT Six: Monitoring and Evaluation

Objective 6.1

DHS staff and contractors assess needs, resources, and assets to prevent and respond to domestic violence.

Effective Practice

- DHS staff and contractors review strengths, needs, and resources to inform planning and decision-making.
- DHS staff and contractors involve community partners in planning and program delivery.
- Appropriate policies and procedures are in place to assure safety and quality of service components.

Guidance

Information is gathered from existing sources including families, public and private agencies, domestic violence service providers, businesses and employers, the faith community, other community partners and culturally specific service providers. The information is used assure appropriate implementation of DV related policies and practices.

DHS and contractors support:

- Evidence-based, best practices;
- Safety and non-violence; and
- Batterer accountability.

DHS staff and contractors participate in collaborative prevention and intervention activities related to domestic violence.

Recommendations For Assessing Progress

Periodically review the extent of collaborative activities with community partners.

Periodically review the presence and application of policies related to domestic violence within DHS.

The DHS DV Council will review the application of these standards on a periodic basis. Community partner and client feedback may inform the review process.

Objective 6.2

DHS staff and contractors will use data and review results to refine and improve the domestic violence prevention and intervention system.

Effective Practice

- DHS staff and partners establish agreement on promising practices for prevention and intervention services.
- Measurable outcomes appropriate to the program mission and role for responding to domestic violence are identified.

Guidance

DHS staff and contractors regularly review information to identify service gaps, improve services, and assess the progress of partnerships and linkages within the system through the domestic violence council by:

- Connecting individual needs to services available from public and private sources in the community;
- Capacity to provide supports that help individuals meet goals, develop skills, and live a life free from violence; and
- Successes and barriers to creating partnerships and linkages within the system.

DHS staff and contractors identify intended outcomes that are appropriate in context for the specific service and target group.

Recommendations for Assessing Progress

DHS staff and contractors use data and review results to establish needed changes in domestic violence intervention and prevention policies and practice.

Reviews should show how services improve the lives of individuals and families.

Current Practice

Community partners serve on the DHS DV Council and other domestic violence response groups across DHS. Health services leads in documentation of the needs and experiences of domestic violence survivors.

Health Services administers the Intimate Partner Violence Surveillance Project; has recently completed the *Women's Health and Safety Survey* and conducts the

Behavioral Risk Factor Surveillance System (*BRFSS*), which is used as a measurement for the DHS domestic violence performance objective.

The CAF DV Fund Coordinator gathers information from DV service providers about the number of women served by local programs and number of women and children who access shelter.

CAF Self Sufficiency tracks expenditures and the number of families who access the *Temporary Assistance for Domestic Violence Survivors* Program.

CW keeps information on DV as a risk for families who receive services through their programs.

SPD tracks the number of family members who are named as abusers in non-institutional APS cases.

Appendix #1 – DHS Vision, Mission & Goals

Vision:

Better outcomes for clients and communities through collaboration, integration and shared responsibility

Mission:

Assisting people to become independent, healthy and safe

Goals:

- People are healthy
- People are living as independently as possible
- People are safe
- People are able to support themselves and their families

Performance Measure Related to Domestic Violence

Goal: People are Safe

(Reduction in) The percentage of women subjected to domestic violence in the past year.

Appendix #2 – Guiding Principles

Guiding Principles

Essential to the Department of Human Services Domestic Violence Prevention and Intervention services are the quality assurance standards driven by guiding principles. The quality assurance standards are designed to guide comprehensive planning, quality review, and system improvements across all aspects of the department to provide a system of services related to domestic violence prevention and intervention. The role of the system is to encourage and assist programs in moving toward a commonly held assurance of quality. The guiding principles that drive the quality assurance standards are:

1. Safety of individuals and children

Policies and procedures translate to practices that keep victims/survivors, children and their families safe from harm. Existing examples of this guiding principle in practice are privacy, confidentiality, and planning for safety. Since the experience of safety rests in the perception of the victim, a quality review of this principle may include assessments from victims/survivors themselves.

2. Holding the batterer/perpetrator accountable, not the victim

The victim/survivor is not responsible for the violence of another person's actions – accountability for the violence rests with the perpetrator. While this guiding principle is obvious, appropriate practices avoid victim blaming language and behaviors. DHS staff and service providers who work with victims/survivors must recognize the potential of collusion with the batterer. Often the victim/survivor is the one accessing DHS services. DHS may not be working or have access to hold the batterer accountable. This puts DHS in a power over position with the victim and may not with the batterer. System response will include training and supervision for DHS staff and contractors to strengthen and support victims/survivors avoid collusion with the batterer and on how to hold batterers accountable (where possible).

3. Affirm every individual's dignity

Everyone has a right to be treated with dignity. DHS staff and contractors treat others in a respectful and caring fashion, mindful of the intrinsic worth of the 'other'. (This guiding principle, when sincerely applied, fundamentally changes the work culture since the entire infrastructure – all levels of management and staff – must believe in the principle so that it is reflected in internal interactions and in practice with victims/survivors.) Since the experience of dignity (feeling respected and honored) rests in the perception of the victims/survivors, a quality review of this guiding principle will include assessments from victims/survivors themselves.

4. Interventions build upon victim/survivor strengths and decisions

Strength-based interventions have proved to be more effective than penalty-type solutions. Indeed, building upon existing strengths affirms the individual and thus conveys respect for the individual's worth. The victims/survivors also has a right to self-determination and autonomy. This principle will be demonstrated by involving victims/survivors in all levels of case planning.

5. Honor and respect diversity

DHS staff and contractors will pay particular attention to developing broad knowledge about and practice skills for working with victims/survivors from diverse communities, including victims/survivors of color; members of Native American nations and communities; low income victims/survivors; people who come from other countries and speak diverse languages or follow different traditions; and gay, lesbian, bisexual or transgender victims/survivors and people with disabilities. Capacity building also must pay ongoing attention to the underlying and even unintended biases often resulting in poor treatment of marginalized people. Recognition of the professional power of DHS staff and contractors (the power differential between provider and victim) is important to avoid abuses of power. Cultural competence requires department leaders to make an ongoing commitment to fact-finding in order to determine whether victims/survivors are served fairly and capably.

6. Interventions and prevention efforts are built upon a coordinated community response

We think better together than separately. No one program has the resources or expertise to develop a comprehensive response to domestic violence. Victims/survivors may experience other problems, too, such as lack of transportation and housing, substance abuse and mental illness. Poor coordination of services may create significant risks for the victim. The degree to which DHS staff and contractors can be effective depends in large part on their abilities to connect victims/survivors with the expertise and resources of other programs in the local community. System improvements could include teaching DHS staff and contractors how to collaborate with other providers and community groups and how to assess the changing characteristics and needs of the community and reflecting these changes in program design and resource allocation.

7. Victims and survivors are provided with information to facilitate informed decision-making

DHS staff and contractors will provide victims/survivors the information necessary to help victims/survivors decide what actions best promote living life free from violence. The emphasis here is on the DHS staff and contractors receiving ongoing training to ensure the information provided to victims/survivors is accurate, supportive and helpful. This guiding principle is closely aligned with guiding principle number 4 above: *Interventions will build upon survivor's strengths and decisions.*

Domestic Violence 101

Domestic Violence is a pattern of controlling and coercive behaviors including physical, emotional, sexual, verbal, psychological, spiritual and economic abuse. Domestic violence is present in all cultures, ages, socio-economic classes, and communities of faith.

DHS recognizes the importance of training all staff on the dynamics of domestic violence. Whenever possible, DHS staff are to be trained by their local domestic violence service provider. In addition to training, domestic and sexual violence advocacy programs are the primary resources for shelter, developing safety plans, support groups, etc. DHS staff and service providers are encouraged to seek collaborative partnerships in order to address the needs of victims/survivors and survivors in their communities. The following basic components are recommended for any DHS sponsored training on domestic violence:

1. Types of Abuse/Continuum of Abuse
Emotional, Physical, Sexual, Verbal, Psychological, Spiritual, Economic
Escalation of abuse over time
2. Warning Signs of Abusive Behavior:
Manipulative Charm
Isolation
Jealousy
Emotional Abuse
Control
3. Addressing Myths
Children who witness domestic violence grow up and become abusers or victims
Alcohol and/or drugs cause domestic violence
Domestic Violence is an “anger control” issue
Stress/Poverty/Culture causes domestic violence
Low self-esteem leads to becoming a perpetrator/victim of domestic violence
Women “choose” abusers/go from one abuser to another
The victim is responsible for the actions of the abuser
4. Dynamics of Domestic Violence
Domestic violence is a choice
Domestic violence is about power and control
Domestic violence crosses all ages, socio-economic levels, cultures, religions, etc.

5. Barriers to Leaving an Abuser

Fear/Danger

Lack of Options/Poverty

Pressure from family, friends, faith community

Oppression

Language

6. Ways to Support Survivors/Services Available/Coordination with other Service Providers (Law Enforcement, District Attorney's Office, Medical Service Providers, etc.

7. Partnering with Domestic and Sexual Violence Advocacy Programs